# DRAFT

## RECOVERY DIALOGUE SESSIONS SUMMARY
## ALTERNATIVES 2001
## PHILADELPHIA, PENNSYLVANIA

**Facilitator: Jay Mahler**
**Reporter: Sheilah Hill**

The facilitator spoke of the purpose of the dialogue and the work that had already taken place on the Recovery Plank in Portland, Oregon, in 1999. Everyone was given a copy of this report. The participants were charged with moving the **Recovery Vision** from **theory to practice,** as a **continuation** of the effort began in Portland.

From the Portland report we reviewed:
(1) What are the **values** voted more important?
(2) What are the **principles** voted more important?
(3) What are the **personal barriers** to recovery?
(4) What are the **system barriers** to recovery?
(5) What **services are** most important to our recovery?
(6) What are the **supports** necessary for the recovery process?
Note: These are listed on the Portland Report.

**Issue: What actions should we as a group take to promote the recovery vision?**

In Portland, consensus was reached on 29 actions for promoting recovery. During the two sessions in Philadelphia, eight actions were chosen from these 29. Some of the actions were combined.

In **preparation** for work on these actions:

(1) When we speak of recovery, we not only speak of recovery from **mental illness,** but recovery from **life's experiences,** and recovery from **wrong treatment.**

(2) Question: How does one know one is recovered or in recovery?

Several answers were read from the Portland report.

Universal to recovery:

a) You have to have **hope** for the future.
b) You have to take **responsibility** for your own recovery.

**WHAT ACTIONS SHOULD WE AS A GROUP TAKE TO PROMOTE THE RECOVERY VISION?**

(From the 29 actions in Portland we condensed them to these 8 actions. Some actions were put together. Two were added in Philadelphia.)

**I.** (26 votes--formerly #10,14,15,17,29,21)

Increasing the number of consumers in the mental health workforce, especially as providers and managers. This includes having more consumer-run services. Advocating for effective offices of consumer affairs (or the equivalent). . .Working to make it safe for consumer providers to self-disclose. . .Seeking employment in managed care entities so that consumers will have a voice. . . Promoting equal payment for consumers in the mental health workforce. . . Creating and staffing "warm lines" to provide support for other consumers.

**II.** (25 votes--formerly #7)
Empowering consumers, including strength-based training, leadership training, voter registration, advocacy, teaching recovery and coping skills, working to end discrimination and increase sensitivity.

**III.** **(**20 votes—formerly #8)
Increased training and education about recovery, including learning conferences. An important type of conference is the regional conference, which allows information to be shared among states. Conferences and other types of training should be made available to: consumers, medical professional educators, administrators, legislators, employers, and criminal justice systems/forensics. An important topic of education for consumers should be self-employment/career opportunities. There should be training for case managers.

**IV.** (14 votes—formerly # 9, 25)
Form watchdog groups to monitor legislation, public policy, and public statements contradictory to the recovery vision. These watchdog groups should also monitor systemic abuses that harm individuals' recovery efforts, such as sexual, restraints, shock treatment and other forms of abuse. The watchdog groups should monitor managed care organizations, local, state, and national governments, mental health groups and providers, etc. Oppose laws permitting or expanding forced treatment.

**V.** (14 votes—added in Philadelphia)
Development of research-based measurable outcomes to identify and support recovery-based efforts.

**VI.** (13 votes—formerly #13)
Working to direct money in mental health budgets into recovery visions. This includes finding new funding sources in the private sector and coordination of resources.

**VII.** (12 votes—formerly #2,18)
Creating speakers' bureaus of consumers (including public figures) who can personally demonstrate to the public and provider groups that recovery is possible. . .Accepting responsibility and recovering so others will see that it is possible.

**VIII.** (12 votes—added in Philadelphia)
Promoting the importance of spirituality, the arts and creativity, and holistic practices in people's recovery.

**KEY QUESTIONS TO ANSWER AND IMPLEMENT OUR ACTION PLAN:**

1. Why is it important to work on this action item in order to move the public mental health system and us to a recovery vision?

2. What are the tasks that need to be completed to implement this action plan?

3. Who are the consumer/survivors, or consumer/survivor groups, who have the interest or the experience in working on this action plan who should be invited to participate in the implementation of this action plan?

4. What are the resources, including funding, allies and organizations, that should be utilized in implementing our action plan?

**NEXT STEPS**

1. Complete summary.
2. Send it out.
3. Feedback on summary
4. Create Listserv on Internet
5. Duplicate process we've done tonight on other venues