6. Recovery

ISSUES:

- What is recovery? And what are we recovering from?
- What are the values, principles, services and supports that are needed in a recovery vision?
- What are the tasks or activities that must be accomplished at the national, state and local levels to move our system to a recovery vision?

BACKGROUND:

People diagnosed with serious mental illnesses/disabilities are capable of holding gainful and meaningful employment, getting married, rearing children, practicing their religion, joining clubs, enjoying hobbies, participating fully in the community — in short, living a meaningful and productive life.

This concept, called recovery, has long been advocated by mental health consumers/survivors as well as progressive researchers, providers, and public-policy experts. Now that research has demonstrated its validity — and with the consumer/survivor movement pushing the envelope — the idea that people with mental illness/disability can recover has been granted wider acceptance; and some policy makers and providers say they are redesigning public systems of care and traditional mental health services, respectively, to implement the new paradigm, or vision.

There may be some lack of consensus in regard to a definition of recovery. Living a full life in the context of dealing with one's mental illness/disability is one commonly accepted definition. By this definition, recovery does not mean being symptom-free but does mean living with hope. Another definition holds that people can fully recover from the condition/experience/altered state that is commonly called mental illness/disability itself, not just regain functioning while continuing to be mentally ill/disabled. Recovery can also stem from people's own natural healing processes and the fact that people's bodies adjust and change over time. The kinds of services and supports people get may be less important than people's own natural ability to recuperate and heal. There may be a number of factors — including

biological, environmental, psychological and spiritual — that contribute to recovery, depending on the uniqueness of each person.

Clearly, in order to promote recovery, the mental health system will have to abandon the traditional service model in favor of a new paradigm. Such a paradigm shift, driven by consumers/survivors, has been taking place around the country, in such states as California, Ohio, Pennsylvania, and others.

The necessity of such a shift has been confirmed by a number of studies worldwide. One such research project was a landmark study of deinstitutionalized patients in the United States that began in the mid-1950s, when 269 people were released from the back wards of Vermont State Hospital and provided with a model rehabilitation program in the community. Three decades later, 262 of the 269 were located and assessed, and it was found that approximately two-thirds of them had achieved significant levels of recovery. This was in contrast to a matched control group of patients released from a Maine state hospital, who had received more traditional treatment and had not done as well in the community. Courtenay M. Harding, Ph.D., an internationally known researcher who worked on the study, said that as a result, "we have very strong data showing that community integration, rehabilitation and self-sufficiency models — which was what the Vermonters had — are far superior to the Maine model of medication, entitlements, maintenance and stabilization."

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FACILITATOR:
Jay Mahler is consumer services coordinator for the Contra Costa (California) Mental Health Division Management Team and also is employed by Sacramento County to assist consumers in becoming mental health providers. In addition, Jay is a founder of and a technical assistant/patients' rights advocate for Mental Health Consumer Concerns, Inc., a non-profit organization run by and for current and former mental health clients; the organization is dedicated to seeing that the consumer's point of view is included in decisions that affect the quality of mental health care in California. Jay has extensive experience as an organizer, program director, consultant and trainer and has served on numerous local and state boards and advisory committees. A consumer/survivor activist for nearly three decades, Jay is a

founder of the California Network of Mental Health Clients, the oldest statewide consumer/survivor organization in the country.

CO-FACILITATOR:
Andrea Schmook is chief of Consumer Affairs and Development for the Illinois Department of Human Services, Office of Mental Health. Previously, under a contract with Elgin Mental Health Center, she provided patient sensitivity training and interviewed patients concerning their opinions of services. In 1986 she co-founded Mental Health Consumers of Alaska and served as its first president. Under her leadership, the organization's first-year program was rated twelfth out of 46 community mental health programs statewide; Andrea was also responsible for obtaining the grant that funded this program. Andrea has served on the governing and advisory boards of a number of state and national organizations, and is the recipient of several awards.