

*When we first began the Village we spent a great deal of time asking our members what they wanted, how they thought the Village should work, what services we should offer, and how we should act. We included members in all our planning committees and took their input seriously. After awhile, like most staff, we've become more complacent about including our members' input. After all, we're a well developed, well respected program. We know what we're doing. We're always pleasantly surprised when we remember to not only include our members, but when we really listen to them.*

*Dan Fisher and I got the Veteran's Administration to give us a camera crew for the day in return for creating a video for a training we were doing for them. As it turned out, Dan walked around the Village and Project Return's Discovery Center, MHA's consumer run program at the time talking to whoever he ran into, and really listening to them, often sharing some of his own recovery story as a psychiatrist who has recovered from schizophrenia. As I watched the hours of footage we taped I was often emotionally moved. Here's my effort to synthesize some lessons from listening to what our members had to say about us.*

## **Transforming MH Clinical Practices to Implement Recovery – Video Interview Lessons**

**(2004)**

The Village Integrated Service Agency in Long Beach California has received a number of awards and been recognized by the President's Commission on Mental Health and others as an exemplary program useful as a model to guide recovery oriented, system wide transformation.

A recent study by two anthropologists from UCLA trying to define "the magic of the Village" that accounts for our excellent outcomes concluded that the most important factor was our willingness to break professional "guild" rules to create multiple real emotional relationships with the people we work with. We broke down the barriers.

In July, 2004 Dan Fisher, psychiatrist, person recovered from schizophrenia, and leader of the National Empowerment Center, was invited into the Village and Project Return along with a camera crew from the Veteran's Administration to openly interview staff and people being served to try to portray what is special about the Village culture. They created 4 hours of moving, uncensored interviews. As we watched these interviews, certain themes began emerging out of the material. We've attempted to distill their observations into ten recurrent themes.

- 1) Recovery is for everyone. These people began everywhere – homeless, jails, hospitals, Board and Cares, substance abuse programs. They began with major impairments – mute, violent, psychotic, strung out on drugs. They often began uncooperatively and reluctantly.
- 2) Staff is experienced as very openly and genuinely caring. Many staff have been drawn to this work by their hearts because of deep personal or family experiences that they openly draw on

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in their work. Connectedness is created on a personal basis without professional walls or distance.

- 3) Hope is the foundation for recovery. Virtually everyone traces the beginning of their recovery to being able to feel hope, often for the first time. After a while they learn how to dream and that leads to being able to make concrete goals they really believe are possible.
- 4) Staff believed in them when they couldn't believe in themselves. Often staff could see a talent or a possibility for the future and help them be able to see it.
- 5) Staff is always there for them and never gave up. They expected rejection after failing in some way and it didn't happen. Staff even went out of their way to find people and reconnect after failures. There is a sense of reliability and security many people had never experienced before. This forms the bedrock for feeling supported by staff.
- 6) Staff treats you like a whole person. Being treated like an illness or a case is experienced as distancing and discouraging.
- 7) Staff gives practical support for practical goals. They drive them to school, go out looking for jobs and apartments, and help manage money to buy a bicycle. Staff teaches skills so they can do it themselves next time.
- 8) When people get out of the patient role they feel part of the world again. Work is especially powerful. So is living on your own and having money to do things.
- 9) People want to give back to others. Many people feel gratitude for the help they've gotten as they recover and want to express this gratitude directly by helping others who are suffering as they once were.

People visualize themselves as moving on from the Village someday. Graduations, independence, and not needing the Village forever are palpable dreams and goals.

*These are the kind of program elements that are at the same time the most crucial to include and the most difficult to support. They don't lend themselves easily to productivity targets or civil service management techniques. They're traits we often assume can't be taught. And so they are often ignored. Not so at the Village. We focus on them in our interviews, in our orientation, and in our supervision. We even fire more staff for being "disrespectful to members" or "not having the right attitude" than for anything else.*

*Beyond that, I think we have to keep including our consumers and listening to what they say about us, to stay on the right track.*