

# Canadian Personal Recovery Outcome Measure (C-PROM)

Canadian Mental Health Association | Peel Dufferin  
Peer Community of Practice

# Acknowledging Perspectives

Consumer/Survivor  
Initiatives

Grassroots Peer  
groups

Community Mental  
Health & Addiction Orgs

Hospitals

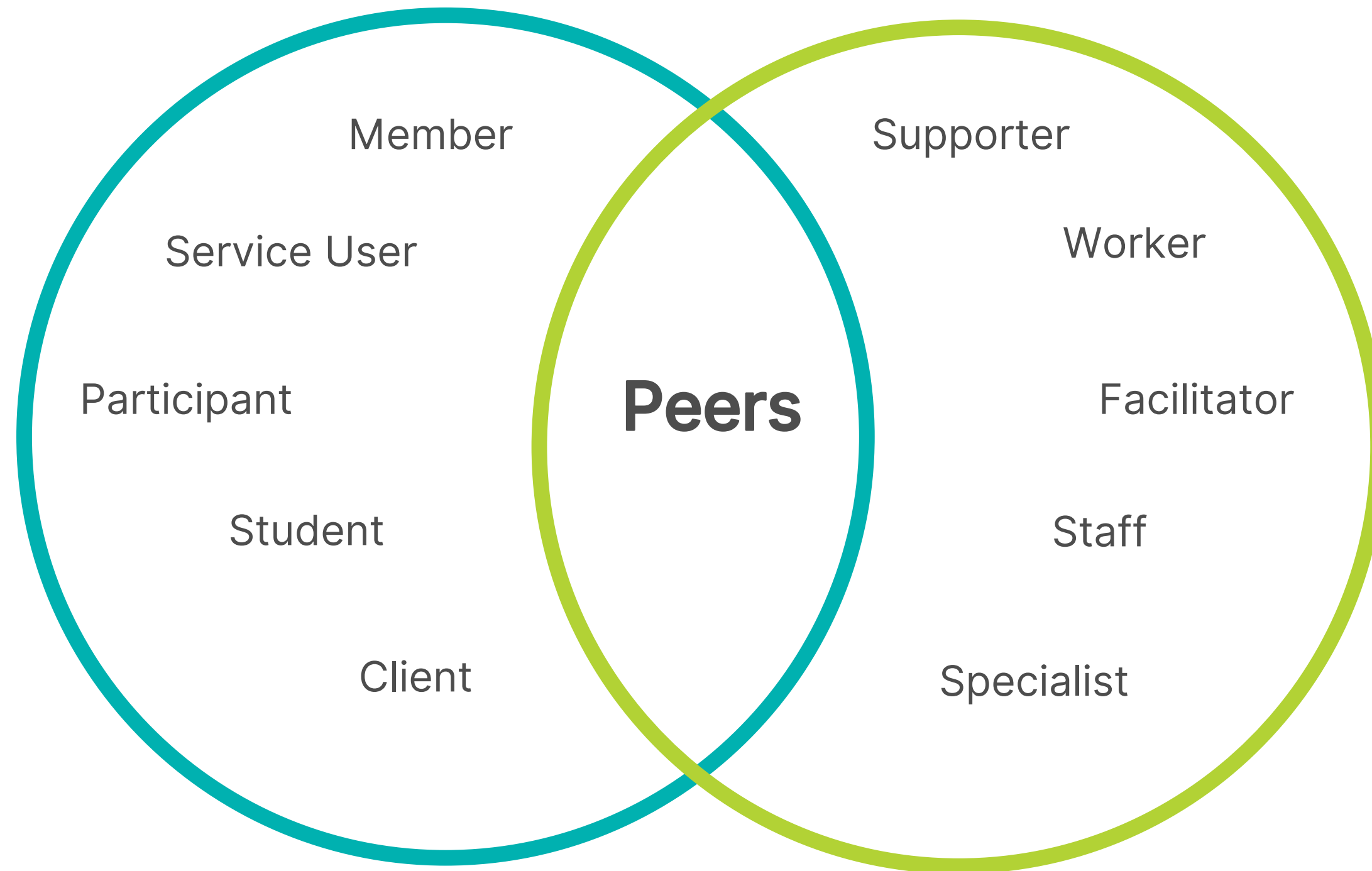
*Tensions, power  
imbalances*

*Funding, Org structure,  
Peer Drift, etc.*

**Canadian Mental Health Association  
Peel Dufferin**

- Peer Community of Practice
- Leadership is responsive and collaborative

# Notes on Language



# PROM vs PROM?

PROM =  
Patient Reported  
Outcome  
Measures

PROM =  
Personal Recovery  
Outcome Measure  
(C-PROM)\*

*\*C for Canadian*

# Our agenda for today

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How the CMHA Peel Dufferin Peer Community of Practice implemented C-PROM as a standard assessment tool for Peers in our organization.

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## **Where we started, and Why we wanted to change**

- Past state
- Why assessment matters
- Peer Drift and other challenges

## **C-PROM**

- What is it, and why is it relevant for Peers
- Implementation steps
- Feedback from peers, clients, leaders
- Questions



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# Where We Started

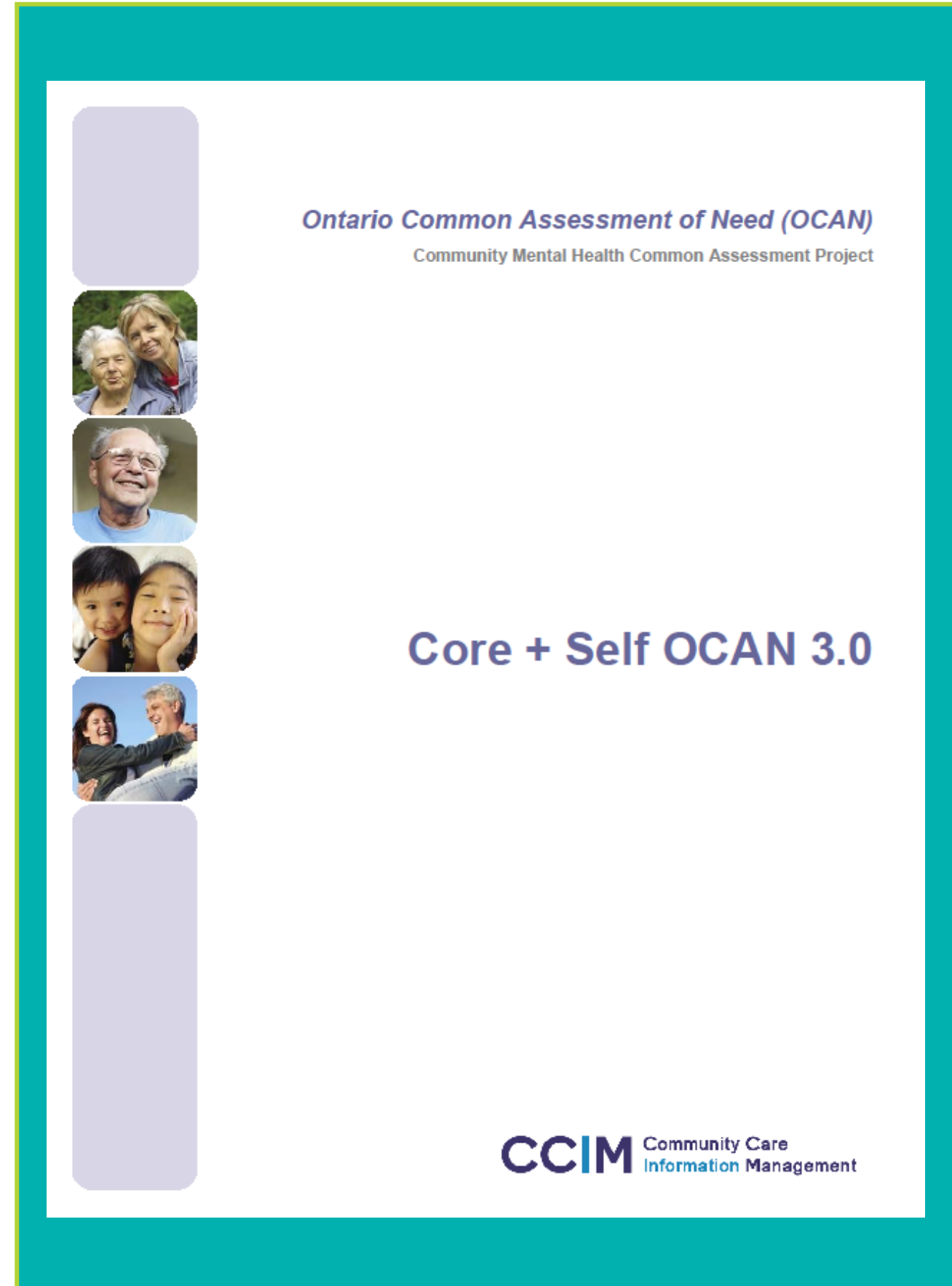
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No clear guidance, lack of standards, alignment with Peer values and best practices unclear

# O CAN

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- Used by Peers in our multi-disciplinary teams, including Assertive Community Treatment (ACT) and Early Psychosis Intervention (EPI)



**Ontario Common Assessment of Need (OCAN)**  
Community Mental Health Common Assessment Project

**Core + Self OCAN 3.0**

**CCIM** Community Care  
Information Management

# O CAN

“The only recovery focused tool used by provincial health authorities is the Ontario Common Assessment of Need (OCAN) which is used across community mental health settings in the province of Ontario. The OCAN is a measure of personal needs and is used to track and monitor the client’s recovery (Durbin et al. 2020). The measurement of personal needs is important, but needs are necessary but not sufficient elements of recovery (Slade et al. 2005).”

Barbic et al (2024)

# Peer Drop In



## No Assessment

- Most clients attending Peer drop in for support did not have any assessment at all



## PROM

- Some groups at our drop in used PROM a few times a year to help members track their recovery progress as they participate

# why does assessment matter?

[and should Peers even be conducting assessments?]

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## **Standard Assessments can help to:**

- Raise issues that are important to the client
- Capture progress over time

## **Assessments can support a Recovery based approach if they:**

- Elicit input from the client, empower client's voice
- Take a holistic view of the client's life
- Identify strengths and inform goal setting
- Identify barriers which we can work together to remove

# Challenges



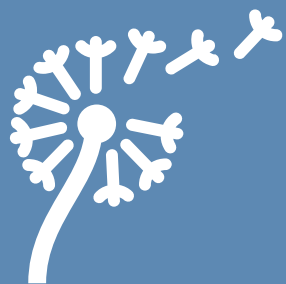
## Worker's POV

Clinical assessments may prioritize the worker's evaluation of the client. This does not align with Peer practice and values.



## Scope

Some assessments may take a limited view of a person's mental health (e.g., Dx specific) or evaluate for clinical criteria (not a Peer lens)



## Role Confusion

Using the same assessment tools as clinicians (case managers, counsellors, etc.) does not differentiate Peer roles, contributes to Peer drift.



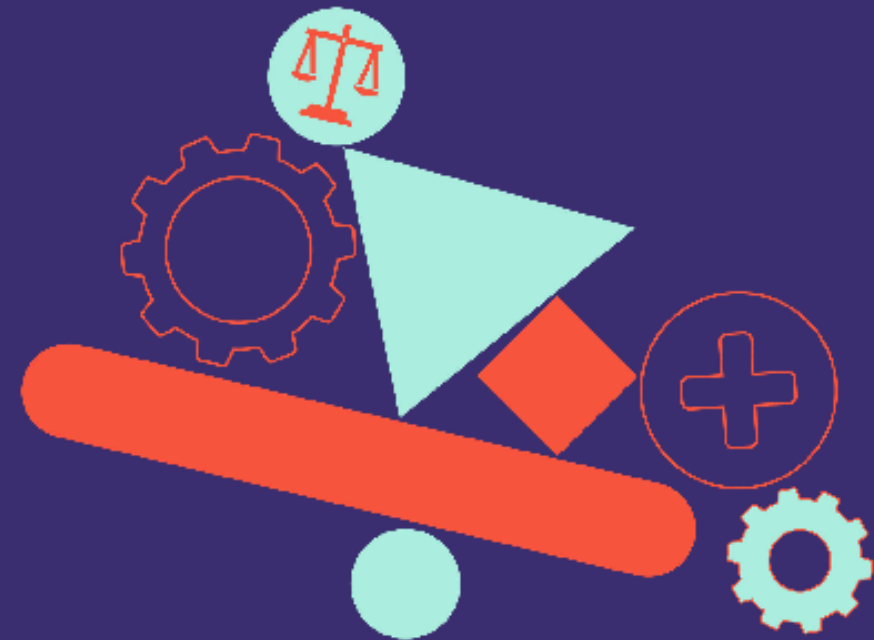
## Data

Lack of assessments related to Peer support work leaves us with a lack of reportable data to help demonstrate the value of Peer roles and programs.

# Drift from Peer Support Values and Standards:

*A Position Statement and Call for Action*

Authored by Lee de Bie, PhD, Centre for Clinical Ethics, Unity Health Toronto  
Emily Michetti-Wilson, BSc, BSW, McMaster University



Position Statement of the  
PeerWorks Board of Directors

**PeerWorks**

# Peer Drift

A concern for our Peers, and a call to  
action for us and our leadership!

# Drift from Peer Support Values and Standards: A Position Statement and Call for Action

## Position Statements

2. The peer support role is unique, and this uniqueness is valuable and must be protected.

6. ...drift occurs at the level of individuals, organizations, systems, and tends to take two forms...into clinical and menial work.



## Recommendations

7. Lead peer support programs in alignment with peer support values, standards, and best practices.

12. Pay attention for and address situations and attitudes that can contribute to peer support drift.



# why does assessment matter?

[and should Peers even be conducting assessments?]

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## **Assessments can be one tool of many in a Peer's toolbox**

- One option for helping clients to explore their challenges, choices, and goals
- Reminds us to check in and be curious about a peer's life and journey
- Can help to focus or provide direction in the supportive relationship
- Tangible representation of change over time; reflect and consider next steps
- Assessments have traditionally been representative of a power imbalance; there are ways that assessments can be amended/presented/completed which address this
- **Ultimately, Peers and Peer programs will need to consider what makes sense for themselves and their community of peers**



**Will you go to the  
C-PROM with me?**

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Subject  
NumberInterviewers  
InitialsDate  
d/m/y \_\_\_\_/\_\_\_\_/\_\_\_\_

## Personal Recovery Outcome Measure (PROM)

Please take the time to fill in the following **questionnaire**.

There are 30 questions. The score for each question is as follows:

Based on your experiences in the **last week**, please indicate how often you have felt this way by selecting the option you most agree with.

0	1	2	3	4
None of the Time	25% of the time	50% of the time	75% of the time	All of the time

QUESTIONS	RESPONSE				
1. I am motivated to keep myself well	0	1	2	3	4
2. I can access the health and social services that I need	0	1	2	3	4
3. I am hopeful about my future	0	1	2	3	4
4. I feel safe	0	1	2	3	4
5. I sleep well	0	1	2	3	4
6. I like myself	0	1	2	3	4
7. I have enough money to meet my basic needs	0	1	2	3	4
8. I am happy	0	1	2	3	4
9. I am driven by meaningful goals	0	1	2	3	4
10. I can identify the early warning signs of becoming unwell	0	1	2	3	4
11. I am confident	0	1	2	3	4
12. I know what helps me stay well	0	1	2	3	4
13. I have energy	0	1	2	3	4
14. I have a purpose in life	0	1	2	3	4
15. I accomplish the goals I set out for myself	0	1	2	3	4

0	1	2	3	4
None of the Time	25% of the time	50% of the time	75% of the time	All of the time

QUESTIONS	RESPONSE				
16. I have new interests	0	1	2	3	4
17. I have fun	0	1	2	3	4
18. I have an idea of who I want to become	0	1	2	3	4
19. I have good self-esteem	0	1	2	3	4
20. I am supported by my friends and family	0	1	2	3	4
21. I can manage stress	0	1	2	3	4
22. I can be an advocate for myself	0	1	2	3	4
23. I feel a part of my community	0	1	2	3	4
24. I like the place that I live in (house, apartment, etc...)	0	1	2	3	4
25. I am respected by others	0	1	2	3	4
26. I contribute to my community	0	1	2	3	4
27. I spend my day doing the things that I enjoy	0	1	2	3	4
28. I have control over my life	0	1	2	3	4
29. I am satisfied with my intimate relationships	0	1	2	3	4
30. I have peace of mind	0	1	2	3	4
<b>TOTAL SCORE</b> ____ /120	<b>ADJUSTED SCORE = TOTAL SCORE / 4</b>				

### Scoring Instructions

1. Add up total score and divide by 4 to give you the ADJUSTED SCORE.
2. Based on the ADJUSTED score, mark an X on the ruler below corresponding to this number.



3. Return to the question on the scale that corresponds with the number on the ruler.
4. Begin conversation, assessment, and goal setting at this point.

# [C-PROM]:

Canadian Personal Recovery Outcome Measure

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- Created by Skye Barbic, an Occupational Therapist based in Vancouver
  - while completing a postdoctoral fellowship at Centre for Addiction and Mental Health in Toronto, 2014
- Intended to develop a conceptual and measurement model for personal recovery
- Uses CHIME as a foundational guideline for recovery framework
  - Connectedness, Hope, Identity, Meaning, Empowerment

# [C-PROM]

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- Developed with extensive consultation and input from people living with mental illness, across three Canadian provinces
  - Focus groups
  - Content mapping with participants
  - 1:1 interviews
- Already used in some CMHA PD Peer drop-in groups as well as:
  - Recommended for Peers by the Centre for Innovation in Peer Support, *Peer Support and Ontario Program Standards*
  - Referenced in Mental Health Commission Canada, *Recovery-Oriented practice implementation toolkit*

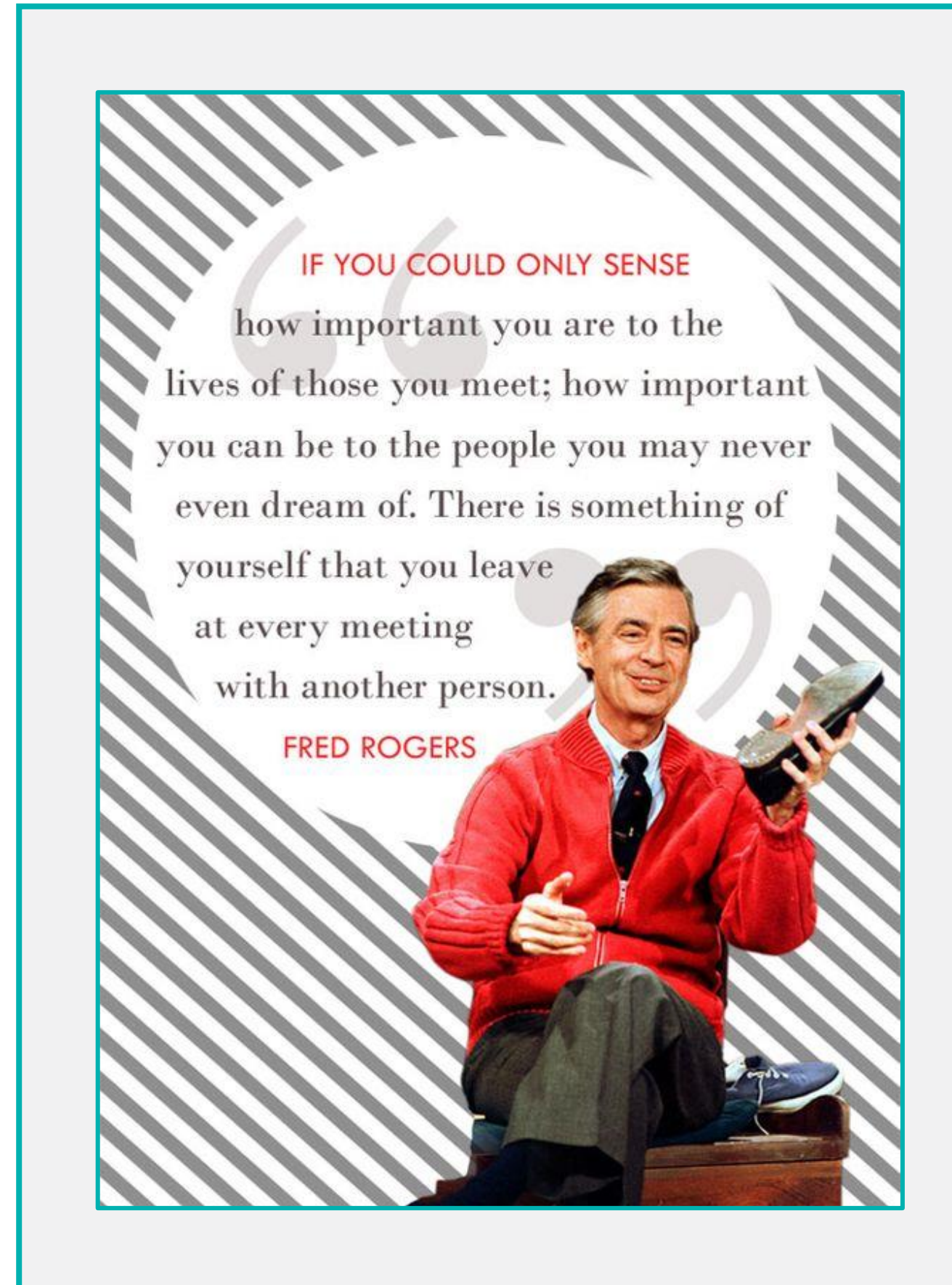
# Why is PROM relevant for Peers?

Client led, self assessment	Assesses overall personal recovery
Value: Self-determination	Value: Hope and Recovery
Principle: recognizing the goals, personal values, beliefs, and chosen path of individual peers	Principle: focus on the peer's journey to a more hopeful, healthy and full life rather than symptoms, diagnosis, or objectives set by someone else
Principle: encourage self determination and work with the peer to co-create and explore options to take steps forward on their own Info	Principle: empower peers as they explore possibilities for recovery, with eventual objective of disengagement from peer support when the time is right

# Make it Meaningful

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- PROM inspires conversations with clients; feelings about their recovery, their goals, perceived challenges, and potential next steps
- Identify risks and strengths
- Show growth over time





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# CLIENT STORY: CJ

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“CJ was a long-standing member of the Hearing Voices group who had completed several PROMs through his time there. We would often review his score to celebrate any movement closer towards recovery, and to check in around any items where his score was decreasing. Around Christmas, we noted a severe decrease in an area around safety and learned that his Voices had increased. They were belittling him and saying things about his loss of a loved one. Because we reviewed his score and could clearly see the decline, we could focus (with his permission) on this area in a group discussion. The group supported him in creating a different meaning around the loss that allowed him to let go of some of the grief and blame he had been carrying around for years.”



**Recovery-Based Assessment September  
18, 2025**

Time: 9:00 am - 1:30pm EST

**\$169.50 CAD**

# **[Recovery Based Assessment]:**

Mandatory training for all CMHA Peel Dufferin peer and clinical staff

[cmha-peel-dufferin.mykajabi.com](https://cmha-peel-dufferin.mykajabi.com)

# PROM Project Timeline



# Pilot Phase



- 01** Through Peer CoP, identified the need to better align assessment with Peer practice.
- 02** Two Transitional Peer Support workers began using PROM in place of OCAN
- 03** Used Plan Do Study Act (PDSA) cycles to test our approach and make adjustments

# Phase 1: **Select and Endorse**



- Peer CoP and Leadership agreed on need for a relevant and standard Peer assessment
- Research/review to see if there are other tools we should consider
- Recommendation to continue expanding use of PROM was agreed at both Management and Peer CoP meetings

# Phase 2: Training



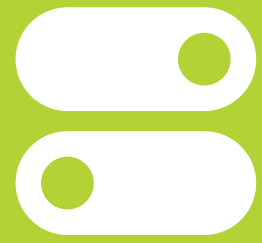
- 40-60 minutes for training
- Offered on two dates (virtual, recorded for those who missed)
- Required for both Peers AND their managers
- Follow up and review in next CoP
- Now a “self study” unit in our learning management system (LMS); includes quiz to verify learning

# Phase 3: Implementation



- November 1<sup>st</sup>: Go time!
- **Case load**
  - Offer PROM at the start and before the end of service
  - More often as needed/as preferred by client
- **Drop In**
  - Target 4 per month (average)
  - As a team, identify groups where PROM might fit
  - 1:1, consider who is new, struggling, wants to set goals

# Client Choice



## Offered, but Optional

We may offer PROM to everyone, but completing it remains optional, always.



## Do it your way

Client does PROM the way they want to: independently, with support, at home, etc. Paper or PDF



## Record Keeping

Recording/tracking is up to the client: keep it to yourself, discuss with a Peer Worker, include in your client record/file.



## Ownership

If clients choose to record, Peers enter PROM into client record database, but client keeps the hard copy for themselves – it is THEIR assessment.

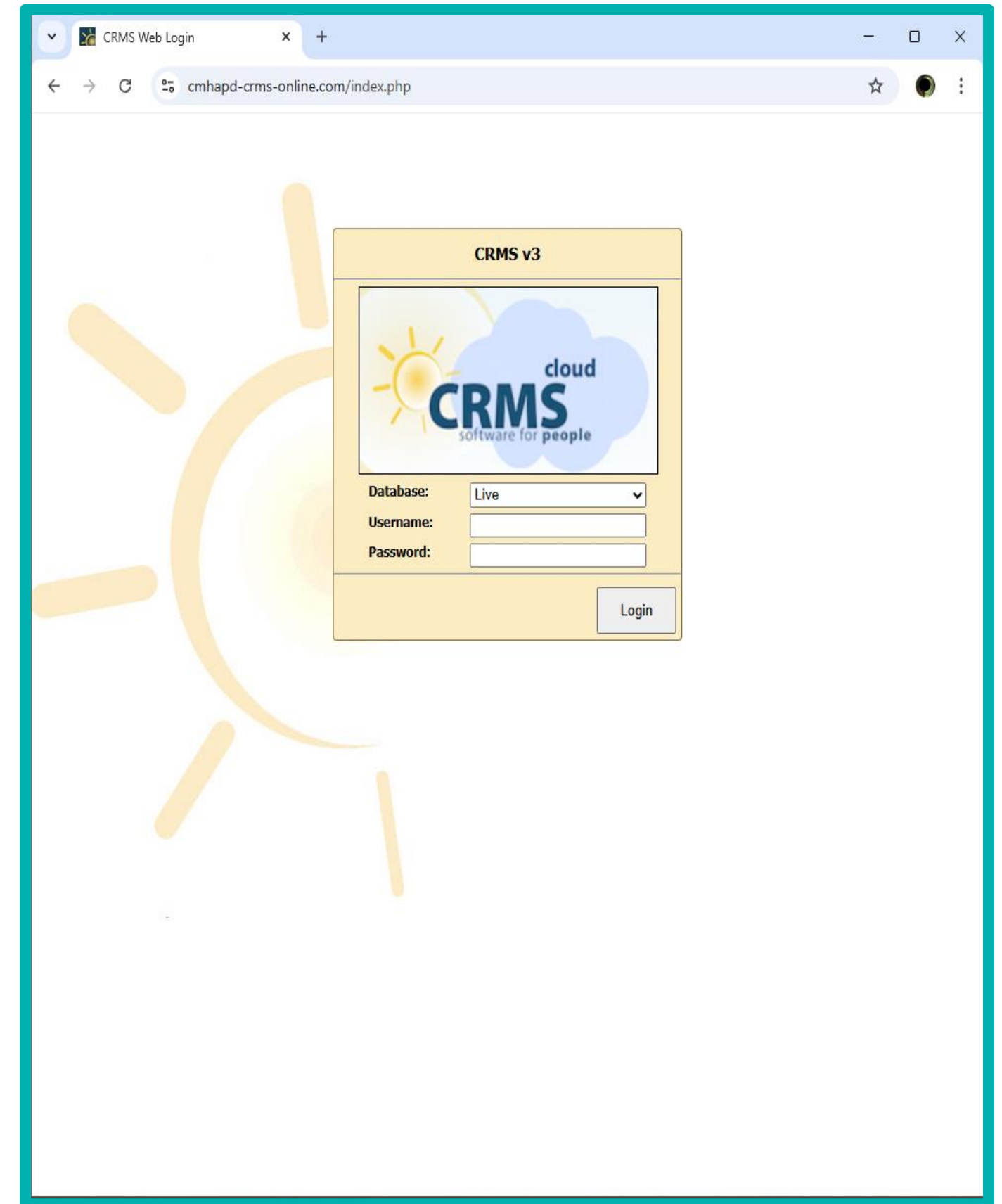
# Phase 4: Monitor and Support



- PROM as a regular agenda item for 1:1 supervision
- Regular check ins and discussion at Peer CoP: challenges? Successes?
- Frequent feedback shared between Peers, management
- Reporting...

# PROM Reports

- Obtained permission from Skye Barbic to build PROM into our Client Record Management System (CRMS)
- Worked with CRMS Vendor to build PROM as a fillable, reportable form
- Managers and Peers can easily see how many PROM they have recorded
- All answers in raw data form; can use pivot tables to start seeing trends



# Initial Reports

PROMs recorded  
November 1, 2024 –  
March 31, 2025

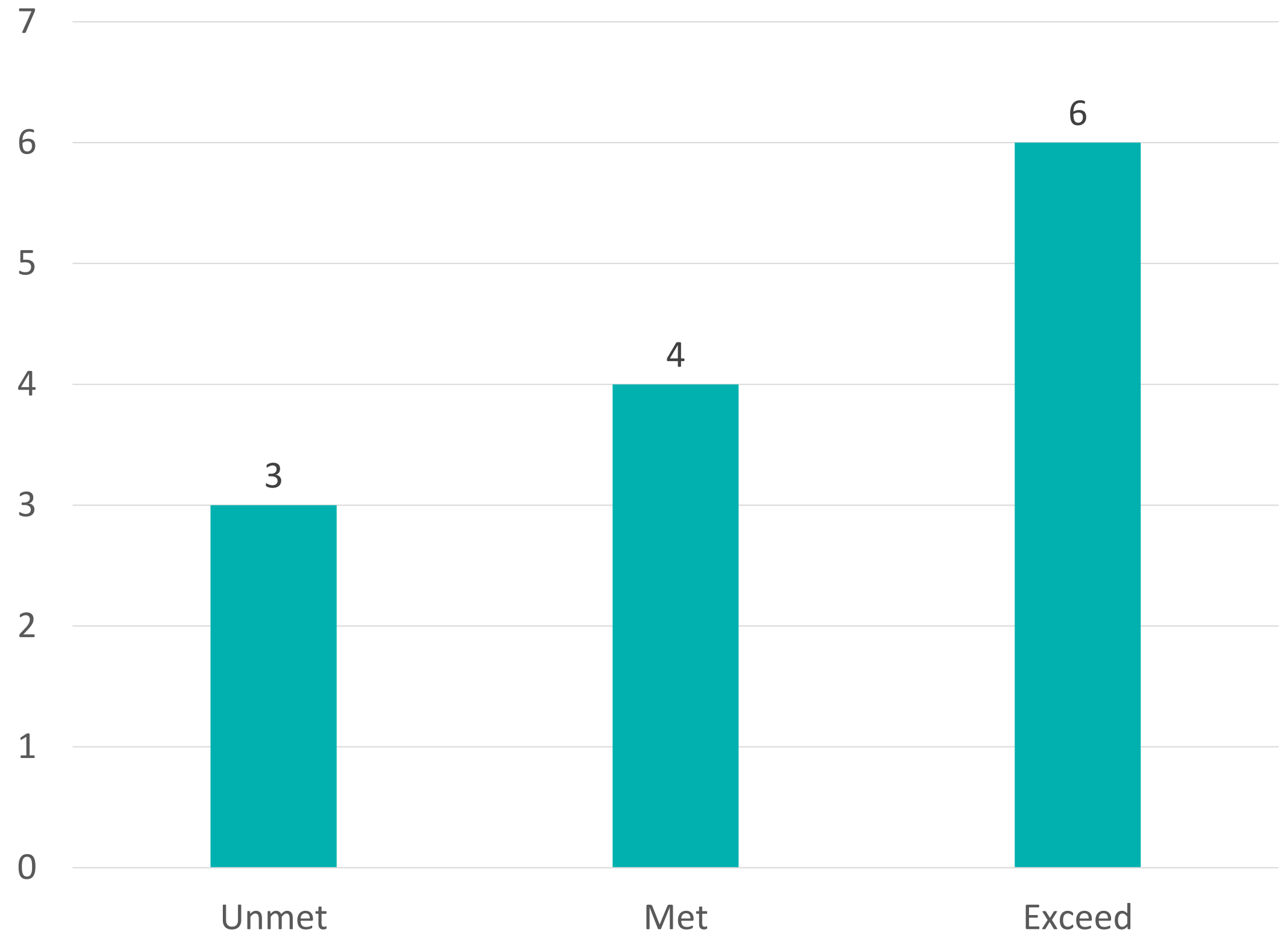


250+

# Hitting Target



PROM Targets



# Feedback from Peer Staff

“From a Peer perspective, I really appreciate how PROM respects the client’s voice. It’s a strengths-based tool that doesn’t impose judgement, and it encourages clients to reflect and express what recovery means to them. That’s exactly the kind of conversation I want to be having as a peer – it opens up dialogue and helps us build a shared language around recovery that feels personal, not clinical.”

“In initial meetings, it can help guide peer support into areas of focus, while highlighting strengths already possessed...before discharge, it can provide clarity and empowerment, speaking to personal growth and process that may have been overlooked.”

# Feedback from Staff

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Peer Workers also had some questions and learning curves as we got started.

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## **Details of delivering PROM**

- Should we have a specific goal for when to first offer PROM (e.g. within 30 days, first 2 visits, etc.)
- What if the client is also completing assessments with other specialists within my multi-disciplinary team?

## **Staying focused and making the most of PROM**

- What strategies can we use to keep the goals and discussions related to PROM “alive” in between assessments?

## **Adjusting to change**

- Some Peers acknowledged the challenge of “letting go” of some of the clinical practice skills they had developed in delivering OCAN, or adjusting their own view of their role with the client and within their team

# Feedback from Peer Clients

“We talked about things I would usually avoid.”

One client shared that “marking the number on the ‘recovery ruler’” was helpful for seeing where they are in their recovery, and what they need to work on.

A past peer told us how much it made a difference to see her PROM score get higher the more she continued supports. It made her want to stick with what she’d learned!

“I liked that the PROM questions weren’t complicated. It didn’t feel like a test.”

# Feedback from Leadership

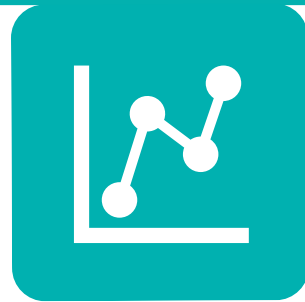
Through meaningful engagement with the CMHA Peel Dufferin Peer Community of Practice, we gained deeper insight into the efforts and impact of our peer workers. It became evident that overly clinical assessment tools were not aligned with the principles of peer support—or with the lived experience and unique expertise that our peer staff bring to their roles. These tools often limited their ability to build authentic, strengths-based relationships with clients.

Recognizing this disconnect, the Community of Practice thoughtfully advocated for a more appropriate approach. Through a Plan-Do-Study-Act (PDSA) cycle, they demonstrated the value of the PROM (Personal-Recovery Outcome Measure) tool, showing how it more accurately reflects the client-led, empowering nature of peer support.

As a result of this advocacy, we have now transitioned all peer staff to using the PROM tool. This shift not only validates the meaningful work our peer team does but also ensures their contributions are fully recognized and meaningfully embedded within our broader service delivery model.

*Sinthusha Panchalingham, Senior Clinical Director*

# What's Next?



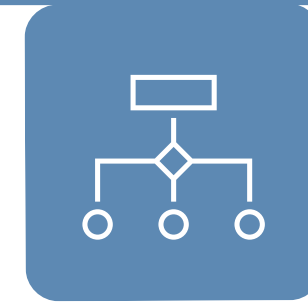
## More Data!

Build our reports and continue to share results between clients, staff, and managers



## Build on Success

Continue to evaluate our alignment with Peer values and principles; what other changes might be indicated?



## Devil in the Details

Continuous improvement: check if our methods are working, continue to incorporate Peer feedback

# Thank you!



**Nicole Allin**  
Manager, Recovery West  
CMHA Peel Dufferin  
allinn@cmhapeel.ca



**Shia Surani**  
Peer Support Worker  
Recovery West  
suranis@cmhapeel.ca



**Vaishnavi Yogendran**  
Peer Support Worker  
Early Psychosis Intervention  
yogendranv@cmhapeel.ca





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