

Getting better ~~my~~ their way

BASIC PRINCIPLES AND GUIDE TO USING THE TOOL “GETTING BETTER MY WAY”

What is health self-management?

Self-management includes all the actions that a person can take to gain power over their health, by adopting behaviors that reduce symptoms, help prevent relapses, and improve day-to-day well-being¹². This includes using mental health resources and services (medication, psychotherapy, and support interventions), adopting healthy lifestyle habits, maintaining positive relationships with others, optimal management of day-to-day life, and developing one’s potential³. **In short, it consists in all the actions, big or small, that a person takes to get better their way.**

Why use a self-management support tool such as “Getting better my way”?

Several studies emphasize the added value of self-management for individuals who have a chronic physical¹² or mental^{4,5} illness. For individuals living with anxiety, depression, or bipolar disorder, self-management support interventions can reduce symptoms, improve treatment adherence, and increase both their confidence in being able to manage the illness and their quality of life⁶⁻⁹.

A large proportion of individuals who have experienced major depression or anxiety will face a new episode in following years.⁵ Moreover, the vast majority (85% to 95%) of individuals who recover must still deal with residual symptoms that increase their risk of a relapse⁶. **For these reasons, practice guidelines recommend offering self-management support for individuals living with these conditions¹²⁻¹⁵.**

It is worth emphasizing that self-management support is not intended to replace usual treatments such as psychotherapy or medication. **Rather, it is a complementary intervention, which is nevertheless deemed to be essential for managing recurring or chronic condition such as anxiety, depression, or bipolar disorder¹⁶.**

For whom is the “Getting better my way” tool intended?

The tool was designed to be used by any person living with challenges related to anxiety, depression, or bipolar disorder. Feedback on the tool shows that the tool can also be useful to any individual who is experiencing day-to-day challenges and would like to regain control over them.

What does the “Getting better my way” tool propose to support self-management?

The “Getting better my way” tool was developed by a committee of experts, including individuals recovering from a mental illness who have been trained as peer supporters, clinicians from institutional and community settings, managers, and researchers¹⁷. The committee based their work on the results of a study conducted among 50 people recovering from anxiety, depression, or bipolar disorder¹⁸. **The tool brings together a number of accessible self-management strategies**, divided into five categories that correspond to the dimensions of recovery³: functioning well day-to-day, dealing with difficulties, caring for one’s physical condition, maintaining positive relationships with others, and fostering hope. **A five-step pathway is suggested.** It begins with recognizing what the individual is already doing in their recovery. This helps them take note of their current strengths and create a personalized self-management plan that reflects the unique and deeply personal nature of the recovery process¹⁹. This process may inspire individuals to choose to maintain or implement one or two strategies of their own or from those suggested in the tool according to their own preferences and life context.



How can I use the tool as a mental health practitioner?

Although the tool can be used without the help of a practitioner, it is preferable to accompany the individual in developing their personalized self-management plan (step 3), identifying strategies that could be useful (step 4) and implementing strategies to promote their recovery (steps 4 and 5). Indeed, studies have shown that self-management support tools are more effective when counselling is provided¹¹. As a counselor, your role in this process can be seen as that of spotting potential. By recognizing the individual’s strengths, capacities and value, you inspire hope and contribute to improving their autonomy one step at a time. Perceived usefulness and acceptability for the Getting better my way tool were evaluated among 82 health practitioners and 71 service users²⁰. Results show that the tool is well appreciated for its content as well as its form. For the consulted individuals in recovery, it facilitates greater self-awareness, recognition of one’s active role in recovery while also inspiring hope and promoting self-management behaviors.

Four principles for counselling individuals in recovery on using the tool

1 Start with what already works.

Point out the actions, intentions and efforts that individuals have already made to get better, and to encourage them to keep them up. Shrink the change by reminding the individual that they are already self-managing. Encourage them to observe themselves and to be aware of the actions, big or small, that they take and that do them good. If the individual is in need of inspiration or ideas, they can refer to the tool's list of strategies in step 2.

2 Guide, don't direct.

The role of practitioners is to assist individuals in choosing realistic self-management strategies that are motivating for them rather than for the practitioner. When an individual chooses a strategy, the practitioner must sometimes manage a certain level of risk. The individual may make certain decisions that are contrary to the practitioner's values or beliefs. In this case it is important to respect that individual's rhythm and their choices all while promoting a sense of responsibility for their actions. Each individual is the person who knows themselves best and who will be actually applying these strategies in their day-to-day life.

3 Cultivate hope and empowerment.

Supporting the growth of empowerment is gradual and is done by pointing out to individuals in an authentic and sincere manner the progress they've achieved (even when minor).

Remind them regularly that they have the ability to reach their goals and that you believe in them! The aim is to foster sense of pride and hope, especially if they have little or no hope for their own recovery. Eventually, the accumulation of small successes could lead the person to recognize their own power and to appreciate their strengths. This will enable them to build confidence and greater autonomy.

4 Recognize the dynamic nature of recovery.

The recovery process is not linear and for some individuals can be punctuated with highs and lows. Remind the individual that it is not necessary to adopt all the strategies in the tool to get better. Also, completing the self-management plan isn't an end in itself. It is recommended to revise it regularly to ensure that it is still adapted to the person and their needs. As a practitioner, you can help the individual complete or review their self-management plan (step 3) or to identify resources that could be useful in implementing strategies in their recovery process (step 4).



To find out more, visit the laboratoire Vitalité (UQAM) website (in French only): www.vitalite.uqam.ca

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REFERENCES

1. Lorig, K. R., & Holman, H. R. (2003). Self-management and education: History, definition, outcomes and mechanisms. *Annals of Behavioral Medicine*, 26(1), 1-7.
2. Barlow, J., Wright, C., Sheasby, J., Turner, A., & Hainsworth, J. (2002). Self-management approaches for people with chronic conditions: A review. *Patient Education and Counseling*, 48(2), 177-187.
3. Whitley, R., & Drake, R.E. (2010). Recovery: A dimensional approach. *Psychiatric Services*, 61(12), 1248-1250.
4. World Health Organization (2014). Integrating the response to mental disorders and other chronic diseases in health care systems. Geneva: Switzerland.
5. Hardeveld, F., Spijker, J., De Graaf, R., Nolen, W.A., & Beekman, A. T. (2010). Prevalence and predictors of recurrence of major depressive disorder in the adult population. *Acta Psychiatrica Scandinavica*, 122(3), 184-191.
6. Paykel, E. S. (2008). Partial remission, residual symptoms, and relapse in depression. *Dialogues in Clinical Neurosciences*, 10(4), 431-437.
7. Fournier, L., Roberge, P., & Brouillet, H. (2012). Faire face à la dépression au Québec. Protocole de soins à l'intention des intervenants de première ligne. Montréal, QC: Centre de recherche du CHUM et Institut national de santé publique du Québec.
8. National Institute for Health and Care Excellence [NICE] (2014). Bipolar disorder: the assessment and management of bipolar disorder in adults, children and young people in primary and secondary care. NICE clinical guideline.
9. Patten, S. B., Kennedy, S. H., Lam, R. W., O'Donovan, C., Filteau, M. J., Parikh, S. V., & Ravindran, A. V. (2009). Canadian Network for Mood and Anxiety Treatments (CANMAT) clinical guidelines for the management of major depressive disorder in adults. I. Classification, burden and principles of management. *Journal of Affective Disorders*, 119 (Suppl. 1), 5-14.
10. Swinson, R. P., Antony, M. M., Bleau, P., Chokka, P., Craven, M., Fallu, A., & Walker, J. R. (2006). Clinical practice guidelines: Management of anxiety disorders. *Canadian Journal of Psychiatry*, 51(Suppl.2), 1-92.
11. Gellatly, J., Bower, P., Hennessy, S., Richards, D., Gilbody, S., & Lovell, K. (2007). What makes self-help interventions effective in the management of depressive symptoms? Meta-analysis and meta-regression. *Psychological Medicine*, 37(9), 1217-1228. *Psychological Medicine*, 37(9), 1217-1228.
12. Houle, J., Gascon-Depatie, M., Bélanger-Dumontier, G., & Cardinal, C. (2013). Depression self-management support: A systematic review. *Patient Education and Counseling*, 91(3), 271-279.
13. Houle, J., Meunier, S., Gauvin, G., Lespérance, F., Roberge, P., Provencher, M., & Lambert, J. (2014). Évaluation de l'acceptabilité et de l'efficacité potentielle de l'Atelier d'autogestion de la dépression de Revivre. Montréal: Université du Québec à Montréal.
14. Lorig, K., Ritter, P. L., Pifer, C., & Werner, P. (2014). Effectiveness of the Chronic Disease Self-Management Program for persons with a serious mental illness: A translation study. *Community Mental Health Journal*, 50(1), 96-103.
15. Ritter, P. L., Ory, M. G., Laurent, D. D., & Lorig, K. (2014). Effects of chronic disease self-management programs for participants with higher depression scores: secondary analyses of an on-line and a small-group program. *Translational Behavioral Medicine*, 4(4), 398-406.
16. Cook, J. A., Copeland, M. E., Floyd, C. B., Jonikas, J. A., Hamilton, M. M., Razzano, L., Carter, T. M., Hudson, W. B., Grey, D. D. & Boyd, S. (2012). A randomized controlled trial of effects of Wellness Recovery Action Planning on depression, anxiety and recovery. *Psychiatric Services*, 63(6), 541-547.
17. Houle J, Coulombe S, Radziszewski S, Beaudin A, Brouillet H, Cloutier G, Collard B, Doray P, Gilbert M, Jetté F, Jourdain M, Lavoie B (2015). Aller mieux à ma façon. Soutien à l'autogestion. Laboratoire Vitalité. Université du Québec à Montréal.
18. Villaggi, B., Provencher, H., Coulombe, S., Meunier, S., Radziszewski, S., Hudon, C., . . . Houle, J. (2015). Self-management strategies in recovery from mood and anxiety disorders. *Global Qualitative Nursing Research*, 2. doi: 10.1177/2333393615606092
19. Commission de la santé mentale du Canada. (2015). Guide de référence pour des pratiques axées sur le rétablissement. Ottawa (Ontario).
20. Houle J, Radziszewski S, Labelle P, Coulombe S, Menear M, Roberge P, Hudon C, Lussier MT, Gamache C, Beaudin A, Lavoie B, Provencher M D, Cloutier G. (2018). Getting better my way: A self-management support tool for people living with mood and anxiety disorders. *Psychiatric Rehabilitation Journal*