

This paper was written as an afterward for the original “Building Mental Health Programs” toolbox as a gift of sorts for anyone who had read that far. Basically, it contains the thoughts on transformation I’d discovered over that first year of intense transformation efforts that I relied on to keep my own sanity through the emotional ups and downs of the process. In the years since then I have met numerous “change agents” working passionately and diligently all over the country to promote recovery based system transformation. I often share with them these thoughts to help them keep going too. We’ll eventually get there together.

Keeping Perspective and Staying Sane

(2006)

As I look back I feel a little overwhelmed. I never expected to be involved in so many ways at so many levels in the transformation effort or to meet literally hundreds of other people passionately working on it (or to learn to make PowerPoint slides, use a memory stick, and make tables in Word).

One line sticks out for me at this point: “The further we go along with hiring and supporting consumers, as with most of this transformation effort, the more detailed and complex everything gets, but also the more plausible it seems.” If we can keep our perspective and our sanity we can probably do this.

A few thoughts I picked up along the way:

First, governmental programs are designed to be stable. And they should be. We want the DMV to keep doing driving tests even if the personnel changes. We want the FDA to keep inspecting meat and pills. We rely on our governmental services to be there when we need them. They need to be stable and reliable. They don’t really need to be “learning cultures.” It’s only when we’re trying to change something, or worse yet, trying to transform an entire system that stability is a bad thing. Then we experience it as resistance to change. We run into so many unforeseen obstacles we’re sure someone must be fighting against us. As far as I can tell there aren’t many enemies hiding behind the scenes planting traps to destroy us. Mostly we’re fighting stability. I try not to take it so personally.

There’s another important lesson here: If we want this transformation to last we have to build it into the system’s infrastructure so it’s part of what’s kept stable in the future. That’s why a couple of these papers are about personnel parameters and human resource practices. That’s also why our most important work will eventually be in the arcane, mind numbing world of MediCal regulations.

Second, this transformation is slow. Even if leadership is pushing it hard, even if there’s strong advocacy and political pressure, even if money and jobs are at stake it’s going to be slow. There’s multiple checks and balances, multiple layers of overlapping oversight, multiple layers of accountability built into everything. And there should be. If there weren’t corruption would be much worse. It seems to me it’s taken us almost two years to begin any program building, not because anyone is holding us back intentionally or even because everyone is incompetent. It’s just that this is such a big change it has to go through lots of levels and each level takes time.

Infrastructure changes will be even slower than services changes. It's easier to get the system to do something new (what we're doing now for the most part), than to get it to change itself. It's likely we will have a whole variety of recovery based programs for years before we build the infrastructure to support them.

Third, transformation doesn't happen all at once. It progresses. There's a description by Malcolm Gladwell in "The Tipping Point" of a study about how corn farmers in the 1920s changed what kind of corn seed they all used over the course of a decade. Here's my version of how the study divided the farmers into five groups depending on when and why they changed corn seeds:

- 1) Innovators: These people like to try new things whatever they are. They want to be on the cutting edge and are willing to take risks. They just need to be exposed and inspired to try something new.
- 2) Early Adaptors: These people don't go for every new fangled thing or follow every fad. They're thoughtful about change, but willing to take risks if they're convinced it's a better way. They're often respected leaders. They need to understand how something new will work to try it.
- 3) Early Majority: These people will try something new, not because they're inspired or really understand it, but because the early adaptors are doing it and they trust their leader's judgment. They need to be reassured that they're going to actually be able to do this new thing and understand how it'll make their life easier and better to try it.
- 4) Late Majority: These people come on board because it seems like everyone else is doing it and they don't want to be left behind. They need to believe that the change is low risk and inevitable to try it.
- 5) Laggards: These people are resistant to anything new. They like the comfort and familiarity of what they're doing. They already think they know best and don't need to learn anything new. They certainly don't want to try something risky or unproven. They will be the last ones to be converted, if at all, no matter what you do, so just make sure they don't undermine your efforts with everyone else. (By the way not everyone who objects loudly is a laggard (many of those people are frustrated passionate people who mostly need to believe they're not going to be heartbroken again to join in) and every laggard doesn't object loudly.

It's helped me to think of this schema and realize that every group is represented when I look at a new audience at a workshop or a new clinic to be transformed. It's also helped me realize that not everyone needs the same things to join in. I'm an innovator and like talking to other innovators. Being inspirational and breaking down walls creating new ideas works very well with them, but that's not what everyone needs. Some people need reassurance or practicalities or a sense of inevitability more than inspiration. Different groups should be targeted at different stages of our transformation efforts.

Fourth, transformation is very complicated and has to occur in multiple domains at once. Ken Wilber's admittedly quite dense books helped me organize this complexity and focus my efforts. He divides every issue into four domains using the individual vs. the collective and the inside vs. the outside. Here's my version of his schema:

	INSIDE	OUTSIDE
I	VALUES EMOTIONS	BEHAVIORS PRACTICES
WE	CULTURE MISSION	SYSTEM INFRASTRUCTURE PROGRAMS

To help orient you to use this schema here’s some examples: Psychoanalysts focus on the “I-Inside” Domain, behaviorists focus on the “I-Outside” Domain, anthropologists focus on the “We-Inside” Domain, and system analysts focus on the “We-Outside” Domain. Our society tends to focus more on the two outside domains than the two inside domains because they’re easier to observe, measure, and hold people accountable for. On the other hand, Bill Anthony writes about a need to focus not so much on Evidence Based Practices (Outside Domains) as Evidence Based Cultures (Inside Domains) if we’re really going to achieve recovery based transformation. There’s a study, for example, that shows that the same high fidelity Evidence Based Practice of supported employment creates very different outcomes depending on if the staff believe people with severe mental illnesses can work or not. Working on the Outside Domains is unlikely to help the underperforming programs. They need to focus on their Inside Domains.

Ken Wilber makes the point that most of the time when we’re problem solving or trying to change something we focus on only the one domain we’re most comfortable with, usually without even realizing we’re neglecting the other domains. Many arguments occur because the two sides are focused on different domains and see the problem very differently. For example, a mental health director might identify his major problem as resistive staff who doesn’t believe in recovery (“I-Inside”) while the staff

believe the major problem is the distortions revenue generation demands have placed on their practice (“We-Outside”). Probably both are right. All four domains must be addressed for true transformation to occur, or whatever domain is weakest will hold back the entire process.

Fifth, there are a lot of passionate and motivated people working very hard on this who are totally frazzled already. This is a marathon, not a sprint. Every decision doesn’t have to be a life and death battle. I know the stakes are high and that this is a once in a lifetime opportunity, but the road to recovery is wide. We can meander around, even make a few wrong turns, and still get there. What we need more than to be sure that we’re going in exactly the right direction is to be sure there’s lots of us walking (and running) together and that we support each other emotionally. We don’t always have to be in perfect agreement, but we do have to be in alignment, walking the same direction. To do that, we have to keep our vision clear and our passion strong. We can’t do that if we’re too frazzled. This is going to take so long that many of us probably won’t even be there at the finish line. This is probably going to have to be a relay race so make sure you have people around you who can carry the baton too.

We need to take time to care of each other.