Utilization of Recovery-Oriented Practices Among Mental Health Practitioners Working With Carers

Yifan Wang
Université du Québec à Trois-Rivières (UQTR)

Juliette Nadeau-Tremblay
Centre de recherche de l'Institut universitaire en santé mentale de Montréal (CRIUSMM)

Catherine Briand, Naomie Cadorette
Université du Québec à Trois-Rivières (UQTR)

Amani Mahroug
Centre de recherche de l'Institut universitaire en santé mentale de Montréal (CRIUSMM)

Joane Rochefort, René Cloutier
Confédération des Association de Proches en santé mentale (CAP santé mentale)

ABSTRACT

This program evaluation aims to assess the level of utilization, perceived competence and importance of recovery-oriented practices in intervention with carers of people living with mental illness. Data were collected through an online survey completed by 59 participants from member associations of the Confédération des Associations de Proches en santé mentale du Québec (CAP). Findings reveal that participants place a high importance on recovery-oriented practices, but their utilization and perceived

Yifan Wang, Centre de recherche de l'Institut universitaire en santé mentale de Montréal (CRIUSMM), Université du Québec à Trois-Rivières (UQTR), Confédération des Association de Proches en santé mentale (CAP santé mentale); Juliette Nadeau-Tremblay, Centre de recherche de l'Institut universitaire en santé mentale de Montréal (CRIUSMM); Catherine Briand, Centre de recherche de l'Institut universitaire en santé mentale de Montréal (CRIUSMM); Université du Québec à Trois-Rivières (UQTR); Naomie Cadorette, Centre de recherche de l'Institut universitaire en santé mentale de Montréal (CRIUSMM), Université du Québec à Trois-Rivières (UQTR); Confédération des Association de Proches en santé mentale (CAP santé mentale); Amani Mahroug, Centre de recherche de l'Institut universitaire en santé mentale de Montréal (CRIUSMM); Joane Rochefort, Confédération des Association de Proches en santé mentale (CAP santé mentale); René Cloutier, Confédération des Association de Proches en santé mentale (CAP santé mentale).

Correspondence concerning this article should be addressed to Catherine Briand, catherine.briand@uqtr.ca.

doi:10.7870/cjcmh-2025-011
Published by Canadian Periodical for Community Studies Inc.

competence are lower. Fostering collaboration and training are identified as potential paths to better integrate recovery-oriented practices.

Keywords: intervention, carers, mental health, recovery-oriented practice, continuing education

RÉSUMÉ

Cette évaluation de programme vise à évaluer le niveau d'utilisation, de compétence perçue et d'importance des pratiques soutenant le rétablissement dans l'intervention auprès des proches de personnes vivant avec une maladie mentale. Les données ont été collectées via un sondage en ligne complété par 59 participants d'associations membres de la Confédération des associations de proches en santé mentale du Québec (CAP). Les résultats révèlent que les participants accordent une grande importance aux pratiques soutenant le rétablissement, mais leur utilisation et leur compétence perçue sont moins élevées. Les pratiques organisationnelles et les pratiques impliquant les personnes vivant avec une maladie mentale obtiennent les scores les plus bas. La collaboration et la formation sont favorisées et identifiées comme des voies potentielles pour mieux intégrer les pratiques axées vers le rétablissement.

Mots-clés : intervention, proches aidants, santé mentale, pratique orientée vers le rétablissement, formation continue

For people living with mental illnesses, recovery is a personal process of regaining control and meaning over their lives (Perkins et al., 2022). While clinical recovery focuses on reducing symptoms, personal recovery emphasizes building a satisfying, meaningful, and hopeful life despite the challenges posed by mental illness (Chester et al., 2016; Deegan, 1992). A recovery-oriented approach represents a paradigm shift from the traditional illness- and symptom-focused model of care. Instead, it centres on the subjective experience of recovery and empowerment to act on one's life (Roberts & Boardman, 2014).

Within the healthcare system, a recovery-oriented approach involves partnership with health professionals (Government of Quebec, 2017). Health professionals are encouraged to work with people living with mental illness in finding their own path of recovery (MHCC, 2021). The recovery-oriented approach values collaboration, identifying the person's strengths and resources, participation in decision-making that concerns them, involving significant others in the recovery plan, promoting empowerment, self-determination, and capacity for self-management of one's health condition (MHCC, 2021; Roberts & Boardman, 2014). To support the transition toward a recovery-oriented approach, the Mental Health Commission of Canada has introduced a layered guideline for best recovery-oriented practices in mental health service delivery. For instance, health professionals should help individuals explore their aspirations and life goals (MHCC, 2015). They should also encourage connection with peer supporters who can share their experience and foster hope (MHCC, 2015).

Recovery-oriented health professionals are also encouraged to engage family members and other carers of the person in the recovery process (Government of Quebec, 2017). Carers refer to family, friends, co-workers, or anyone who provides support to another individual living with a mental illness, addiction problems, or other illnesses (MHCC, 2019). They fulfill an essential role in the recovery journey of the person living with mental illness by expressing hope, reminding them of their strengths and resources, and

assisting them in navigating the mental health system. However, supporting a relative living with a mental illness can be challenging due to the unpredictable nature of mental illness, limited access to information, and associated stigmatization (MacCourt, 2013). Carers may experience a range of negative emotions when they are confronted with challenges in accessing the appropriate services for their significant others. When their voices are heard and their needs are recognized, they are better able to support the recovery of others. Support services provided by health professionals working with carers reduce risks to carers' well-being and enable them to play a supportive role in the recovery of individuals living with mental illness (MacCourt, 2013). Recovery is thus strengthened through collaborative partnerships with service users, health professionals, and their carers (MHCC, 2021).

Objectives

The extent to which professionals working with carers integrate recovery-oriented practices into their service delivery remains underexplored. Specifically, research assessing the utilization of recovery-oriented practices among professionals working with carers is scarce. Limited research has examined professionals' perceived competence and importance in relation to the utilization of recovery-oriented practices in community settings. As part of a program evaluation initiated by the Confédération des Associations de Proches en santé mentale du Québec (CAP), this article aims to describe and assess the utilization of recovery-oriented practices among professionals working with carers within member associations of CAP. The second objective is to explore the level of utilization of recovery-oriented practices in relation to professionals' perceived competence and importance in applying these practices.

METHODOLOGY

This article presents the result of a program evaluation conducted by the Confédération des Associations de Proches en santé mentale du Québec (CAP) in the context of a research-practice partnership co-funded by the Mitacs Accelerate Fellowship. CAP is a provincial (Quebec) non-profit community organization whose mission is to bring together organizations supporting carers of people living with mental illnesses. The network comprises 52 member associations that provide services to carers living in Québec.

According to the guide to evaluation in health research (Bowen, 2012), the purpose of a program is to inform decision-making by providing credible data. Program evaluation involves collecting and analyzing information about a program's activities, processes, and impacts to make value judgments and guide future actions. Program evaluation can not only inform program management decisions but also generate new knowledge (Bowen, 2012). In line with this approach, the objective of CAP is to evaluate the recovery-oriented practices offered by its member associations. The first step in the program evaluation was to conduct an online survey of recovery-oriented practices among professionals from CAP member associations in the province of Quebec. Then, data were analyzed to evaluate the utilization, perceived competence and importance in applying recovery-oriented practices.

Online Survey

The online survey was conducted anonymously using a Google Form in French and included 27 recovery-oriented practices (Table 1). For each recovery-oriented practice, participants answered three questions, each rated on a 4-point scale: Level of importance (1 = *not important*; 2 = *not very important*; 3 = *rather important*; 4 = *very important*); Level of competence (1 = *no competence*; 2 = *limited competence*; 3 = *rather good competence*; 4 = *excellent competence*); and Level of utilization (1= *never utilized*; 2 = *rarely utilized*; 3 = *often utilized*; 4 = *always utilized*). Practices were then grouped into four areas of practices: (A) "Supporting personal recovery and self-determination" (10 items); (B) "Involving carers and leveraging community resources" (5 items); (C) "Utilization of specific recovery-oriented practices" (5 items); and (D) "Implementation of organizational practices supporting recovery" (7 items).

These 27 recovery-oriented practices and four areas of practice constitute an "in house" survey. Recovery-oriented practices included in the survey were validated with a panel of graduate students, clinicians, and research professionals in the field. The choice of using an "in-house" survey (rather than a standardized questionnaire) stems from the objective of assessing levels of importance, competence, and utilization of specific practices. The survey covered the whole range of recovery-oriented practices, holding the view that professionals working with carers should engage in many of these practices. The online survey was translated to English for this article.

Table 1

List of Recovery-Oriented Practices in Four Areas of Practice

Support for the Personal Recovery Process and Self-Determination
1. Use an approach that supports personal recovery.
2. Inform and train on the rights of users and carers.
3. Develop a joint action plan with the carer that puts forward the needs expressed by the carer.
4. Assess and consider the strengths, goals/projects and resources of the carer, his or her natural network and the community in the action plan.
5. Make an extra effort to establish a benevolent, non-judgmental, egalitarian, collaborative and power-sharing relationship with the carer.
7. Support hope and provide access to testimonials or stories of recovery (from carers or people living with a mental illness).
9. Support the development of a recovery plan or collaboration in the recovery plan of a person living with a mental illness.
14. Prioritize self-care/self-management principles in the process of supporting and intervening with carers.
15. Promote self-determination, i.e. encourage carers to make their own choices, set their own priorities and define their personal goals.
16. Encourage (reasonable) risk-taking and trial-and-error learning on the part of the carer (rather than simply stabilizing the situation).
Involvement of Carers and Leveraging of Community Resources
6. Prioritize community and natural resources (resources outside the mental health network).
10. Inform and involve the person living with a mental illness in the action plan established with the carer.
11. Train carers in the concept of recovery and equip them to better support and contribute to the personal recovery of the person living with a mental illness.
12. Refer carers to appropriate resources.
13. Support the development of a joint crisis plan (or advance directives in the event of a mental health crisis) between the person living with a mental illness and the carer.
Use of Specific Recovery-Oriented Practices
8. Using peer support services or support the hiring of and access to peer helpers or people with experiential knowledge (family peer support or others).
17. Promote access to independent housing or the use of a housing supplement for people living with a mental illness to their carers.
18. Promote the return to school or to regular employment for people living with a mental illness to their carers.
19. Adapt services to meet the specific needs of young people (young carers or carers of young people living with a mental illness).
20. Use specialized approaches (motivational approaches, mindfulness, problem-solving, cognitive-behavioral approaches, etc.) at the right time and for a limited period of time.

— Continued next page

Table 1, continued

List of Recovery-Oriented Practices in Four Areas of Practice

Implementation of organizational practices supporting recovery
21. Take concrete action to combat stigmatization and discrimination.
22. Involve carers in the planning and organization of services and resources within your organization.
23. Participate in activities to promote continuity between the various services offered (within the different resource networks: citizen, community, health and social services, etc.).
24. Participate in networking activities to support collaborative work (rather than work in silo) and fostering a collaborative culture.
25. Participate in mentoring and supervision activities to reflect on practice (e.g., a community of practice).
26. Participate in activities supporting the promotion of mental health in the workplace.
27. Participate in training activities on the recovery-oriented approach and other specific practices.

Note. The items are numbered in the order in which they appeared in the survey.

Data Collection

As requested by CAP, directors and health managers of 48 CAP member associations sent an email invitation to their professionals to complete the online survey on April 26, 2022. A reminder invitation was sent on May 17, 2022. Based on information provided by CAP, about 150 participants were contacted. Of this number, 59 participants completed the online survey between April and June 2022 (approximately 39% response rate). The online survey on Google Form was completed anonymously. Before completing the online survey, informed consent was obtained by CAP for program evaluation. There was no missing data as participants were required to complete all practices of the survey prior to submission. Participant characteristics are summarized in Table 2. The majority of the sample are females (86.44%), have completed a bachelor's degree (47.46%) and have less than 5 years of experience (44.07%). Our sample is representative of the healthcare workforce, as female workers are often overrepresented in roles such as nursing and community health work (Balkin et al., 2024).

Inclusion criteria were employment within member association of CAP and providing support to carers of people living with mental illness. The common thread linking all participants is their employment within CAP member associations, a network of community-based organizations committed to psychosocial support and recovery-oriented care. This internal portrait serves as a foundation for raising awareness of the diverse practices that support recovery and for reflecting on the roles and responsibilities of their associations and professionals in implementing these practices. As such, the purpose of the evaluation was not to produce generalizable knowledge, but rather to provide a snapshot of current practices within the CAP community.

Table 2

Participant Characteristics

		Total Sample *n* = 59 (%)
Gender	Female	51 (86.44)
	Male	8 (13.56)
Education[a]	Professional/Vocational diploma (DEP)	1 (1.69)
	College Diploma (DEC)	18 (30.51)
	Bachelor's diploma	28 (47.46)
	Masters' diploma	10 (16.95)
	Doctoral diploma	2 (3.39)
Job title	Practitioners	35 (59.32)
	Direction	11 (18.64)
	Health managers	6 (10.17)
	Family peer support	4 (6.79)
	Others	3 (5.08)
Year of experience	Less than 5 years	26 (44.07)
	5 to 9 years	11 (18.64)
	10 to 20 years	15 (25.43)
	More than 20 years	6 (10.17)
	Other	(1.69)

[a] Education levels were from lowest to highest (and not in descending order of responses as for the other variables).

Data Analysis

Data from the online survey was imported into a Microsoft Excel file. The data were cleaned, and a total score was obtained for each practice by summing the scores of all participants. Total scores were used for comparison purposes. A higher total score indicated a higher level of utilization, perceived competence or importance given to a practice. Boxplots were created to illustrate median scores for Utilization, Competence, and Importance. Boxplots allow a graphical representation of the distribution of total scores through their quartiles, highlighting the median. Also, a line graph illustrating the total score of each practice was generated. The line graph allows visual comparison of total scores across Utilization, Competence and Importance. Additionally, a bar graph was generated to illustrate the mean scores of Utilization, Competence, and Importance by area of practice.

Ethics

After consulting the ethics board of Université du Québec à Trois-Rivières (UQTR), it was determined that no ethical review was required, as this project was a program evaluation conducted by CAP for improvement purposes. In accordance with the informed consent, prior to completing the online survey, participants were informed about the program evaluation purpose, that the data are anonymous, data usage by CAP, and that no published information will identify the participant. All data were stored on a password-protected server with restricted access.

RESULTS

The findings presented in this section are based on descriptive analyses of participants' utilization of recovery-oriented practices when working with carers, as well as their perceived competence and importance attributed to these practices. Given the exploratory nature of this study, the results focus on summarizing key patterns, frequencies, and distributions of responses without inferential statistical testing.

Overview of Recovery-Oriented Practices

As summarized by the boxplots in Figure 1, the median score for Utilization was 167, parallel to the median score of Competence score of 168. On the other hand, the boxplot of Importance reveals that participants valued the application of recovery-oriented practices, evidenced by a median score of 209.

As shown in Figure 2, the trend of Utilization and Competence follow a similar pattern, with corresponding peaks and troughs across the 27 practices. In contrast, a clear divergence is observed between Utilization and Importance. The line representing Importance scores highest across all 27 practices. This pattern suggests that participants acknowledge the importance of recovery-oriented practices.

Areas of Practice

Figure 3 illustrates that Utilization is relatively low on areas C "Use of specific recovery-oriented practices" and D "Implementation of organizational practices supporting recovery," while Importance is also at the lowest on area C. On the other hand, both Utilization and Importance remained highest on area A "Support for the personal recovery process and self-determination." Notably, Importance has consistently high averages across all four categories. Area of practice C has the lowest average score for Utilization, Competence and Utilization.

Specifically, practice 5 (Make an extra effort to establish a benevolent, non-judgmental, egalitarian, collaborative and power-sharing relationship with the carer) and practice 15 (Promote self-determination, i.e., encourage carers to make their own choices, set their own priorities and define their personal goals) score highest in the domain of Utilization for the area of practice A "Support for the personal recovery process and self-determination." Practice 5, which involve a power-sharing relationship with the carer, also scored highest for Competence and Importance. Along the same line, practice 15, which encourages carers to make their own choices, set their own priorities and define their personal goals, also scored second highest for Importance in this area of practice.

Figure 1

Distribution of Total Item Score for Utilization, Competence and Importance

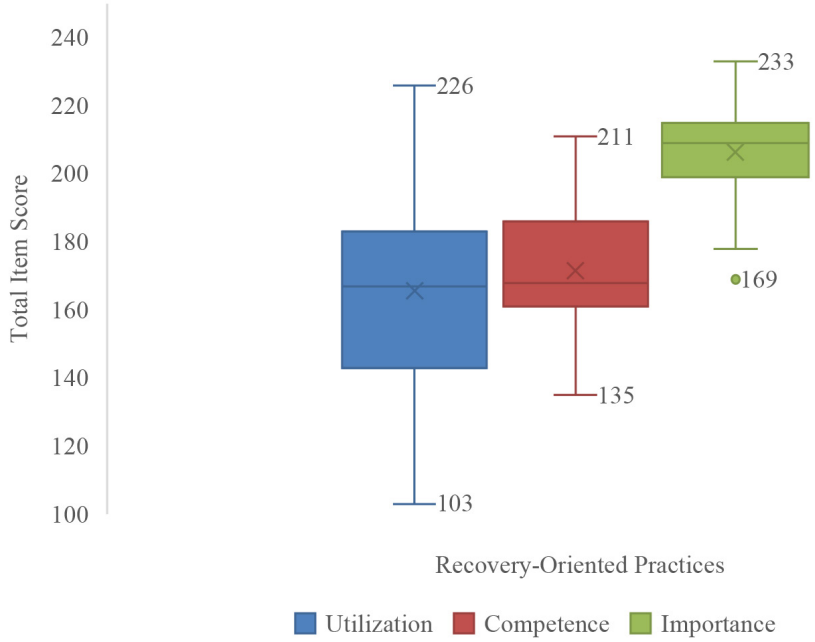


Figure 2

Total Score by Practice (item)

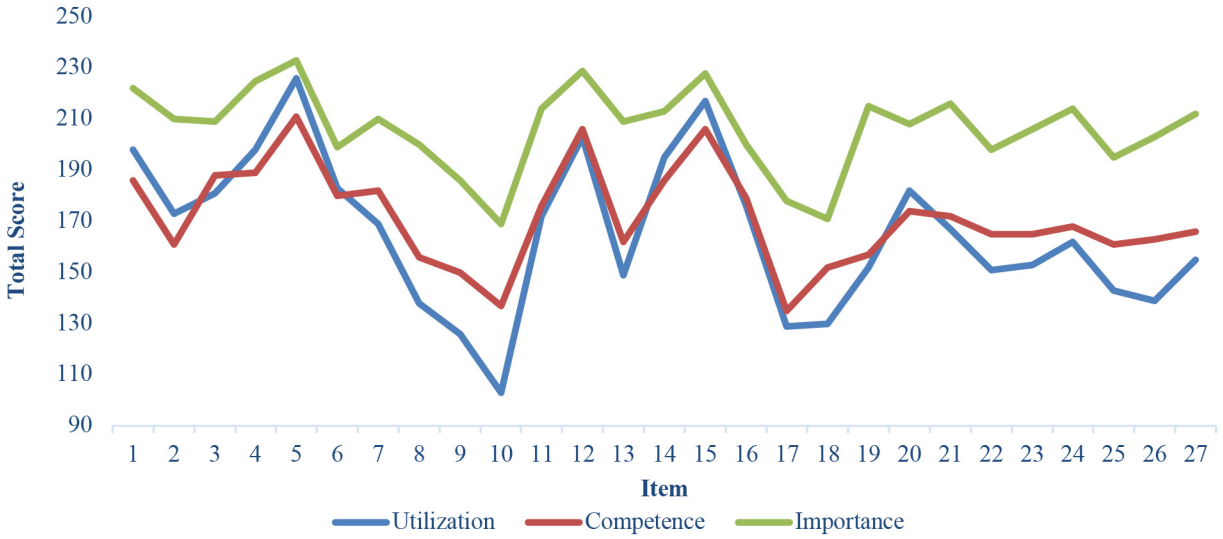
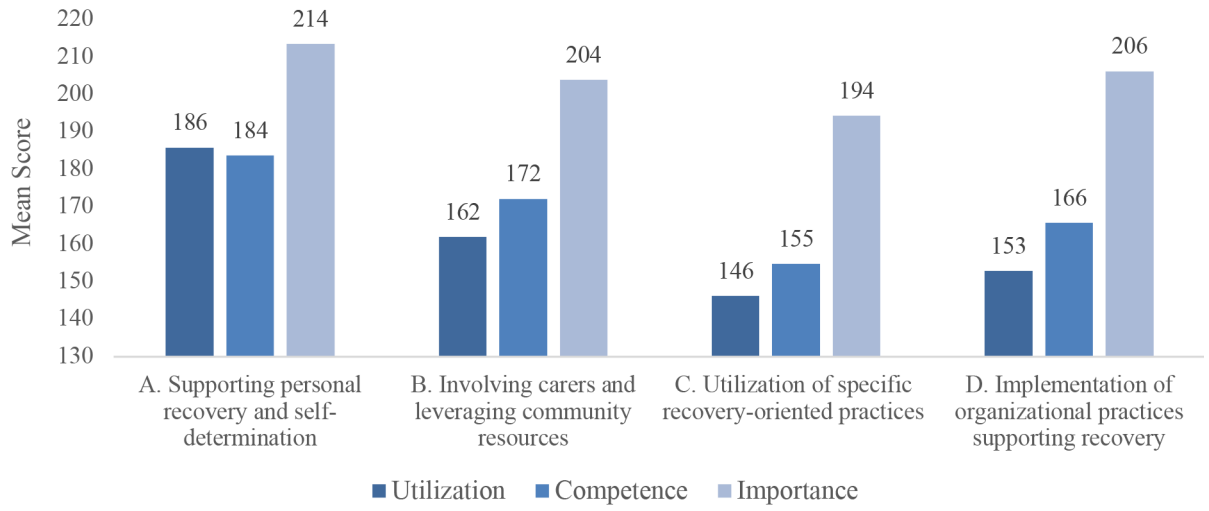


Figure 3

Mean Score for Utilization, Competence, and Importance by Area of Practice



On the other hand, practices in the domain of Utilization scored lowest in area C "Use of specific recovery-oriented practices," which concern the person living with mental illness. It is noteworthy to mention that most practices with low scores are found in this area of practice. For instance, practice 18 (Promote the return to school or to regular employment for people living with a mental illness to their carers) and practice 17 (Promote access to independent housing or the use of a housing supplement for people living with a mental illness to their carers) were among the least utilized practices. They also scored low on Importance in this area of practice and across all practices.

Other practices with relatively low scores in the domain of Utilization are found in the area of practice D "Implementation of organizational practices supporting recovery." In particular, practices involving mentoring, supervision, and activities supporting the promotion of mental health in the workplace scored low on both Utilization and Importance for this area of practice.

DISCUSSION

The program evaluation aimed to describe and assess the utilization of recovery-oriented practices among professionals working with carers in CAP members' associations. Additionally, it sought to explore the level of utilization in relation to professionals' perceived competence and importance in applying recovery-oriented practices.

First, the results indicate that participants recognize the importance of recovery-oriented practices for carers, as evidenced by the consistently high scores in the domain of Importance across four areas of practice. Even for practices scoring lowest on Utilization and Competence, participants still considered recovery-oriented practices important in their work with carers. These observations align with the existing literature, which highlights the importance of recovery-oriented practices in fostering positive outcomes not only for individuals living with mental illness but also for their carers (MHCC, 2021; Redublo et al., 2024; Lauzier-Jobin & Houle, 2021). As recovery-oriented initiatives often focus on the recovery of the person living with mental illness, professionals working with carers appear well-positioned to advocate for the importance of considering the needs and experiences of carers (Redublo et al., 2024). The results suggest that participants understand that carers can experience a recovery journey. Participants recognize the importance of implementing recovery-oriented practices, both to support carers themselves and to enable them to contribute to the recovery of their relatives living with mental illness.

Second, although recovery-oriented practices are viewed as important, their utilization has the lowest median score, and the level of perceived competence showed a similar trend. A synchronous pattern emerges between the domains of Utilization and Competence. This reveals that participants' self-perceived competence might be associated with the application of these practices. We hypothesize that when participants believe they are less competent in certain areas, they are less likely to apply those practices. Participants who perceive themselves as competent might feel more self-determined to utilize recovery-oriented practices (Deci & Ryan, 2000). Perceived competence reflects participants' self-assessment of skills, knowledge, and abilities in applying recovery-oriented practices. There appears to be some ambiguity surrounding comprehending the conceptualization of the recovery-oriented approach among health professionals (Le Boutillier et al., 2015). Participants might be unsure of how to integrate the person living with mental illness in their intervention, despite their high rating for importance.

Other barriers, such as a lack of training or structural limitations within institutions (e.g., the institution's mandate), could hinder the application of these practices. Conducting recovery-oriented practices requires health professionals to adopt different values and attitudes from the traditional illness- and symptom-focused model of care.

The findings suggest a need for clearer communication and guidance to support health professionals in effectively embracing and implementing a recovery approach. Recovery training and workshops are essential for knowledge transfer. Yet, courses are traditionally produced by researchers and clinicians. Redublo et al. (2024) have recommended the inclusion of carers' diverse perspectives in designing more comprehensive and effective training programs on recovery. Carers should actively participate in the construction of knowledge, so that training programs align with their own recovery journey, and with their role in the recovery

journey of the person living with mental illness. A better understanding of the challenges faced by people living with mental illnesses and their carers could improve mental health service delivery (MHCC, 2021).

Third, the divergence between recognizing importance and actual utilization of recovery-oriented practice can be attributed to a variety of factors. It is interesting to note that practices receiving the highest scores primarily pertain to interventions involving carer support. In contrast, participants with the lowest scores are more focused on supporting individuals living with a mental illness or organizational practices. For instance, participants viewed practice 10 (Inform and involve the person living with a mental illness in the action plan established with the carer) as least important, and its utilization also scored lowest among all recovery-oriented practices. Participants working with carers of individuals with mental illness may perceive the latter practices as falling outside their mandate and feel less equipped to use these practices. As such, a potential area for improvement is the integration of a collaborative approach among health professionals, service users, and their carers (Lauzier-Jobin & Houle 2021). Lauzier-Jobin and Houle (2021) stress that support should be an interactive process. To help foster a stronger therapeutic alliance and collaboration in mental health service delivery, the Triangle of Care framework identifies six key elements, including identifying the roles, responsibilities and rights of each person, implementing protocols or policies to ease information sharing, and exchanging best practices (Machin & Pepper, 2013). Such framework, which can extend to include professionals working with the person living with mental illness as well as professionals working with the carer, is an interesting tool to facilitate knowledge acquisition, create shared vocabulary, and provide a sense of empowerment for the actors involved (Amering et al., 2012; Machin & Pepper, 2013).

Limitations

This program evaluation is not without its limitations. Self-reported data is susceptible to biases, such as social desirability bias or recall bias. Participants might either overestimate or underestimate their competence or utilization based on their current state. While the current report identifies a gap between the importance attached and the actual utilization of recovery-oriented practice, another limitation of the present study is the lack of understanding why this gap exists. The survey design did not include open-ended or follow-up questions to explore the underlying reasons for these gaps. Also, the current program evaluation examined all recovery-oriented practices for carers to gain an overview of these practices, regardless of the participants' roles or the carers' needs. It is possible that some practices are not prioritized or used due to different needs of the carer.

Practical Implication

First, training workshops on recovery-oriented practice should be strengthened to promote utilization among health professionals. The literature has shown a positive association between receiving in-depth and in-service training and recovery-oriented competencies of health professionals (Stuber et al., 2014). Second, training is effective in addressing the competence gap, yet training alone seems insufficient for translating knowledge into practice (Gilburt et al., 2013). Adding an experiential component to the training can further increase its impact. To complement training programs, the Quebec governmental action plan for carers (2021–2026) has mandated the implementation of a community of practice centred on carers, to

support them better and recognize their role. Such a community of practice can provide rapid access to rich sources of information from practical experience and research (Arcand & Souffez, 2017). It could support the co-production of knowledge, disseminated among health professionals and partner organizations through webinars, informational capsules, and discussion workshops (Government of Quebec, 2022). Finally, by creating opportunities for networking and reflection on common issues, communities of practice are a particularly relevant tool for collaborative work (Arcand & Souffez 2017).

CONCLUSION

Family members, close friends, and other carers fulfill an important and challenging role in supporting their loved one living with a mental illness. The important contribution of carers should be recognized across all mental health services. This program evaluation contributes to the literature on how professionals working with carers assess their utilization, competence, and the importance attached to recovery-oriented practices. Professionals working with carers within member associations of CAP recognize the importance of recovery-oriented practices. However, there remains room for improvement, particularly in increasing the sense of competence and translating this recognition into practical application (utilization). To bridge this gap, it is essential to foster collaboration among health professionals, service users, and their carers, and to develop training programs that are not only comprehensive but also directly applicable to professionals' daily work. Integrating carers into the development of these programs can ensure that the training is aligned with the real-world needs and challenges faced by both health professionals, service users, and their carers, ultimately leading to more effective recovery-oriented services.

Supplement A

Support for the Personal Recovery Process and Self-Determination

Item	Practice	Utilization	Competence	Importance
1	Use an approach that supports personal recovery.	198	186	222
2	Inform and train on the rights of users and carers.	173	161	210
3	Develop a joint action plan with the carer that puts forward the needs expressed by the carer.	181	188	209
4	Assess and consider the strengths, goals/projects and resources of the carer, his or her natural network and the community in the action plan.	198	189	225
5	Make an extra effort to establish a benevolent, non-judgmental, egalitarian, collaborative and power-sharing relationship with the carer.	226	211	233
7	Support hope and provide access to testimonials or stories of recovery (from carers or people living with a mental illness).	169	182	210
9	Support the development of a recovery plan or collaboration in the recovery plan of a person living with a mental illness.	126	150	186
14	Prioritize self-care/self-management principles in the process of supporting and intervening with carers.	195	186	213
15	Promote self-determination, i.e., encourage carers to make their own choices, set their own priorities, and define their personal goals.	217	206	228
16	Encourage (reasonable) risk-taking and trial-and-error learning on the part of the carer (rather than simply stabilizing the situation).	176	179	200

Involvement of Carers and Leveraging of Community Resources

Item	Practice	Utilization	Competence	Importance
6	Prioritize community and natural resources (resources outside the mental health network).	183	180	199
10	Inform and involve the person living with a mental illness in the action plan established with the carer.	103	137	169
11	Train carers in the concept of recovery and equip them to better support and contribute to the personal recovery of the person living with a mental illness.	172	176	214
12	Refer carers to appropriate resources.	203	206	229
13	Support the development of a joint crisis plan (or advance directives in the event of a mental health crisis) between the person living with a mental illness and the carer.	149	162	209

Supplement A, continued

Use of Specific Recovery-Oriented Practices

Item	Practice	Utilization	Competence	Importance
8	Using peer support services or support the hiring of and access to peer helpers or people with experiential knowledge (family peer support or others).	138	156	200
17	Promote access to independent housing or the use of a housing supplement for people living with a mental illness to their carers.	129	135	178
18	Promote the return to school or to regular employment for people living with a mental illness to their carers.	130	152	171
19	Adapt services to meet the specific needs of young people (young carers or carers of young people living with a mental illness).	152	157	215
20	Use specialized approaches (motivational approaches, mindfulness, problem-solving, cognitive-behavioral approaches, etc.) at the right time and for a limited period of time.	182	174	208

Implementation of Organizational Practices Supporting Recovery

Item	Practice	Utilization	Competence	Importance
21	Take concrete action to combat stigmatization and discrimination.	167	172	216
22	Involve carers in the planning and organization of services and resources within your organization.	151	165	198
23	Participate in activities to promote continuity between the various services offered (within the different resource networks: citizen, community, health and social services, etc.).	153	165	206
24	Participate in networking activities to support collaborative work (rather than work in silo) and fostering a collaborative culture.	162	168	214
25	Participate in mentoring and supervision activities to reflect on practice (e.g., a community of practice).	143	161	195
26	Participate in activities supporting the promotion of mental health in the workplace.	139	163	203
27	Participate in training activities on the recovery-oriented approach and other specific practices.	155	166	212

REFERENCES

Amering, M., Mikus, M., & Steffen, S. (2012). Recovery in Austria: Mental health trialogue. *International Review of Psychiatry*, *24*(1), 11–18. https://doi.org/10.3109/0954026 1.2012.655713; https://doi.org/10.1111/jpm.12985

Arcand, L., & Souffez, K. (2017). Résumé des connaissances adaptées au contexte de la santé publique : fiche d'information. INSPQ, Institut national de santé publique du Québec. https://www.inspq.qc.ca/publications/2351

Balkin, E. J., Tauzer, J., & Xiarchi, L. (2024). Reevaluating the care/cure dichotomy: A European perspective on gender inequalities in nursing leadership. *Journal of advanced nursing*, *80*(2), 410–412. https://doi.org/10.1111/jan.15796

Bowen, S. (2012). *A Guide to Evaluation in Health Research*. Canadian Institutes of Health Research. https://www.cihr-irsc.gc.ca/e/45336.html

Chester, P., Ehrlich, C., Warburton, L., Baker, D., Kendall, E., & Crompton, D. (2016). What is the work of Recovery Oriented Practice? A systematic literature review, *International Journal of Mental Health Nursing*, *25*(4), 270–285. https://doi.org/10.1111/inm.12241

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry, 11*(4), 227–268. https://doi.org/10.1207/S15327965PLI1104_01

Deegan, P. E. (1992). The Independent Living Movement and people with psychiatric disabilities: Taking back control over our own lives. *Psychosocial Rehabilitation Journal*, *15*(3), 3. https://doi.org/10.1037/h0095769

Gilburt, H., Slade, M., Bird, V., Oduola, S., & Craig, T. K. (2013). Promoting recovery-oriented practice in mental health services: A quasi-experimental mixed-methods study. *BMC Psychiatry 13*(167). https://doi.org/10.1186/1471-244X-13-167

Government of Québec. (2017). La mise en place et le maintien de pratiques axées sur le rétablissement: guide d'accompagnement. https://publications.msss.gouv.qc.ca/msss/fichiers/2017/17-914-03W.pdf

Government of Québec. (2022). *Plan d'action gouvernemental pour les personnes proches aidantes 2021-2026 - Reconnaître pour mieux soutenir*. https://publications.msss.gouv.qc.ca/msss/document-003000

Lauzier-Jobin, F., & Houle, J. (2021). Caregiver support in mental health recovery: A critical realist qualitative research. *Qualitative Health Research*, *31*(13):2440-2453. https://doi.org/10.1177/10497323211039828

Le Boutillier, C., Chevalier, A., Lawrence, V., Leamy, M., Bird, V. J., Macpherson, R., Williams, J., & Slade, M. (2015). Staff understanding of recovery-orientated mental health practice: A systematic review and narrative synthesis. *Implementation Science 10,*(87). https://doi.org/10.1186/s13012-015-0275-4

MacCourt, P., Family Carers Advisory Committee, Mental Health Commission of Canada. (2013). National guidelines for a comprehensive service system to support family carers of adults with mental health problems and illnesses. Calgary, AB: Mental Health Commission of Canada. http://www.mentalhealthcommission.ca

Machin, K., & Pepper, J. (2013). *Recovery: A carer's perspective*. Centre for Mental Health. Mental Health Commission of Canada. Recovery Guidelines Ottawa, ON

Mental Health Commission of Canada. (2015). *Guidelines for recovery-oriented practice: Hope. Dignity. Inclusion.* https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/MHCC_RecoveryGuidelines_ENG_0.pdf

Mental Health Commission of Canada. (2019). *Promising practices guide: Engaging caregivers in mental health and addiction services in Canada.* https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2020-04/Promising_Practices_Guide_eng.pdf

Mental Health Commission of Canada. (2021). Recovery education and training overview. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-03/Recovery_Education_and_Training.pdf

Perkins, R., Pepper, J., & Giles, K. (2022). Creating a recovery focused culture: Changing the nature of conversations from the bottom up. ImROC Briefing Paper 19. Nottingham: ImROC.

Redublo, T., Paul, S., Joshi, A., Arbour, S., Murray, R., & Chiu, M. (2024). We-Care-Well: Exploring the personal recovery of mental health caregivers through Participatory Action Research. *Frontiers in Public Health*, *12*, 1366144. https://doi.org/10.3389/fpubh.2024.1366144

Roberts, G., & Boardman, J. (2014). Becoming a recovery-oriented practitioner. *Advances in Psychiatric Treatment, 20*(1), 37–47. https://doi.org/10.1192/apt.bp.112.010652

Stuber, J., Rocha, A., Christian, A., & Johnson, D. (2014). Predictors of recovery-oriented competencies among mental health professionals in one community mental health system. *Community Mental Health Journal, 50(8), 909–914.* doi:10.1007/s10597-014-9708-9; https://pubmed.ncbi.nlm.nih.gov/24510273/