

Recovery: More Than “Symptom Reduction”

Chris Summerville, D.Min., CPRP

Executive Director
Manitoba Schizophrenia Society

CEO
Schizophrenia Society of Canada

Board Member
Mental Health Commission of Canada

Chris@mss.mb.ca

January 22, 2009



Introduction

THE HOPE OF RECOVERY IS AVAILABLE TO ALL.

Recovery is understood as a journey of healing that builds on individual, family, cultural and community strengths, and enables people living with mental health problems and illnesses to lead meaningful lives in the community, despite any limitations imposed by their condition. Family caregivers, service providers, peers and others are partners in this journey of recovery.

TOWARD RECOVERY & WELL-BEING A Framework For A Mental Health Strategy For Canada DRAFT | FOR PUBLIC DISCUSSION February 2009

1. “Why are we not talking about recovery?” Mary Jardine, former CEO of SSC

2. Questions to ask yourself.

- Have you ever met anyone who has recovered?
- Do you believe recovery is possible?
- Do you believe the people you work/live with can recover?
- Do you think any of the people you work/live with are in the process of recovery?
- What do they do to help themselves to be well?
- What sorts of things support or facilitate recovery?
- What gets in the way of or hinders recovery?

Adapted from: “Recovery: The Experience and the Evidence,” by Pat Deegan
(Viewer’s Guide)

3. Recovery is the “Talk of the Town”

- The new paradigm.
- Major buzzword.
- Programs and systems talk about becoming recovery oriented.
- Hundreds of journal articles, research articles and conferences.
- Is it a fad?
- What is it?
- What are the implications?
- Is recovery possible for anyone with a mental illness?
- Is recovery really a series of journeys that are inter-linked?
- How do you apply recovery concepts, create a recovery oriented practice?
- How do you transform mental health systems and services?

4. Realities concerning schizophrenia.

- It is one of the most devastating mental illnesses.
- I am a family member and know the complexities and heartbreak.
- Medication is critical and most important, but so is “the rest.”

5. Premise of the recovery model: Mental illness is a condition that people can learn to live with.

...a person with mental illness can recover even though the illness is not cured.... [Recovery] is a way of living a satisfying, hopeful, and contributing life even with the 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 (Anthony, 1993).

I. History of Recovery

A. The Progress of the Mental Health System in the Last 40 Years

1. 40 years ago Institutionalization: Many were backward “mental patients.”
2. Thereafter Deinstitutionalization: Focus on new uses for buildings facilities.
3. 30 years ago Community Support System: Focus on essential services to support persons with mental illness.
4. 20 years ago Psychiatric/Psychosocial Rehabilitation: Focus on treating the consequences of mental illness.
5. Today Recovery Paradigm: Focus on how people with mental illness as recipients of service will live and choose the services they need and want.

Deinstitutionalization, community supports, psychosocial rehabilitation, consumer movement and family advocacy movement paved the way for recovery (Anthony, 1993).

B. Recovery Concept Developed

1. Writings of consumers in the 1980s (Houghton, 1982; Deegan, 1988; Unzicker, 1989; Leete, 1989).
2. Personal experiences.
3. In the late 1980's and early 1990's, the word recovery was introduced in consumer writing by Deegan (1988) in “Recovery: the Lived Experience of Rehabilitation” and in non-consumer commentary by Anthony (1993) in

“Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990’s.”

C. Why?

1. Liberation/protest movement: social disability.
2. Restoring human rights.
3. Challenge restrictive care: “mentalism.”
4. Fear of the “kiss of death diagnosis.”
 - The Diagnostic and Statistical Manual-IV, the standard for diagnosis of schizophrenia and other mental illnesses, describes the illness with such dark and devastating language that you may feel any hopes you have for your ill family member are based in delusion.
 - Historically, “Outcome of mental illness: poor prognoses with progressively downhill courses.”
 - “Consumer movement questioned whether medication is part of the problem because the biomedical solution does not bring with it a dream, a goal, a journey, a direction, an inspiration, a faith, or a hope.” –Alun Lunt
 - Medication doesn’t take care of all the issues.

D. The Vision of Dr. William Anthony (1993)

1. Saw recovery as a guiding vision for the mental health system.
2. Was motivated by reading and listening to consumers’ personal accounts of their struggle through, and recovery from, mental illness.
3. “At its core, recovery challenged the stories that we’ve been told about our experiences and what they mean. It opens up the possibility of discussion about how we can work together in ways that really share power, risk, and expertise. It must be a process in which everyone moves out of old, comfortable roles and begins to talk about mutuality, boundaries, risk, and who gets to define and decide on treatment. For this to happen, everyone involved must challenge his or herself to respond in new ways.” (RECOVERY IN MENTAL ILLNESS *Broadening Our Understanding of Wellness*, By Ruth O. Ralph & Patrick W. Corrigan. p. 15.)
4. At the heart of the recovery movement is the idea that instead of focusing on the disease or pathological aspect of schizophrenia—as does the medical model -

- emphasis is placed on the potential for growth in the individual. That potential is then developed by integrating medical, psychological and social interventions.
5. *“I define recovery as the development of new meaning and purpose as one grows beyond the catastrophe of mental illness,”* says William A. Anthony, Ph.D., executive director of Boston University’s Center for Psychiatric Rehabilitation. (New Hope for People with Schizophrenia, February 200)
 6. Surgeon General’s Report, “Report on Mental Health” (1999) was consumer driven and family sensitive with the overarching aim being the promotion of recovery. It stated recovery should be the expectation, not the exception, in mental health care.
 7. The President’s New Freedom Commission on Mental Health (2003) concluded that the mental health system is “not oriented to the single most important goal of the people it services – the hope of recovery” (p.3).
 - a. The final report of the President’s New Freedom Commission on Mental Health (2003) begins its report with a vision statement: “We envision a future when everyone with a mental illness will recovery... a future when everyone with a mental illness at any stage of life has access to effective treatment and supports – essentials for living, working, learning, and participating fully in the community” (p. 1).
 - b. It called for recovery to be the “common, recognized outcome of mental health services”, stating unambiguously “The goal of mental health services is recovery.”
 - c. In this report, recovery was defined as *The process in which people are able to live, work, learn, and participate fully in their communities. For some individuals recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction of complete remission of symptoms.*

E. Questions about recovery

1. Is it a process? An outcome? A vision? Or a principle?
 - “...this group proposes recovery as a process; namely, people who are concerned about their psychological well-being, struggling with their symptoms, and attempting their life goals are ‘in recovery’ regardless of where they fall in terms of any outcome criteria. As a result, the process approach to recovery focuses less on measuring whether any change has occurred or end state has been achieved and instead concerns itself with indicators that represent the person is in recovery.”
(RECOVERY IN MENTAL ILLNESS *Broadening Our Understanding of Wellness* By Ruth O. Ralph & Patrick W. Corrigan. p. 5.)

- Spaniol and Koehler (1998) offer a definition of recovery that encompasses recovery as a process, an outcome, and a vision. As a process, recovery is a common human phenomenon that we all experience at some point after injury, illness, loss, or trauma. The process includes healing physically and emotionally; adjusting one’s attitudes, feelings, perceptions, beliefs, roles, and goals in life; and engaging in a process of self-discovery, self-renewal, and transformation. Recovery as a process also involves creating a new personal vision for oneself. As an outcome, recovery is engaging in work, having friends, and living in a place of one’s own choosing. This is the aspect of recovery most often embraced by researchers and professionals.”
(RECOVERY IN MENTAL ILLNESS *Broadening Our Understanding of Wellness* By Ruth O. Ralph & Patrick W. Corrigan. p. 49.)

2. Are people “recovering FROM” or “recovering IN”?

3. What is the role of medication in recovery?

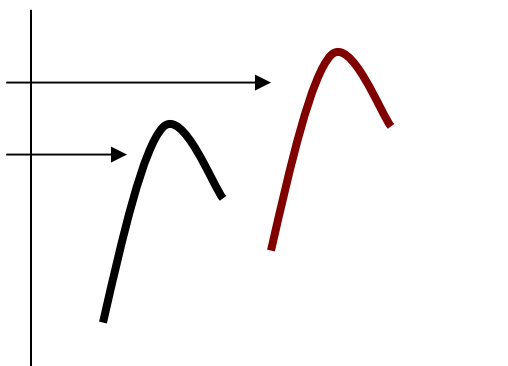
- Some speak of medication as being part of their recovery. Others do not.
- Medication can open a door but it takes a strong and courageous person to step over the threshold into recovery.
- Recovery means changing our lives, not our biochemistry.
- Don’t make medication a “moral issue.”
- It is not medication that causes a person to recover. Medication reduces or eliminates “symptoms.”
- Don’t wait until there is “chemical balance”.

II. Paradigm Shift in Health Care Culture

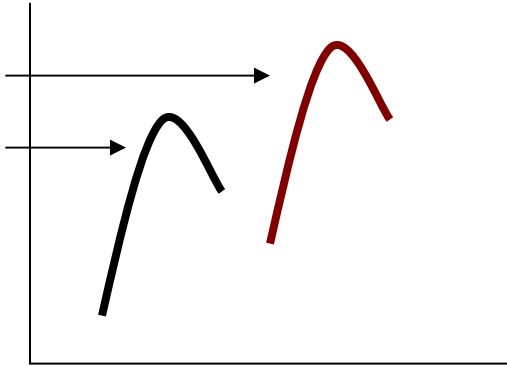
(By Dr. Paul Uhlig, MD, MPA; Concord Collaborative Care Model)

A. Curve 1: Science Centered (illness based; treatment and prevention of disease)

Curve 2: Person Centered (strengths based; dignity, respect, self-care; support for living intact, meaningful lives; prevention of life’s disruptions))



- B. Curve 1: Technical** (working well ALONE; no mistakes; systems centered)
Curve 2: Socio/technical (working well TOGETHER; no harm; individual centered)



- C. “Health is not the absence of disease. Health is a state of continuous learning and productive adaptation in response to life’s (inevitable) challenges.”**

-Dr. Paul Uhlig

- D. Individuals with serious mental illness, like individuals with other severe medical conditions, have an identity and personhood apart from the care that they receive (Dickerson, May 2006).**

- E. “I think a recovery model has a number of components. First of all, the focus of treatment isn’t just on stabilizing the patient in his or her current condition, but on having that patient improve the quality of his or her life. In the past, the focus of treatment by psychiatrists was on controlling symptoms so that patients could remain in the community and not be hospitalized. But patients and families are saying the control of symptoms is really less important than improving function. Patients are asking to be able to return to work, to return to school, and even are suggesting that psychiatrists may be underestimating the ability of people with schizophrenia to function in the community”**

(Stephen R. Marder, MD, Medscape Psychiatry & Mental Health 2005).

III. Can People with Schizophrenia Recover?

A. The Evidence.

1. There is ample evidence, documented extensively over 30 years, that people can learn and do learn how to live with and recover from serious mental illness
2. International and U.S. longitudinal studies of recovery from major mental illness have over the past 30 years demonstrated recovery rates of between 49 and 68%

(Farkas, Gagne, Anthony, Chamberlin, 2005).

3. Long-term studies (longitudinal) have found that half to two thirds of people diagnosed with schizophrenia significantly improve or recover (Harding & Zahiser, 1994).

Seven worldwide longitudinal studies

- U.S., Japan, Switzerland, Germany
- Length of study ranged from 22 to 37 years
- Significant or complete recovery

- Bleuler, 1972
- Huber et al., 1979
- Ciompi, 1980
- Tsuang et al., 1979
- Harding et al., 1987
- Ogawa et al., 1987
- DeSisto et al., 1995

B. Recovery defined (Harding et al, 1987)

1. Recovered means:

- No enduring symptoms,
- No odd behaviors,
- No further medication,
- Living in the community,
- Working, and relating well to others

2. Significantly improved means:

- Recovered in all areas but one

3. What the Vermont subjects said made the most difference in their struggles toward recovery.

- “Someone believed in me.”
- “Someone told me I had a chance to get better.”
- “My own persistence.”

4. Ingredients which promote recovery process

- A home, a job, friends, a social justice
- Models supporting rehabilitation, self-sufficiency & community integration, acceptance, and contribution
- Hope, re-learned optimism, & resilience

C. Myth: “Once a schizophrenic always a schizophrenic.”

(“Empirical Correction of Seven Myths about Schizophrenia with Implication for

Treatment” by Harding and Zahniser, 1994)

1. “Schizophrenia does not seem to be disease of slow progressive deterioration. Even in the third decade of illness, there is still a potential for full or partial recovery.” (Huber et al, 1979)
2. “Some authors have proposed a challenging view of the very concept of chronicity, stating that a variety of environmental and psychosocial factors can affect patient outcome and induce a misperception of chronicity” (Harding et al., 1987).

D. People with psychiatric disabilities are resilient.

When faced with an adversity like mental illness, people search for ways to survive, to rebound, to withstand, to cope, to adapt, to overcome and to thrive and grow. (Ridgway, 2004)

1. Resiliency is an innate, self-righting capacity.
2. It is not invulnerability.
3. The ability to successfully contend with and overcome person vulnerabilities and external adversities.
4. The capacity for positive growth and transformation across the life span despite difficult challenges.
5. Resiliency grows when fertilized with hope and a sense of meaning.

IV. What are the Stages of Recovery?

A. Non linear process - individualized:

1. **Moratorium:** Withdrawal and a profound sense of loss and hopelessness.
2. **Awareness:** All is not lost - there is hope.
3. **Preparation:** Taking stock of strengths & weaknesses - building skills.
4. **Rebuilding:** Positive identity, setting meaningful goals, taking control.
5. **Growth:** Living a meaningful life, self management, resilience and self regard.

B. Five Stages of the Recovery Process

Onset of Illness	Life is Limited	Change is Possible	Commitment to Change	Actions for Change
What Individuals Experience				
Disabled by symptoms of the illness	Not ready to make a commitment to change	Beginning to believe that life can be different	Willing to explore what it will take to make changes	Willing to take responsibility for actions
What Helps				
Decrease emotional distress by reducing the symptoms	Instill hope, a sense of possibility & rebuild a positive self esteem	Facilitate empowerment by encouraging participation in recovery in small steps	Help identify strengths & needs as skills, resources & supports	Help person use his/her strengths & acquire skills supports & resources needed

V. Defining Recovery

“Don’t tell me that recovery is not evidence based. I’m the evidence.” - Woman with serious mental illness.

“Hello. I’m Ruth McLean from the Manitoba Schizophrenia Society’s Women’s Group. I’d like to talk about recovery. To me, recovery means overcoming our illness and progressing in our own individual ways to be better people. It means getting up when we fall down and working harder. It means overcoming our faults. It means having goals to work on to be better. In some ways, recovery could mean getting out of the hospital or group home to find a place of our own. To others it could mean getting married and having children. It could mean going to school or finding work. Recovery could mean going outside and walking, instead of staying inside and being gloomy. It could be trying something new or trying to find new friends. Recovery can mean feeling good about ourselves no matter where we are right now, but still trying to be better. It can mean being kinder to important people in our lives, especially ourselves. Recovery is as individual as we are, but ultimately it can mean doing the best we can with our lives.”

-Ruth McLean. Winnipeg, Manitoba. July 6, 2006

“I remember looking out at the back yard and seeing everybody walking around, and something hit me that life was wonderful. Something just hit me at that moment, and it stood in my mind, all these people are just wasting our lives. The backyard was packed. It was a sunny day. And I said, ‘We’re wasting our lives sitting in this place. I think from that day on is when I realized that something clicked. That life was worth it. That I

needed to work on things. It hit me that I had a problem. I had to trust my judgment and just work at things and feel what inside told me to do. What I felt to get myself better...I decided to quit smoking and start exercising. But before I quit, I started exercising in the back yard. Instead of my walking around smoking, I decided to start jogging around. I concentrated and put my mind together and started jogging once or twice...I finally got, in the behavior treatment unit, a doctor who listened. So every time I asked to lower the meds, he actually did it. It was helping. I was able to run more and somehow I realized the running caught up to my brain that was going so fast. I just couldn't put the two together. Finally, the running actually synchronized the both of them, I realized" (From "I Don't Think It Was My Treatment Plan That Made Me Well" – Pat Deegan).

"To me recovery means I try to stay in the driver's seat of my life. I don't let my illness run me. Over the years I have worked hard to become an expert in my own self-care. Being in recovery means I don't just take medications, rather I use medications as part of my recovery process. Over the years I have learned different ways of helping myself. Sometimes I use medications, therapy, self-help and mutual support groups, friends, my relationship with God, work, exercise, spending time in nature-all these measures help me remain whole and healthy, even though I have a disability." –Pat Deegan

Members of the **Provincial Advisory Council on Mental Health in Manitoba** offered their definitions at a workshop on December 8, 2005:

"Achieving a self satisfactory label of daily functioning in all areas of life." (Shelley Smith)

"Recovery initially is healing and returning to an acceptable and/or previous state of health. It then becomes TRANSFORMING..." (Randall Klapat)

"Recovery is an ongoing process involving all senses; physical, emotional, mental, and spiritual and finding empowerment to reach and maintain a sense of worth in the community of life." (JoAnne Lowenberger)

"Recovery is a process whereby a person suffering from mental illness is able to regain self-confidence have as near social relationships as possible & have meaningful jobs. Taking medication either regularly or when needed (Just like some people take anti depressant/aspirin, cholesterol pill, etc.)." (Gerald Shewchuk)

"Recovery is discovering and working toward my fullest potential as a human being." (Ron Dyck)

"Recovery is being accepted- as the new person I have become, saying goodbye to the old, being (embracing) a new me!" (Dorothy Weldon)

"Recovery is a unique and very personal journey. Using the best practices for the individual is what works. Instilling hope for a meaningful life strengthened by experience is a main goal of recovery." (Warren Butcher)

“Finding what was once lost, me.” (Arlene L. Mayes)

A. Three domains from a analysis of self-described recovery definitions:

(Malla, Norman, Windell, 2008)

1. Personal Recovery
2. Social Recovery
3. Illness Recovery

B. What is Recovery

1. Recovery is associated with **hope, acceptance and engagement** (Ridgway, 2001); **connectedness** (Ahern & Fisher, 2001; Frese & Davis, 1997); **self-determination and shared decision making** (Deegan, 2007; Deegan & Drake, 2006; Frese & Davis, 1997; Schauer, Everett, & del Vecchio, 2007); **supportive psychiatric relationships** (McGrath & Jarrett, 2004); and **peer support** (Solomon, 2004).
2. Recovery is a process.... an outlook.... a vision... and a guiding principle.
3. There is no ONE shared definition.
4. HOPE is the overarching message.
5. A cure is not required - nor a return to full functioning, the absence of symptoms, hospitalizations... or being free of medications.
6. Recovery does not require the acceptance of a diagnosis.
7. It is the restoration of a meaningful, purposeful and quality life - despite a serious mental illness.
8. Recovery is self directed and self defined.

C. Recovery Is A Journey... Not A Destination

Recovery is not necessarily the absence of symptoms, but instead it is moving beyond the symptoms of the illness and side effects of the medication to live the life we want and deserve. -Roy Muise, Peer Support Specialist

D. It's About The Person

At the heart of the recovery movement is the idea that instead of focusing on the illness, emphasis is placed on the potential for growth in individuals. - William Anthony, 2003

E. Recovery is living outside the illness

“Recovery is a process, a way of life, an attitude, and a way of approaching the day's challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup and start again. . . . The need is to meet the challenge of the disability and to reestablish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work, and love in a community in which one makes a significant contribution.” -Dr. Pat Deegan

F. People in recovery don't generally think nor talk about the term “recovery.” They talk about:

1. Getting a job
2. Making friends
3. Having faith
4. Living on their own
5. Getting back their lives

G. As with physical illness there are different outcomes for those with mental illness: examples.

1. “Heart attack”- one episode but vulnerable.
2. “Asthma”- long-term, disabling, effects diagnosis, the illness, trauma, secondary consequences, etc.
3. “Addictions”- taking control of the disruptive impact on life.
4. “Physical disabilities” - fundamental rights of people with disabilities, self-determination, community inclusion, accommodations, full citizenship, supports, responsibilities associated with community membership (risk assessment and management strategies)

H. Basic Assumptions of a Recovery Focused Mental Health System (with acknowledgement to William Anthony, prepared by Jennifer Pyke)

1. A common denominator of recovery is the presence of people who believe in and stand by the person in need of recovery.
2. A recovery vision is not a function of one's theory about the causes of mental illness.

3. Recovery can occur even though symptoms reoccur. The episodic nature of severe mental illness does not prevent recovery.
4. Recovery changes the frequency and duration of symptoms.
5. Recovery involves growth and setbacks, periods of rapid change and little change.
6. Recovery from the consequences of the illness is sometimes more difficult than recovering from the illness itself.
7. Recovery from mental illness does not mean that one was “not really mentally ill

I. Key Recovery Assumptions

1. Recovery can occur without professional intervention.
2. Consumers – not professionals hold the key.
3. Recovery is facilitated by natural support systems.
 - Family, friends, community, employers, spiritual community have supporting role.
 - Holistic: the focus is on mind, body and spirit.

VI. What Are People Recovering From? (Barriers and Hindrances)

Members of the Provincial Advisory Council on Mental Health in Manitoba responded to this question with the following:

- *Mental Illness
- *Trauma
- *Stigma
- *Hopelessness
- *Losses
 - Sense of self
 - Goals
 - Social relationships/Supports friends & family
 - Potential
 - Income/Housing
 - Power/Position
- *Community discrimination
- *Stereotyping
- *Lack of self esteem
- *Grieving/Loss
- *Changed world internally & externally
- *Relationships
- *Education
- *Potential
- *Lifestyle
- *Friends
- *Mental health system
- *Side effects (meds)
- *Injustice
- *False expectations & beliefs
- *Inadequate services

- *Disappointment/disillusionment
- * Loss of Libido

A. The Illness

B. The Side-Effects of Medication

C. The Mental Health System

1. Non-recovery philosophy
2. Institutionalization and labeling.
3. The effects of poor/wrong/coercive treatment/interventions.
4. Inadequate supports and services in the community.
5. Services which focus on deficits and limitations, not strengths and competence.
6. Lack of access to comprehensive, coordinated, and continuous treatment.

Recovery message

- Sharing personal stories
- Focus on the challenges and the journey to help
- Identify what helped promote healing
- Promote peer-based support
- Educate about rights & responsibilities
- Consumers and ‘the experts’
- Recovery & QOL are the goal
- Hope is the message

Bio-medical message

- Focus on ‘biological causes’
- Emphasis education – teach signs and symptoms of illness
- Stress the importance of treatment
- Build mental health literacy
- Include professionals as credible experts
- Conflicts with research & expert opinion – MI focus increases stigma

D. The Stigma and Discrimination

1. Social exclusion and the denial of rights;
2. Self stigma;
3. Loss of meaningful roles.
4. Mis-education about mental illness and media sensationalism.
5. Lack of opportunities for self-determination, social and community access and interactions; segregation.
6. The effects of unemployment, poverty, lack of desirable and affordable housing.
7. Violation of privacy and confidentiality.

E. The Learned Helplessness and Hopelessness

1. Messages of hopelessness and crushed dreams.
2. Implied or spoken barriers such as “you’ll always need medication, or low stress employment” for example, can lead to negative self images and result in immobility toward recovery from psychiatric difficulties.

F. Other factors that may impede (or promote) recovery.

1. Family and friends
2. Substance abuse
3. Duration of untreated psychosis
4. Adherence to treatment
5. Supportive therapy with a collaborative therapeutic alliance
6. Presence of negative symptoms and cognitive deficits
7. Poverty and un/under employment.
8. Marginalization, histories of neglect and abuse.
9. Lack of opportunities for self determination, choice, social and community inclusion.

G. Social Injustice!

“When applied to mental illness, human rights emphasizes reducing and then eliminating stigma and discrimination against persons with psychiatric disabilities; promoting and protecting the rights of persons in the service, system; providing equal opportunities for consumers in education, employment, and housing; and ensuring that consumers have access to needed resources, including those necessary for sustaining life (adequate food and shelter) as well as the social and health services that can aid recovery (physical, dental, and mental health services; job training; supported housing; and employment programs)” (Nora Jacobson, Dianne Greenley, April 2001).

VII. The Role of Service Providers

A. To create an environment (“triggers”) in which recovery can take place.

1. What consumers said as to professionals’ impact on their recovery.
 - Encourage my independent thinking
 - Treat me in a way that helps my recovery process
 - Treat me as an equal in planning my services
 - Give me freedom to make my own mistakes
 - Treat me like they believe I shape my own future.
 - Listen to me and believe what I say

- Look at and recognize my abilities
- Work with me to find the resources or services I need
- Are available to talk to me when I need to talk to someone
- Taught me about the medications I am taking

(A consumer group in Ohio)

2. Goal of the mental health system is not hospitalization, containment, symptom basement, but creating an environment in which recovery can take place, leading to life in the community (transformation) (Pat Deegan).

3. Environmental factors: Systems Transformation

- Requires a changing paradigm with health care providers.
- Imparts a message of hope and belief that recovery is possible.
- Redesigns services to support recovery.
- Shifts from focusing on symptom reduction to supporting meaningful engagement and roles
- Builds on collaborative partnership.
- Establishes different measures of success including enhanced quality of life.
- Supports risk taking, choice, and allows for opportunities to fail.
- Create a positive culture of healing.
- Build on strengths, goodwill and compassion.
- Not an ‘add on’ service – redesign services with new focus-evaluate different measures.
- Recovery services share four common elements:
 - Person-oriented (people not patients);
 - Recovery not seen as a ‘service’ but an ‘attitude’;
 - Person involvement - partnership enterprise;
 - Growth potential.
- Service users are included in program delivery, system development and evaluation.
- Focus is hopeful - look beyond symptom reduction.
- Encourages natural support systems:
 - Include family and friend;
 - Encourage use of peer supports.

4. Recovery-oriented services address the range of these features and include services directed at a symptom relief, crisis intervention, case management, rehabilitation, enrichment, rights protection, basic support, and self-help.

B. Supporting recovery is what the system and community do.

1. Requires a different relationship

- Self-directed journey with provider as coach / trainer.

You can do it ... We can help” (Davis)

- Hopeful, inspiring, optimistic and helpful.
 - Built on respect, empathy, patience, openness, honesty, trust, and cultural safety.
 - Professionals are experts with knowledge, insights, information and resources that are applied to support informed decision-making.
 - Professionals address material needs including: housing, employment, income supports, roles & responsibilities.
2. Recovery is a shared journey - family, health care providers & society also need to recover
3. Davidson, O'Connell, Tondora, Styron, Kangas, 2006

If what you are offering is not oriented to promoting recovery, then what is it for?

If there are ways in which what you offer could be more recovery oriented to, and thereby more effective at achieving its aims, would you not want to try to learn about and try it?

If there is no evidence supporting the effectiveness of a given practice in promoting an individual's ability to manage, overcome, or live with his or her mental illness, then why should scarce resources be used to fund it?

“If we are serious about the vision of recovery, then the mental health system of the last century-which for the most part was a system characterized by low expectations, control, and no consumer-based vision-must disappear. Massive system changes must occur if the vision of recovery is to become a reality for an ever-increasing number of people with severe mental illnesses. For this very different vision to become reality, brilliant leadership is required” (NASMHPD/NTAC e-Report on Recovery, Fall 2004).

C. Providing essential services!

Essential Client Services in a Caring System

Service Category	Description	Consumer Outcome
Treatment	Alleviating symptoms and distress	Symptom Relief
Crisis intervention	Controlling and resolving critical or dangerous problems	Personal safety assured
Case Management	Obtaining the services client needs and wants	Services accessed
Rehabilitation	Developing clients' skills and supports related to clients' goals	Role functioning
Enrichment	Engaging clients in fulfilling and satisfying activities	Self-development
Rights protection	Advocating to uphold one's rights	Equal opportunity
Basic support	Providing the people, places, and things client needs to survive (e.g., shelter, meals, health care)	Personal survival assured
Self-help	Exercising a voice and a choice in one's life	Empowerment

Adapted from: Cohen, M.B., Nemeck, P.B., Farkas, M. D., & Forbes, R. (1990). *Psychiatric rehabilitation training technology: Case management (trainer package)*. Boston: Boston University, Centre for Psychiatric Rehabilitation. (RECOVERY IN MENTAL ILLNESS *Broadening Our Understanding of Wellness* By Ruth O. Ralph & Patrick W. Corrigan. p. 138.)

D. Factors that support recovery

1. Internal factors

- Belief in self & developing a positive identity.
- Knowing recovery is possible.
- Having meaningful activities in life.
- Developing positive relationships with others & your environment.
- Understanding your illness, mental health & general wellbeing.
- Actively engaging in strategies to stay well & manage setbacks.

2. External factors

- Supportive friends & family who do not undermine recovery.
- Narrator's self determination.
- Being told recovery is possible.
- Contributions are recognized & valued.
- Having formal support that is responsive & reflect changing needs.
- Living and working in a community where other see beyond your illness.
- Having life choices accepted and validated.

Conclusion

1. The Consumer's journey of recovery. What does the consumer need for that to happen? ASK THEM, THEY WILL TELL YOU!

A consumer-run business in Ohio was asked by a county mental health board to develop and implement and evaluate strategy to identify strengths and weaknesses in the county mental health system. All of the consumers/ survivors involved agreed that recovery was important, and they generated a list of abilities, behaviors and activities that were important to their recovery. These indicators, used in a pilot study in Ohio with 71 service recipients and in another study in Maine with 180 consumers who has been admitted to the state psychiatric institution at least once in the last seven years, were rated for most important to least important similarly by both groups (Ralph, Lambric & Steele, 1996; Ralph & Lambert, 1996). Both Ohio and Maine participants selected the same top four indicators.

- The ability to have hope.
- Trusting my own thoughts.
- Enjoying the environment.
- Feeling alert and alive.
- Increased self-esteem.
- Knowing have a tomorrow.
- Working with and relating to others.

- Increased spirituality.
- Having a job.
- Having the ability to work.

What Vermonters said helped the recovery process.

- Decent housing, food, and clothing.
- People with whom to be.
- Ways to be productive citizens.
- Ways to manage medication and symptoms.
- Individual treatment planning & case management.
- Integration into the community.

2. This is not just a health issues, but a social justice issue! WE CAN'T WAIT ANY LONGER!

- People who live with psychiatric disabilities have a right to a healthy life, a right to thrive and not just survive, and we have a responsibility to address these issues (**Psychiatric Rehabilitation Journal** Volume 29, Number 4 – Spring 2006).
- People with mental illnesses can and do get better with humane and individualized services, opportunity, and dignity.
- Martin Luther King to “whites” who asked him to delay his protest marches:

“To this plea, King had the following response: We know through painful experience that freedom is never voluntarily given by the oppressor; it must be demanded by the oppressed. Frankly, I have yet to engage in a direct action campaign that was ‘well trimmed’ in view of those who have not suffered unduly from the disease of segregation. For years now I have heard the word “Wait!” It rings in the ear of every Negro with piercing familiarity. This “Wait!” has almost always meant “Never.” We must come to see, with one of our distinguished jurists, that justice too long delayed is justice denied.” (Psychiatric Rehabilitation Journal Volume 20, Number 1 – Summer 2006)

FOR copy of “COMPILATION NOTES ON RECOVERY” 62 pages, email Chris at Chris@mss.mb.ca

Principles of recovery.

1. Recovery is about resiliency and self-determination.
2. Recovery is about supportive relationships.
3. Recovery is about removing disability.
4. Recovery refers to the lived experience of gaining a new and valued sense of self and of purpose (Deegan, 1988).
5. One of the elements that make recovery possible is the regaining of one's belief in oneself (Chamberlin, 1997, p.9).
6. Recovery means regaining mental health and achieving a better quality of life (Hafal. Neath, Wales).
7. It's a journey or process. It is not a destination or cure.
8. "A personal process of overcoming the negative impact of a psychiatric disability despite its continued presence" (The Ohio Department of Mental Health).
9. "Recovery is a process in which the person engages to figure out how to manage and live with his or her disorder" - (Larry Davidson, Department of Psychiatry, Yale University School of Medicine).
10. Recovery is understanding what is going on inside of me and determining what I can do about it.
11. Recovery can be defined as a process of learning to approach each day's challenges, overcome our disabilities, learn skills, live independently and contribute to society. This process is supported by those who believe in us and give up hope.
12. Recovery is a self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that promote people reaching their full potential as individuals and community members (Pennsylvania Office of Mental Health Substance Abuse Services).
13. Recovery speaks most directly and forcefully to the issues of civil rights and membership in society. These issues are discrimination, second-class citizenship, inclusion, self-determination, and, more fundamentally, power. (Davidson, O'Connell, Tondora, Styron, Kangas, May 2006)

Research Articles.

Leete (1989, p. 2). “Having some hope is crucial to recovery; none of us would strive if we believed it a futile effort...I believe that if we confront our illness with courage and struggle with our symptoms persistently, we can overcome our handicaps to live independently, learn skills, and contribute to society, the society that has traditionally abandoned us.”

Deegan (1988, p. 15). “Recovery is a process, a way of life, an attitude, and a way of approaching the day’s challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup and start again... The need is to meet the challenge of the disability and to reestablish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work, and love in a community in which one makes a significant contribution.”

“Recovery: The Heart and Soul of Treatment” – Wilma Townsend and Nicole Glasser (2003)

- Recovery is a process by which an individual recovers their self-esteem, dreams, self-worth, pride, choice, dignity and meaning.
- Recovery is a journey.
- Recovery is about refusing to settle for less.
- Recovery is a process, an outlook, a vision, and a guiding principle.
- Recovery is about hope and the restoration of meaning of life.
- Recovery is the belief that people can heal, that people can change, that people can rise up against life’s deepest chasms.
- Recovery may occur with or without medication.
- Recovery involves relapse, setbacks.
- Recovery is about overcoming internal obstacles due to illness: internalized discriminatory attitudes, feeling helpless, low self-esteem, fear of failure and lack of support.
- Recovery is about overcoming external obstacles: societal stigma and discrimination, loss of job, loss of housing and loss of family and friends.
- Recovery is about embracing people’s humanity, making a distinction between

the ME and IT.

- Recovery is about treating the whole person, identifying their strengths, instilling hope, and helping them to function at an optimal level by allowing them to take responsibility for their life.
- Recovery is what the individual does.
- Facilitating recovery is what the clinician does.

“Restoring Psychiatric Disability: Learning From First Person Accounts of Recovery” -P. Ridgeway (2001)

- Recovery is the reawakening of hope after despair.
- Recovery is breaking through denial and achieving understanding and acceptance.
- Recovery is moving from withdrawal to engagement and active participation life.
- Recovery is active coping rather than passive adjustment.
- Recovery means no longer viewing oneself primarily as a mental patient and reclaiming a positive sense of self.
- Recovery is a journey from alienation to purpose.
- Recovery is a complex journey.
- Recovery is not accomplished alone-it involves support and partnership.

**“Basic Assumptions of a Recovery-Focused Mental Health System “
(with acknowledgement to William Anthony, prepared by Jennifer Pyke)**

- Recovery can occur without professional intervention.
- A common denominator of recovery is the presence of people who believe in and stand by the person in need of recovery.
- A recovery vision is not a function of one’s theory about the causes of mental illness.
- Recovery can occur even though symptoms reoccur. The episodic nature of severe mental illness does not prevent recovery.

- Recovery changes the frequency and duration of symptoms.
- Recovery involves growth and setbacks, periods of rapid change and little change.
- Recovery from the consequences of the illness is sometimes more difficult than recovering from the illness itself.
- Recovery from mental illness does not mean that one was “not really mentally ill.”