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ABSTRACT

This presentation outlines the implications of psychiatric disability recovery for mental health systems and programs. Schizophrenia and other serious psychiatric disabilities have been viewed as irreversible illnesses with increasing disability over time. Mental health program planning, policies, and practices have been developed and implemented to support this uncompromisingly negative view of the predicted outcome for people with psychiatric disability. Current research studies report that one-half to two-thirds of people with serious mental illness significantly recover over time. Because of this new and hopeful possibility of recovering, a shift in how systems, programs, and people assist people is required. The first recommendation made is that recovering and the values that support recovering must be strongly affirmed and explicitly identified in the mission statement of the system or program. Additionally, goals and services that support recovering should be identified and affirmed in the mission statement. Along with this, the principles that support the values, goals, and services should be identified and affirmed, as well as cautions in implementing recovering models. Finally, the provision of education and the support of qualitative and quantitative research efforts are essential in assisting people to deal with the barriers and to build in the facilitators. (GCP)

Implications of Recovering for Mental Health Systems and Programs

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Historical Frame

Schizophrenia and other serious psychiatric disabilities have been viewed as irreversible illnesses with increasing disability over time. Hopeless. Unyielding.

Countless textbooks, publications, diagnostic manuals, and the media have supported this view over the past 100 years.

Impact of Historical Frame: I

Mental health program planning, policies, and practices have been developed and implemented to support this uncompromisingly negative view of the predicted outcome for people with psychiatric disability.

Major policies and practices have included long-term hospitalization or even permanent hospitalization with little or no rehabilitation, or a medical model that ignores the need for rehabilitation.

Impact of Historical Frame: II

Values, attitudes, and beliefs associated with this negative view of outcome have become imbedded in people with psychiatric disability, their families, professionals, the general public, and the media. This has led to hopelessness and lack of expectation that the person will ever change.

Evidence for Recovering from Recent Research Studies and Self-Reports: I

Current research studies report that one-half to two-thirds of people with serious mental illness significantly recover over time. This evidence is widely supported by the self-help literature.

Thus, the evidence for a specific, inflexible natural history of increasing disability for every person is simply not there.

Evidence for Recovering from Recent Research Studies and Self-Reports: II

While the impact of serious mental illness is devastating to those who experience it and to their families, it does not appear that serious mental illness is necessarily a disease of slow and progressive deterioration as was once widely believed. People with serious mental illness can achieve partial or full recovery from the illness at any point during its course, even in the later stages of their life. (Harding)

Evidence for Recovering from Recent Research Studies and Self-Reports: III

As one long-term studies researcher Courtney Harding has said:

"... the course of serious psychiatric disorder is a complex, dynamic, and heterogeneous process which is non-linear in its patterns, moving toward significant improvement over time, and helped along by an active, developing person in interaction with his or her environment."

Implications of What we Know about Recovering for Mental Health Systems and Programs

This new and hopeful view of the possibility of recovering represents a dramatic shift in how we view the outcome or achievement of people with psychiatric disability. This new view requires a dramatic shift in how systems, programs, and people assist people with psychiatric disability.

1. Recovering must be strongly affirmed in the Mission Statement of the System or Program. This includes a working definition of recovering. The Mission Statement must explicitly counteract the prevailing negative views of the outcome or achievement of people with psychiatric disability. Ideally, this definition should result from a consensus building process including input from people with psychiatric disability, family members, mental health professionals and administrators, and researchers.

Defining Recovering

Process/Journey

Outcome/Achievement

Vision

Recovering as a Process/Journey

Recovering is a process/journey of adjusting one's attitudes, feelings, perceptions, beliefs, roles, and goals in life. It is a process of self-discovery, self-renewal, and transformation.

Examples of Recovering as an Outcome/Achievement

1. Have friends and an intimate relationship.
2. Live in stable housing of one's choice.
3. Work in a job that uses one's skills and abilities.
4. Contribute to one's community.
5. Have reliable coping skills.
6. Limited or no impairment in functioning.

Recovering as a Vision

Recovering as a vision must guide the planning and implementation of mental health services because it is the purpose and goal of all the programs and services that combine to assist the person with a psychiatric disability.

2. The values that support recovering should be explicitly identified and affirmed in the Mission Statement of the system or program. A similar consensus building process should be used to develop the value statements.

The Values of a Recovering-Oriented Mental Health System

Value	Description
Empowerment:	Creating a personal vision and having the confidence to move toward it. Feeling I can versus I can't.
Personal choice:	People know how to lead their life better than someone else does.
Personal involvement:	Participating in the processes by which decisions are made which affect one's life.
Community focus:	Building on existing resources.
Focus on strengths:	Watering the flowers and not the weeds.
Connectedness:	Enhancing relationship to self, others, environments, meaning/purpose.

3. The goals and services that support recovering should be explicitly identified and affirmed in the Mission Statement of the system or program. A similar consensus building process should be used to develop the goals and services statements.

The Goals of A Recovery-Oriented Mental Health System and The Services Required to Meet Them

Goals	Services
To reduce symptoms and to explore and understand feelings, thoughts, values, goals, and roles which enhance recovery	Treatment
To enhance physical health and well being	Physical Health and Wellness
To assist people to be successful and satisfied in chosen roles and settings with the least amount of	Rehabilitation

ongoing intervention by providers

To deal with dangerous situations which interfere with recovery	Crises Intervention
To access services which facilitate recovery	Case Management
To advocate for improved services and to eliminate barriers that inhibit recovery	Rights-Protection Advocacy
To promote and support one's own recovery and that of peers with mental illness	Self-Help
To meet survival needs basic to recovery	Basic Support
To enhance quality of life	Enrichment

4. The principles that support the values, goals, and services should be explicitly identified and affirmed in the Mission Statement of the system or program. A similar consensus building process should be used to develop the principle's statements.

Basic Principles of Psychiatric Rehabilitation

1. The primary focus of psychiatric rehabilitation is improving the knowledge, skills, and support of the person.
2. The benefits of psychiatric rehabilitation are functional improvements in the person's environments of need.
3. Psychiatric rehabilitation is eclectic in its use of techniques.
4. A central focus of psychiatric rehabilitation is improving vocational outcome for people.
5. Hope is an essential ingredient of the rehabilitation process.
6. The deliberate increase in a person's dependency can lead to an eventual increase in the person's independent functioning.
7. Active involvement of people in their recovery is essential.
8. The three fundamental interventions of psychiatric rehabilitation are the development of knowledge, skills, and supports.
9. Long-term drug treatment is an often helpful but rarely sufficient component of a rehabilitation intervention.
10. People are seen as having solutions rather than problems. Solutions that may lack the knowledge, skills, and supports to be effective.

5. Cautions in implementing recovering models should be explicitly stated in the Mission Statement of the System or Program.

Cautions in Implementing Models of Recovering

1. Recovering needs to be framed in a broader context than recovering from a mental illness.
2. Phases of recovering are guidelines and cannot be seen as standards that individuals have to meet. Models are not literal descriptions of what an individual must experience.
3. Recovering is highly individual. We need to understand it from the perspective of the person we are assisting.
4. We must address the impact of primary health status and wellness on the recovery journey of the person.
5. Recovering models need to integrate the impact of co-occurring disorders and trauma on recovering.
6. Recovering takes time. What may look like "being stuck" is often an important period of integration prior to moving on again.
7. Recovering models need to address the impact of culture on recovering.
8. Recovering models need to address the impact of the helping environment on recovery.

6. The importance of education for people with mental illness, family members, and mental health professionals and administrators in the definition, the values, the goals and services, the principles, and the cautions regarding recovering must be affirmed in the Mission Statement of the system or program.

7. The system or program should support qualitative and quantitative research efforts to further identify the barriers and facilitators (both internal and environmental) to recovering. This can lead, over time, to a deeper understanding of how to assist people to deal with the barriers and to build in the facilitators.

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