# BUILDING BETTER TOMORROWS

The Recovery Project is a partnership of the Ohio Department of Mental Health, the Adult Recovery Network administered by the Mental Health Association of Summit County, and The Irwin Foundation. Project consultants and trainers are available to assist providers, groups, facilities, and organizations to move toward a recovery-oriented mental health delivery system.

#### For information, contact:

Mental Health Association of Summit County, Inc. P.O. Box 639, Cuyahoga Falls, OH 44222 Tel: 1-330-923-0688 or 1-800-991-1311 www.mhasc.net Recovering from Mental Illness

Mental illnesses are conditions that affect thoughts, feelings, and behavior. They can interfere with day to day functioning and can cause significant changes in the quality of an individual's life. Mental illnesses include a variety of disorders, such as:

- depression 🗼 obsessive-compulsive disorder **A** attention deficit hyperactivity disorder bipolar disorder panic disorder **k** generalized anxiety disorder social phobia post-traumatic stress disorder
  - schizophrenia
  - eating disorders
- **k** borderline personality disorder

It is now recognized that mental illness does not have to lead to a lifetime of disability. Recovery from all forms of mental illness is possible.

Hope for All

The report issued by the President's New Freedom Commission on Mental Health (2003)<sup>1</sup> calls for a major transformation in the mental health delivery system. Its recommendations include the following:

- **\*** Treatment must focus on increasing the consumers' ability to cope with life's challenges, on facilitating recovery, and on building resilience.
- Consumers must have services designed to allow them to live, work, learn, and participate fully in their communities.
- Consumers must have access to choices about treatment options and providers.
- Services must be consumer and family driven.
- The stigma and shame of mental illness must be eliminated.

Helpful Recovery Websites for Programs, Articles and Agencies and Organizations

Alaska Mental Health Consumer Web http://akmhcweb.org/recovery/rec.htm

Boston University, Center for Psychiatric Rehabilitation www.bu.edu/cpr/recovery

Hamilton County Mental Health Board, Cincinnati, Ohio. www.mhrecovery.com

The Village Integrated Service Agency, Mental Health Association in Los Angeles County www.village-isa.org

National Recovery and Training Center (NRTC) on Psychiatric Disability, University of Illinois at Chicago. Self Determination Project www.psych.uic.edu/uicnrtc

> NAMI of Santa Cruz County, CA www.namiscc.org/Recovery

National Alliance for the Mentally III (NAMI) www.nami.org

National Institute of Mental Health www.nimh.nih.gov

National Mental Health Association www.nmha.org

Substance Abuse and Mental Health Services Administration (SAMHSA) www.mentalhealth.samhsa.gov

> US Department of Health and Human Services www.hhs.gov

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- Spaniol, L., Koehler, M., & Hutchinson, D. *The Recovery Workbook*. Boston, MA: Boston University Center for Psychiatric Rehabilitation, 1994, 1.
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Facts about Mental Illness

- Mental illness touches most everyone's life either from personal experience or by knowing someone with a mental illness.
- Ouring the course of one year, at least 20% of individuals will have symptoms of a diagnosable mental disorder.<sup>2</sup>
- Mental illness occurs regardless of age, gender, race, ethnicity, culture, education, economic status, or place of residence.
- In 1997, the United States spent almost \$71 billion on treating mental illness. The loss of productivity caused by the symptoms of mental illness resulted in an additional cost of \$63 billion.<sup>3</sup>
- Mental illness ranks first among all illnesses that cause disability in the United States, Canada, and Western Europe.<sup>4</sup>
- Of the leading causes of violent deaths worldwide 49% result from suicides compared with 31% for homicides and 19% for war.<sup>5</sup>
- It is estimated that 1 of every 2 individuals with mental illness never receives treatment.<sup>6</sup>
- Mental illness often affects other illnesses such as heart disease. Studies indicate that depression increases the likelihood of death following a heart attack.<sup>7</sup>
- Mental illness has a biological and neurochemical basis. It is not the result of a character flaw or defect.

What is Recovery? \* \*\*

"[Recovery is] the process of overcoming the negative impact of a psychiatric disability despite its continued presence." The Ohio Department of Mental Health

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"[Recovery is] a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness." William A. Anthony, *Recovery from Mental illness: The Guiding Vision of the Mental Health Service System in the 1990's*.

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"Recovery does not refer to an end product or result. It does not mean that one is 'cured' nor does it mean that one is simply stabilized or maintained in the community. Recovery often involves a transformation of the self wherein one both accepts one's limitation and discovers a new world of possibility ... Thus, recovery is a process. It is a way of life. It is an attitude and way of approaching the day's challenges." Patricia Deegan, *The Conspiracy of Hope*.

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"Recovery is the process by which people with psychiatric disabilities ... further develop ... important personal, social, environmental, and spiritual connections, and confront the devastating effects of stigma through personal empowerment ... It is a process of self-discovery, self-renewal, and transformation. Recovery is a deeply emotional process. Recovery involves creating a new personal vision for oneself." LeRoy Spaniol, Martin Koehler, and Dori Hutchinson, *The Recovery Workbook*.

## References:

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12. Floersch, J. *Recovery Implementation Study: Final Report.* Grant No. 021150. Columbus, Ohio: Ohio Department of Mental Health, 2004.

13. Townsend, W., Boyd, S., & Griffin, G. *Emerging Best Practices in Mental Health Recovery* (Revised April, 2000). Columbus, Ohio: Ohio Department of Mental Health, Office of Consumer Services, 2000.

Moving Beyond Traditional Mental Health Care:

### **Essential Components to Promote Recovery**<sup>13</sup>

- Access to recovery-oriented mental health services
- Peer and consumer support and self-help groups
- @ Family and friend support and relationships
- Work, meaningful activity, and interests
- Ø Self-determination
- e Elimination of stigma and negative stereotypes about mental illness
- Community involvement
- @ Educational opportunities
- Access to training and technologies that foster recovery
   Access to training and technologies that foster recovery



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"The Mental Health Consumer/Survivor Movement [suggests that] recovery does not require remission of symptoms or other deficits, nor does it constitute a return to a pre-existing state of health, but involves viewing psychiatric disorder as only one aspect of a whole person. People may consider themselves to be 'in recovery' ... while continuing to have, and be affected by, mental illness. What recovery seems to involve is that people overcome the effects of being a mental patient - including rejection from society, poverty, substandard housing, social isolation, unemployment, loss of valued social roles and identity, and loss of sense of self and purpose in life - in order to retain, or resume, some degree of control over their own lives." Larry Davidson, *"Recovery from Serious Mental Illness: Paradigm Shift* 

or (Another) Psychiatric Shibboleth?"



**Get Your Life Back** 

### Why Recovery-Oriented Services Are Necessary

Although it is well documented that individuals with mental illness can recover and resume meaningful and fulfilling lives,<sup>8</sup> it is also clear that many individuals have not achieved this goal.

- There is frequently a lack of access to recovery-oriented service systems.
- Only a small percentage of individuals receive the services that can optimize the recovery process.<sup>9</sup>
- Many non recovery-oriented services, by fostering dependency and discouraging individualized needs and goals, inadvertently contribute to treatment noncompliance and relapse.
- Non recovery-oriented services typically focus primarily on reducing symptoms. Insufficient effort is placed on helping the consumer identify and achieve personally meaningful goals.



### How to Identify Recovery-Oriented Services

- Are services focused on illness, symptoms, and limitations, or *wellness, health, and hope*?
- Does the provider make all the decisions regarding treatment and medication options, or – *are decisions a collaborative effort?*
- $\star$  Are expectations for recovery kept to a minimum,
  - or are they set at a level to encourage self-directed change?
- Is there dependence upon the provider, or is self-help and interdependence encouraged between the provider and consumer?
- relationship based on that of "expert to patient," or "adult to adult?"
- Is the goal of treatment only to prescribe medication to control symptoms, or – is the goal to help the consumer regain a more meaningful and purposeful life?
- Is the focus of treatment on disabilities, or on strengths and capabilities?
   Are staff only "trained" providers, or are they also peers and other consumers who can help the individual understand the recovery process?
   Does the treatment seem to be "one size fits all," or is it tailored to the individual's own needs and circumstances?



Self-Determination

The recovery-oriented model redefines the relationship between the consumer and the consumer's support system (including providers, peers, family, and friends). **Doing for** gives way to **doing with** which lays the foundation for **doing for oneself.** 

In recovery, one regains the ability to **do for** oneself that which previously may have required having one **do for** them.

**Doing with** requires that someone walk alongside the consumer and put himself or herself in the shoes of the consumer to support, encourage, and teach essential skills to the consumer.

**Doing with** is the first step towards consumer empowerment, and, with practice, can lead to one's standing back and admiring the emergence of a more confident and independent consumer. This may ultimately culminate in the consumer **doing for oneself** without having anyone around to support or encourage him/her.

**Doing for** is often for convenience especially in the current mental health system. That is, it takes less time and energy to **do for** somebody than to **do with** that person. This fosters an atmosphere of chronic dependency upon the individual and hinders their recovery process.<sup>12</sup>

Recovery is a fact of Mental Illness

Myth: Individuals with mental illness do not recover. Fact: Studies and personal reports have documented that individuals with mental illness can often recover or "be in recovery" and lead meaningful lives.

Myth: The more severe the symptoms, the less likely recovery will occur. Fact: The process of recovery and "being in recovery" can take place regardless of the extent and duration of symptoms. Everyone's "recovery" is personally defined.



Myth: If recovery occurs, a diagnosis of mental illness must be incorrect. Fact: The recovery process can take place for each diagnosis or type of mental illness.

Myth: Treatment and services are always the same for each specific mental disorder.

Fact: There are many different ways for recovery to occur and there are many different individuals who can assist in one's recovery. One size does not fit all.

Myth: Individual needs and personal goals can not be addressed until the symptoms of mental illness are eliminated.

*Fact: Regardless of the level of severity, it is essential to listen and respond to a consumer's own stated goals at each point on the journey toward recovery.* 

Myth: Recovery is an end point, a "cure." Fact: Recovery is an ongoing process with ups and downs and starts and stops along the way toward resuming a more meaningful life. Recovery does not mean "cured."

Keeping Mental Illness in Perspective"

### **Consequences of Mental Illness**

- A diagnosis of a serious mental illness can often become the primary focus of an individual's personality or identity.
- Roles, relationships, interests, and activities often cease to exist or become far less important as the illness begins to affect an individual's life.

Frequently, an individual becomes so distracted and preoccupied, there is no time for anything other than coping with the mental illness. This can lead to additional problems such as homelessness, unemployment, poor health, and isolation.



### **Reversing the Effects of Mental Illness**



Recovery is the process of forming new connections and interests as the effects of the mental illness have less influence on one's identity and personality.

Recovery is the process in which the illness eventually becomes only one aspect of a more enriched and fulfilling sense of self.

"To truly empower the consumer/survivor means that the (provider) must give up some power." David Pacetti (Adult Recovery Network, Mt. Vernon, Ohio)

"Hope, in the form of support, encouragement, empathy, and nonjudgmental attitudes prodded me along the path of regaining my sense of self to the point where I could begin to believe in myself again, and yes, even to foster a sense of hope within myself ... I know I would have never gained the insight necessary to live a meaningful life, if not for having first endured the bleak, stark reality that is mental illness." Lisa Oswald (Adult Recovery Network, Cuyahoga Falls, Ohio)

"While [I was] in the hospital in 1993, my doctor told me that I would never be able to work again, that I would never be able to return to school, that I would have to take medications the rest of my life and that it was not safe for me to live in my own apartment ... I've worked full time since 1995, I've been free of medications since 2001, I bought my first house in 2002, and recently I began looking at my options related to finishing my doctorate ... I have a life in front of me that I define and that only I can limit. Recovery is, against all odds, reaching my full potential!" Reneé Kopache (Hamilton County Mental Health Board, Cincinnati, Ohio)



"My recovery has been such a life changing event ... I never even imagined that I would be able to live a life where I had a job, I owned a house, I owned a car, I had friends ... We haven't very much focused on recovery - recovery hasn't been an outcome that people have expected. They have expected stabilization or just maintenance with medication." Diana Kern (National Alliance for the Mentally III, Austin, Texas)

"[What does recovery mean to me?] First, it's accepting that I have an illness - but knowing that I can get better each day." Carolyn Kemp, (Consumer Education Outreach Center, Akron, Ohio)

"They said recovery was impossible. They were wrong. We are here. We will be heard. We will change the world." Robert M. Bensinger, Jr. (Consumer Education Outreach Center, Akron, Ohio)

"Recovery for me is a daily thing - not magic or overnight. Telling myself that I am in recovery is not enough. I have to reach out to others [peers] and try to help them even if it's just listening to them. This helps me on my road to recovery." Linda Robinson, (Consumer Education Outreach Center, Akron, Ohio)

### Don't get swallowed up...



### ...keep mental illness in perspective

Recovery Requires Changes Inside and Outside the Individual

Recovery takes place as a result of changes both within the "self" as well as through the support and encouragement from "circumstances" and events that surround the individual.<sup>11</sup>

The "self" refers to: gaining a sense of hope; recognizing that there is more to the self than just the illness; gaining empowerment and self-confidence through autonomy and self-advocacy; and feeling valued for oneself.

"Circumstances" include such factors as: opportunities for education, employment, and housing; living in a culture promoting respect, tolerance, individual rights, and equality; opportunities for relationships and membership in groups within the community; and having access to recovery-oriented services.

Common Elements of Recovery

#### **Hope and Optimism**

- a positive belief in one's ability to live a full and meaningful life despite having, or having had, a mental illness
- a belief in future possibilities

#### **Consumer Choice and Autonomy**

- the ability to make one's own decisions regarding programs, activities, treatment
- the ability to pursue one's interests
- the freedom to choose one's own life-style

### **Respect and Dignity**

- being appreciated as a person with value and being treated with courtesy, fairness, and kindness
- being recognized as one with talents and capabilities
- acknowledging one's cultural background and spiritual needs as important determinants of one's identity

#### Partnership

- recognize the importance of identifying one's own needs and goals
- a trusting relationship between consumer and provider
- sharing in decision making
- having the option to agree or disagree with the treatment plan

### **Empowerment and Personal Control**

- believing in and acting upon one's beliefs and convictions about the process of recovery - trusting in oneself to get better and resume or attain a satisfying life
- assuming self management
- accepting personal responsibility

### **Restoration and Personal Growth**

- encouraging an expansion of capabilities
- fostering self-confidence and self-esteem

### Self-Acceptance and Healing

- promoting self awareness
- permitting personal forgiveness

### Adaptability and Capacity to Improve

- recognizing one's potential and ability to move beyond limitations
- have opportunities to contribute and be productive