THE RECOVERY MODEL OF MENTAL HEALTH

Presented by UIC College of Nursing
Purpose and Objectives

- Learn the six Foundational principles of Recovery Model
- Learn the roles of staff and providers in the Recovery Culture
- Describe the stages of movement and awareness in Recovery Model
- Understand the three domains and essential components of the Recovery Model
- Discuss relationship of Recovery Model with Harm Reduction and Motivational Interviewing
“A deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. Even with limitations caused by the illness. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the 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 Anthony, 1993
“Recovery was not to be seen as a smooth slope, but as a series of radical steps, each inconceivable, impossible, from the step below. And, by the same token, one could not even have hope. One could hope for an increase of whatever one had, but one could not hope, in the least, for the unimaginable next step (for hope implies some degree of imaging). Thus every step had the quality of a miracle—and might never occur without the urging of others.” - Oliver Sacks, 1984
....Both individually and collectively we have refused to succumb to the images of despair that so often are associated with mental illness. We are a conspiracy of hope and we are pressing back against the strong tide of oppression which, for centuries, has been the legacy of those of us who are labeled with mental illness. We are refusing to reduce human beings to illnesses. We recognize that within each one of us there is a person and that, as people, we share a common humanity with those who have been diagnosed with mental illness. We are here to witness that people who have been diagnosed with mental illness are not things, are not objects to be acted upon, are not animals or subhuman life forms. We share in the certainty that people labeled with mental illness are first and above all, human beings. Our lives are precious and are of infinite value.
Time: 3:23

http://www.youtube.com/watch?v=vmdZo-G1DFE

http://youtu.be/vmdZo-G1DFE

www.cassandrafilm.se
Paradox of Recovery

- In accepting what we cannot do or be, we begin to discover who we can be and what we can do
- Recovery involves both “letting go” and “embracing.”
Foundational principles of Recovery Model

- Hope
- Personal Responsibility
- Support
- Education
- Self-Advocacy
- Spirituality
As recently as twenty-five years ago, few people believed that recovery from mental illness was possible.
The first step in the journey to recovery begins with a decision that life must improve. Having a mental illness can affect our lives in many ways:

- Our normal activities suffer;
- Intimate relationships can be profoundly affected;
- Friendships may be lost;
- We may lose employment and financial security.
What is Mental Illness?

“....a wide range of diagnosable psychiatric illnesses that impair a person’s ability to think, feel, and behave in a manner that allows optimum functioning in day-to-day life”
What is Mental Illness?

Studies have shown that mental illnesses can manifest themselves in a variety of ways physically, as well as changing behavior (risk-taking and improper diet) that can impact overall health and lead to complications or a shortened lifespan. Here are eleven physical symptoms that may be attached to a mental illness...
## Eleven Physical Symptoms that may be attached to Mental illness

<table>
<thead>
<tr>
<th>Symptom</th>
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<tbody>
<tr>
<td>Obesity</td>
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<td>Fatigue</td>
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<td>Chronic pain</td>
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<tr>
<td>Tics and twitches</td>
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<tr>
<td>Sinus Problems</td>
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<tr>
<td>Nausea</td>
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</tbody>
</table>
Eleven Physical Symptoms that may be attached to Mental illness

- Weight Loss
- Headaches
- Irritated skin
- Cavities
- Adrenaline Rush
Common Myths About Mental Illness

- People with severe mental illnesses, such as schizophrenia, are usually dangerous and violent.

- Schizophrenia is the same as split personality.

- Medications are the only effective treatment for mental illness.

- People with serious mental illnesses will probably be on medications for the rest of their lives.
Common Myths About Mental Illness

- Mental Illnesses are exclusively biochemical and genetic in origin.
- People with mental illnesses are lazy and lack motivation.
- Mental illness and mental retardation are the same thing.
- It is never safe for people with mental illnesses to drink or use drugs.
- Mental illnesses are more common in certain demographic groups.

-- Kinley, 2010
1 in 5 people in the United States will be diagnosed with a major mental illness at some point in their life.

1 in 4 Americans have a 1st degree relative with a major mental illness.

Schizophrenia: 1% prevalence worldwide
Prevalence

- Bipolar Disorder: 2-3% prevalence*
- Major Depression: 10-25% prevalence
- Anxiety Disorders: 5-6% prevalence*
- Substance Abuse Disorders: 10% prevalence
- Personality Disorders: 10% prevalence
As many as 2/3 of people with serious mental illness get much better over the long term.

One’s current level of illness severity does not predict long-term outcome.

No one can predict who gets better and who does not.

Access to rehabilitation services improves long term outcome.

A trusting relationship will have significant impact on outcome.
Recovery is a journey, not a destination
What is Mental Health & Who Defines it?

“In spite of the fact that helping professionals have been engaged in helping others improve their mental health for many years, it has been very difficult to define just what mental health actually is.”

---Carolyn Saari, 1993
Sigmund Freud wrote that “health is the ability to love and work.”
Mental Health Defined by the Individual

If we were to ask 100 people to “describe how a better life would look for you,” we would get 100 different answers.
What is Mental Health

The answer to the question of what would make a better life gives us insight into what motivates that particular person.

THIS IS WHERE WE BEGIN...
Positive mental health allows people to:

• Realize their full potential
• Cope with the stresses of life
• Work productively
• Make meaningful contributions to their communities
Ways to maintain positive mental health include:

• Getting professional help if you need it
• Connecting with others
• Staying positive
• Getting physically active
• Helping others
• Getting enough sleep
• Developing coping skills
THE MENTAL HEALTH ALL-STARs

ALLIES IN THE FIGHT AGAINST THE VOID

CREATIVE OUTLET

EXERCISE

ROUTINE

SLEEP

MEDITATION

SOCIAL ACTIVITY

HEALTHY DIET

LOVE

AIR

HUMOUR

THERAPY

IAMHONEYDILL.COM
The question **is NOT**, “What do I want for you?”

The question **IS**, “What do you want for yourself, and how can I help you get it?”
Non-Recovery Culture

- Low Expectations
- Stability/Maintenance is the Goal
- No Clearly Defined “Exit.”
- Little or No Access to Information
- Coercion is Used to Achieve Compliance
- People are Protected from Trial/Error Learning
- One-size-fits-all Treatment Approach
Non-recovery Culture

- Participants live in “Treatment Centers”
- Participants are judged by their level of motivation
- Medication is the primary tool
- Emphasis is on treatment
Recovery Culture

- Hopeful with high expectations
- Recovery is the goal
- Clear exits; Graduates return/share
- Easy access to information
- Self-determination, critical thinking and independence are valued
- People become the experts in their own care
Recovery Culture

- Opportunities for community integration with choice
- Restoring hope for new choices
- Medication is one of several tools
- Peer support and self-help are valued
- People take risks and have the “right to fail”
- Wide range of programs and non-program options
Role of Staff/Provider

- Accept that you are not the expert of anyone’s life but your own.
- Listen and hear what is being communicated to you through words and actions.
- Do not push.
- Do not retaliate.
- Do not despair (your “client” is not your child).
Role of Staff/Provider

- Be willing to “unlearn” all of the useless information that you have been fed
- Be open to learning from the person whose life is at stake
- Seek training and supervision on a consistent basis
- Ask the person(s) if you are actually being helpful. If you are not, make changes
Role of Staff/Provider

- Stay current on research and trends in the Recovery Movement
- Challenge your own biases about people with mental illnesses
- Seek to identify strengths and motivation
- Figure out a way to shatter the “illusion” that you know best (this is a myth)
- Be patient with yourself.... we are all learning
Treatments for Mental Illness: “Traditional”

Pharmacological Treatments

• Antipsychotics
• Antidepressants
• Mood Stabilizers
• Anxiolytics
• Psychostimulants
• Other
Treatments for Mental Illness: “Traditional”

Counseling and Therapy

- CBT (the most researched)
- Psychodynamic
- Case Management (evidence-based)
- Motivational Interviewing (evidence-based)
- DBT
- Group Work
Treatment for Mental Illness: “Non-Traditional”

Relaxation/Stress Management Approaches

- yoga, meditation, exercise, resonant breathing, biofeedback, aromatherapy

Acupuncture/Acupressure

Nutritional Interventions; Hormone Therapies
Treatment for Mental Illness: “Non-Traditional”

Herbal and Homeopathic Remedies

Neurolinguistics Programming (NLP)

Eye Movement Desensitization Reprocessing (EMDR)

Other “Self-Help” Remedies
Recovery Tools

- Competent, informed, and recovery-informed service providers
- Medication “Decisional Balance” worksheet
- Education and information about mental illness, mental health, and recovery
Recovery Tools

- Community supports
- Contact with, and support from “Essential Others.”
- A safe and affordable place to call HOME
- Access to health care
Recovery Tools

- The desire for a better life
- Sufficient food and nutritional resources
- Access to a spiritual “base,” or “outlet”
- Access to “productive” endeavors such as employment, education, recreation, and creative outlets.
- HOPE
Recovery Principles

1. Care is Recovery-Oriented
2. Care is Strengths-Based
3. Care is Community-Focused
4. Care is Person-Centered
5. Care allows for reciprocity in relationships
6. Care is Culturally-Responsive
7. Care is grounded in the person’s life context
8. Care is Relationally-Mediated
9. Care optimizes natural supports
10. It is YOUR job
Best Practices

Individuals who are recovering from mental illness move from a state of dependency to interdependency. The ultimate goals for individuals in the recovery process are to:

Reach optimal functioning; and

Use and/or provide support to entities outside the Mental Health System

ODMH, 2000
This Recovery Process Model accounts for the individual’s movement and degree of awareness within and across the following four stages:
Four Stages

- Dependent/Unaware
- Dependent/Aware
- Independent/Aware
- Interdependent/Aware

- This approach involves the use of nine essential recovery components, three domains, and four stages of recovery (above).
Essential Components for Participant Recovery

1. Clinical Care
2. Peer Support and Relationships
3. Family Support
4. Work/Meaningful Activity
5. Power and Control
6. Stigma Reduction
7. Community Involvement
8. Access to Resources
9. Education
Three Domains

1. Participant Status
2. Clinician’s Role
3. Community Supports’ Role
Guide to Best Practices: Instructions

1. Orient the Participant
2. Selecting Best Practices
3. Identify Current Status
4. Select Status Goal
Guide to Best Practices: Instructions

† **Motivation**: How motivated is the participant?

† **Urgency**: How urgent is the need?

† **Support**: What is the participant’s perceived support network?

† **Ease**: How difficult is the component for the participant to work on?
Supporting Participant Action:

- This involves helping the participant identify specific goals and identify if they will need help achieving these goals.
As the service provider, you will be most active in the “Clinical Care” essential component.

Let’s walk through this component and practice some related skills.
Participant’s Status:

- Cannot identify personal needs.
- Uninformed of resource opportunities.
- May be angry, anxious, distrustful, and unmotivated.
- May not accept diagnosis
- Symptoms, treatment, and stigma may interfere with motivation.
- May experience shame and stigma concerning illness.
- May lack experience in developing trusting relationships.
Clinician’s Roles:

- Demonstrates hope and achievement when interacting with participant;
- Promotes acceptance as first step of recovery;
- Explains illness, symptoms, courses of treatment, and hope for the future;
- Informs participant of benefits of active treatment;
- Engages family/significant others and refers them to available community supports and education.
Participant’s Status:

- Depends on professional care
- Aware of Illness
- Aware of services and choices available within system.
- May not feel empowered to make appropriate choices
- May begin to set basic recovery goals.
Clinician’s Roles:
✓ Ensures participant and family/significant others are educated about the choices and resources available to them
✓ Provides activities that will increase participants’ readiness to make choices in selecting life roles, environment, and goals
✓ Educates participant about mental illness and recovery
✓ Continues hope-instilling strategies
✓ Involves participant in designing his/her Recovery Management Plan
✓ (including medication and side-effects)
Independent/Aware

Participant’s Status:

✓ Takes responsibility for managing his/her life and illness
✓ Aware of choices, treatment, and other resources
✓ Makes choices independently
✓ Reasonably self-confident and values personal worth
✓ Chooses level of involvement with family/significant others, peer groups and community activities
✓ Works toward achieving previously developed recovery goals
Clinician’s Roles:

✓ Works with participant to define and achieve preferred life roles and goals
✓ Continues instilling hope strategies
✓ Encourages input from family/significant others as appropriate
✓ Encourages development of individualized coping strategies to deal with persistent symptoms
✓ Continues to support participants with medication management
✓ Encourages participant to use personal Recovery Management Plan
giving back... providing a helping hand
Interdependent/Aware

**Participant’s Status:**

- Accepts responsibility and involves him/herself in community
- Views service providers and personal support system and partners and peers.
- Works collaboratively with service providers and personal support system to make choices
- Feels he/she has an opportunity to contribute to others and to society
- May move out of public system for attainment of employment and private benefits.
I DREAMT THAT YOU WERE CHARGING ME TOO MUCH

YOU'RE CURED

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phone: 216.371.8600 / email: ft@funnytimes.com
Clinician’s Roles:
✓ Works with participant and chosen support system to enhance/support chosen life roles
✓ Provides information and contacts to participant to help locate other community resources and supports
✓ Provides participant ongoing continued support
✓ Supports participant in his/her interdependent role in community and society
Review using “Decisional Balance” as tool for allowing consumer to consider “pros and cons” of taking medication.
PROS

- Pros for adhering to Medications
- Pros for not adhering to Medications

CONS

- Negatives for adhering to medication
- Negatives for not adhering to medications
Co-Occurring Disorders

It is estimated that 27% of persons (age 18 and over) with mental illnesses use illicit drugs.

It is estimated that 30% of persons (age 18 and over) with mental illnesses are also binge alcohol users.

----SAMHSA, 2010 (numbers reported are for the past year of the 2009 study)
Integrating the Recovery Model with Harm Reduction

Video Clip: “Canadian user rights activist on self-medication.”
YouTube. Time: 7:46

http://www.youtube.com/watch?v=9OlY9JiiRd4

http://youtu.be/9OlY9JiiRd4
“Recovery is the overall aim of the integrated service system; recovery does not get housed in a particular program component; it is not an intervention per se (like the manualized evidence-based practices that have been proven through randomized, controlled trials); and it is not just a philosophy or political movement.”

Compton, 2010
Can Motivational Interviewing be Utilized in the Recovery Model?

You tell me....

- **Motivational Interviewing is:**
  A person-centered, directive method of communication for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

- Does this sound like something that would fit with what you understand about the Recovery Model?
If we think about

• **Recovery Model** as a way to embrace new dreams and goals;
• **Motivational Interviewing** as a method to resolving ambivalence and moving toward positive change; and
• **Harm Reduction** as the promotion of well-being and reduced harm for individuals, groups, communities, and the society at large,

We can see how they can work together to better serve our clients.
Final Words

Some practical steps that clinicians can take to help them move toward an embrace of the recovery paradigm:
STOP:

As Clinicians, we can stop:

1. Organizing activities around diagnostic labels and using the role of “patient” in such activities.
2. Reserving medical and case files/charts primarily for the documentation of failures rather than strengths and accomplishments.
3. Segregating clinicians’ and participants’ bathrooms, coat racks, and coffee services;
4. Utilizing a system in which only professionals conduct hiring interviews.
As Clinicians we can start:

1. Involving participants in their team planning and review meetings.
2. Decorating facilities based on input from the individuals who are served, and
3. Hiring in a way that considers lived experience as a “value added.”

Compton, 2010
“The Recovery paradigm is now widely accepted as the contemporary approach to tailoring mental health service provision for individuals with serious mental illnesses. In addition to clinicians gaining an in-depth understanding of the tenets of the recovery model, they can take steps to put recovery into practice by re-orienting services in a number of ways, ranging from referral policies, to charting procedures, to ways of interacting with consumers/clients.”

Compton, 2010
Hope, then, is crucial to recovery, for despair disables far more than disease ever could.

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Esso Leete
QUESTIONS
Anderson, Jacqueline, PhD, LCSW


http://www.akmhcweb.org/recovery/RECOVERYMODEL.htm

National Association of State Mental Health Program Directors (2002). Mental Health Recovery: What Helps and What Hinders?

http://www.mhrecovery.com/components.htm
