Recovery Concepts and Models in Mental Health Care Overview and Applications

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Background on the Mental Health Recovery Movement

- Emerged in the 1980's
- Inspired by the writings of mental health consumers
  - Consumers who had recovered and wrote about their experiences
  - Coping with symptoms
  - Getting better
  - Gaining an identity
- Fueled by Longitudinal Research
  - Evidence of a more positive course for the majority of people with severe mental illness

Defining Recovery

"Recovery is rediscovering meaning and purpose after a series of catastrophic events which mental illness is. It is a process, a way of life, an attitude, and a way of approaching the day's challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup and start again. . . .The need is to meet the challenge of the disability and to reestablish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work, and love in a community in which one makes a significant contribution."

Patricia Deegan is a psychologist and ex-patient who is now director of training at the National Empowerment Center in Lawrence, Massachusetts.

Defining Recovery

" Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. 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."

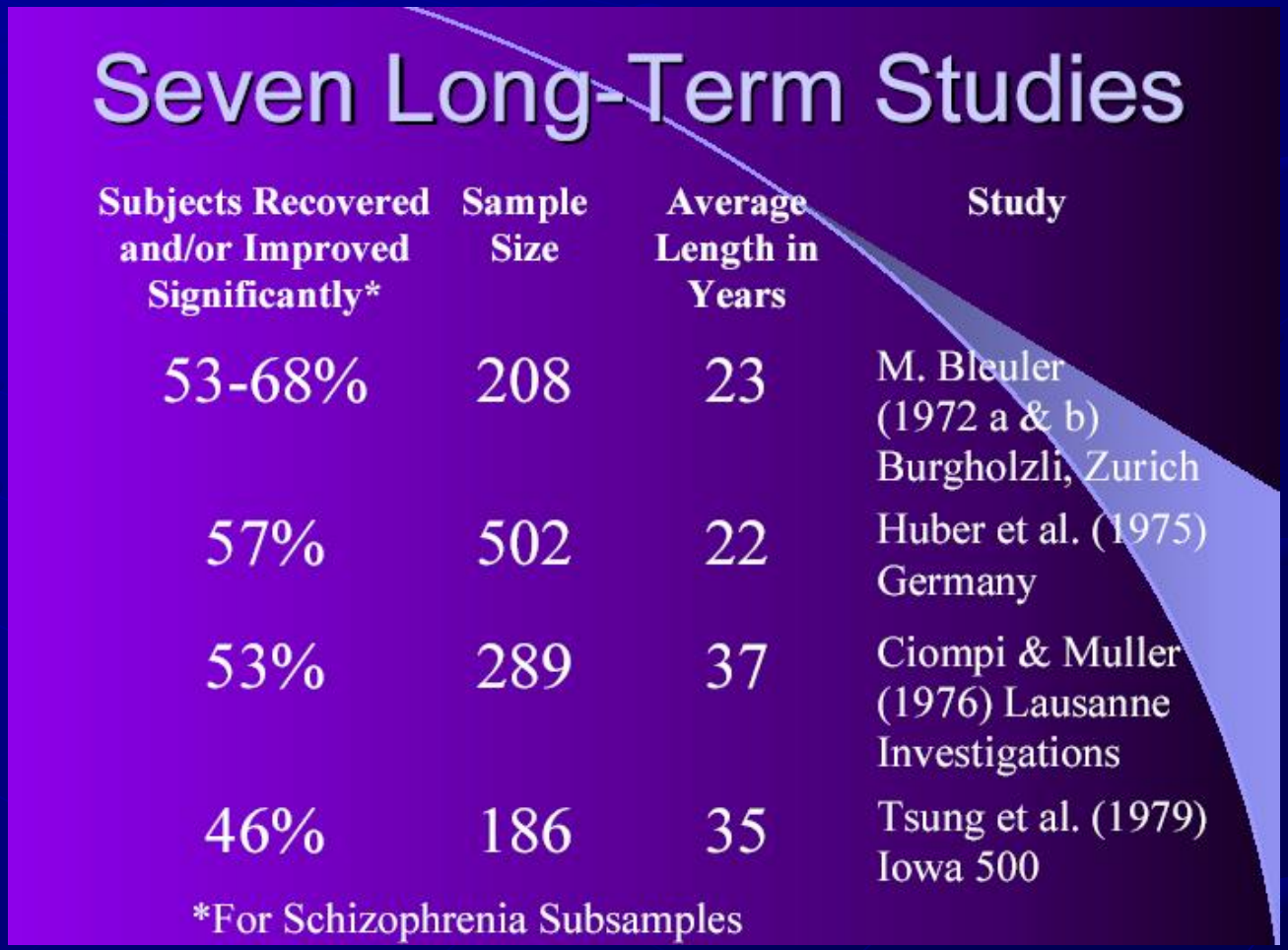
William Anthony, Director of the Boston Center for Psychiatric Rehabilitation (1993)

Defining Recovery

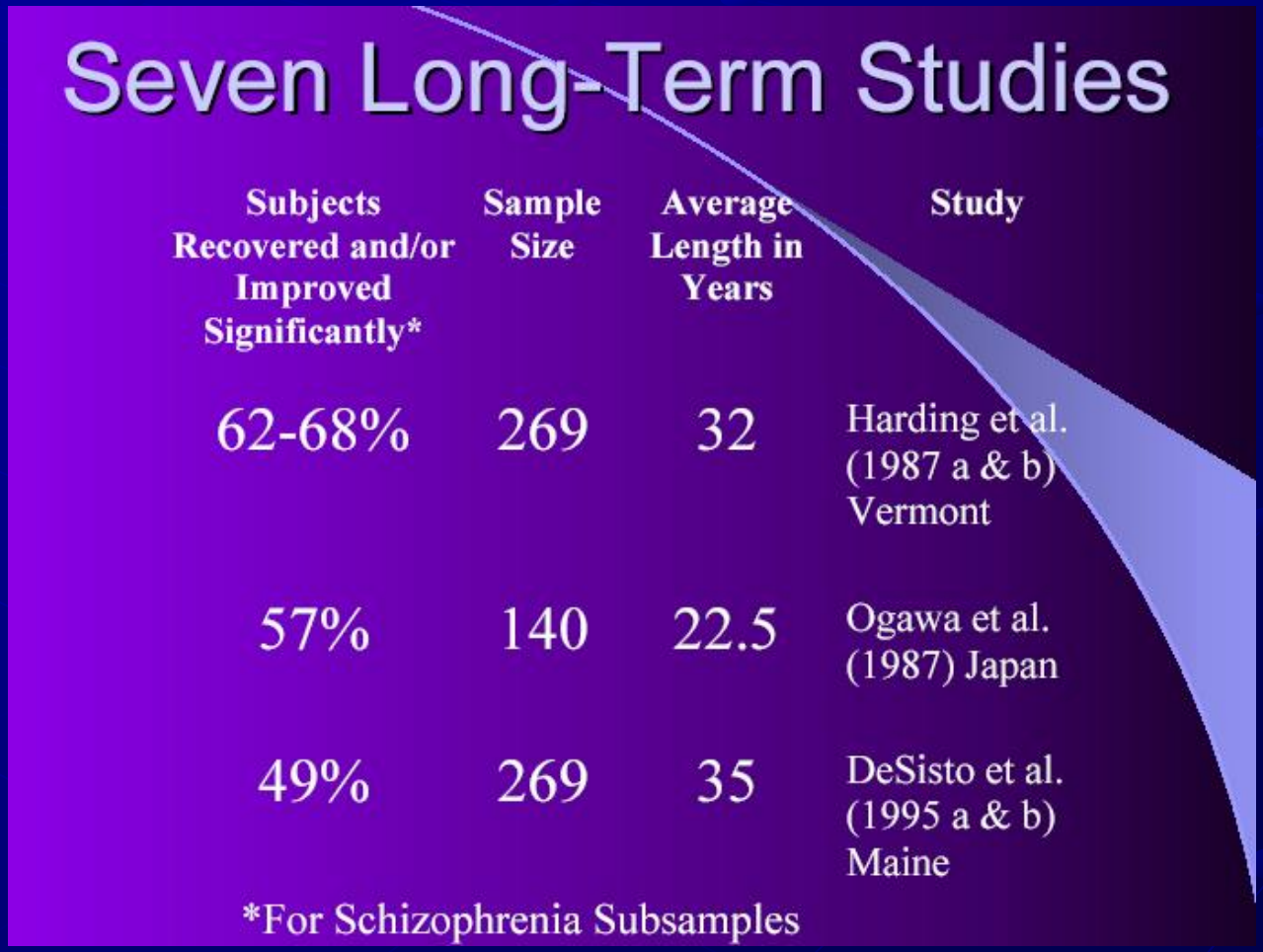
Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

Achieving the Promise: Transforming Mental Health Care in America.
The President's New Freedom Commission Report on Mental Health

Research Supporting Recovery from Serious Mental Illness



Research Supporting Recovery from Serious Mental Illness



Courtney Harding's Study of Schizophrenia

- Bottom 1/3 considered hopeless
- Degenerating course for rest of life
- Nevertheless 62% recover or significantly improve
- Definition of recovered:
  - Having a social life
  - Holding a job
  - Being symptom free
  - Not taking medication

Courtney Harding's Study of Schizophrenia

- Bottom 1/3 considered hopeless
- Degenerating course for the rest of their lives
- Nevertheless, 62% recover or significantly improve
- Dr. Harding's definition of Recovery has four criteria:

1. Having a social life indistinguishable from your neighbor
2. Holding a job for pay or volunteering
3. Being symptom free, and
4. Being off medication

Harding, C. M., Brooks, G. W., Asolaga, T. S. J. S., and Breier, A. (1987). The Vermont longitudinal study of persons with severe mental illness. *American Journal of Psychiatry, 144*, 718-726.

Research Supporting Client-Directed Care

FINDING:

- Consumer's perceptions that their needs are being met are the best predictors of positive mental health outcomes. ***Mental Health outcomes were not related to the amounts or types of services that consumers received.***

PRACTICE IMPLICATION:

- In order to improve consumers' outcomes, service providers must attend to individual consumers' perceptions of what services are needed and the extent to which consumers think that their needs are being met.

Research Supporting Client-Directed Care

FINDING:

- Consumer's perceptions of their level of service empowerment (e.g., their involvement in treatment planning and decisions about services) was the variable most highly correlated with the degree to which they felt their needs were being met.

PRACTICE IMPLICATION:

- It is critical that consumers feel a genuine sense of empowerment in their relationship with service providers.

Ohio Department of Mental Health Longitudinal Consumer Outcomes Study

Research Supporting Client-Directed Care

FINDING:

- Consumers and case managers have different perceptions of met needs. Consumer's perceptions of needs are better predictors of mental health outcomes than are case manager's predictors of needs.

PRACTICE IMPLICATIONS:

- Service providers' views often do not reflect consumers' perceptions of their needs. Providers should re-examine how or the extent to which they engage in active listening to consumers around their needs and work towards incorporating more of the consumer's perspective in treatment planning.

Components of Recovery

- Hope
- Medication/Treatment
- Empowerment
- Support
- Education/Knowledge
- Self-help
- Spirituality
- Employment/Meaningful Activity

Four Stages of Recovery

- Hope
- Empowerment
- Self-Responsibility
- A Meaningful Role in Life
- Advocates a shift from a protective focus to one of:
  - Empowerment
  - Harm reduction
  - Personal Responsibility

Four Stages of Recovery/Mark Ragins, M.D. A Road to Recovery, 2002

Empowerment: A Working Definition

- Having decision-making power
- Having access to information and resources
- Having a range of options from which to make choices
- Assertiveness
- A feeling that the individual can make a difference (being hopeful)
- Learning to think critically, unlearn conditioning, see things differently
  - Learning to redefine who we are (speaking in our own voice)
  - Learning to redefine what we can do
  - Learning to redefine our relationships to institutionalized power

Empowerment: A Working Definition

- Learning about and expressing anger
- Not feeling alone; feeling part of a group
- Understanding that people have rights
- Effecting change in one's life and one's community
- Learning skills (e.g., communication) that the individual defines as important

Empowerment: A Working Definition

- Changing others' perceptions of one's competency and capacity to act
- Coming out of the closet
- Growth and change that is never ending and self-initiated
- Increasing one's positive self-image and overcoming stigma

Judi Chamberlain. A Working Definition of Empowerment. Psychiatric Rehabilitation Journal Spring 1997. Volume 20 Number 4

Stigma: A Major Barrier to Recovery

DEFINITION

A cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illnesses.

Achieving the Promise: Transforming Mental Health Care in America.
The President's New Freedom Commission Report on Mental Health

STIGMA

- Widespread in the U.S. and other western nations
- Leads others to avoid living, socializing, working with, renting to or employing people with mental disorders especially people with severe disorders
- Leads to low self-esteem, isolation, and hopelessness
- Deters the public from seeking and wanting to pay for care
- May cause people with mental illness to become so ashamed or embarrassed that they conceal symptoms and fail to seek treatment

Achieving the Promise: Transforming Mental Health Care in America.
The President's New Freedom Commission Report on Mental Health

Promoting Resilience

Resilience means the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses — and to go on with life with a sense of mastery, competence, and hope. We now understand from research that resilience is fostered by a positive childhood and includes positive individual traits, such as optimism, good problem solving skills, and treatments. Closely-knit communities and neighborhoods are also resilient, providing supports for their members.

Achieving the Promise: Transforming Mental Health Care in America.
The President's New Freedom Commission Report on Mental Health

Important Quality of Life Domains Influencing Recovery

- Stable, safe, and decent housing
- Family and social relationships
- Employment/education/meaningful work
- Financial independence and adequate income
- Integration into one's community
- Physical and psychological health and safety
- Spiritual beliefs and religious practices
- Talents and interests - leisure activities

Janice E. Cohen. Comprehensive Quality Management Systems: Improving Outcomes for People with Psychiatric Disabilities. (2003)

Assumptions About Recovery

- Recovery can occur without professional intervention.
- A common denominator of recovery is the presence of people who believe in and stand by the person in need of recovery.
- A recovery vision is not a function of one's theory about the causes of mental illness.
- Recovery can occur even though symptoms reoccur.
- Recovery is a unique process.
- Recovery demands that a person has choices.
- Recovery from the consequences of the illness is sometimes more difficult than recovering from the illness. itself (discrimination, poverty, segregation, stigma, and iatrogenic effects of treatment).

Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990's. Psychosocial Rehabilitation Journal, 16(4), 11-23. Anthony, W. A. (2000). A Recovery-oriented service system: setting some system level standards. Psychiatric Rehabilitation Journal, 24(2), 159-168.

Ohio Department of Mental Health Recovery Process Model and Emerging Best Practices

- The Office of Consumer Services of the Ohio Department of Mental Health has developed a Recovery Process Model and Emerging Best Practices to define and enhance the quality of mental health services in Ohio.

- These were developed as a guide to help consumers increase their understanding of their roles in the recovery process and as advocates for the delivery of quality services by competent service providers.

Ohio Department of Mental Health Recovery Process Model and Emerging Best Practices

The model clarifies what consumers have discovered during their personal recovery journeys about their roles and the roles of others in the recovery process.

The model and best practices are intended to serve as educational tools for family members, significant others, mental health professionals, administrators, regulators and third-party payers.

As a basis for the development of this model and emerging best practices, R**ecovery** is defined as: "a personal process of overcoming the negative impact of a psychiatric disability despite its continued presence."

Hamilton Country Community Mental Health Board Recovery site: http://www.mhrecovery.com/best_practices.htm

Office of Recovery Services, Ohio Department of Mental Health (614-466-0236)

Principles Underlying the Development of the Recovery Process Model & Emerging Best Practices

- Principle I
- The consumer directs the recovery process; therefore, consumer input is essential throughout the process.

- Principle II
- The Mental Health System must be aware of its tendency to enable and encourage consumer dependency.

- Principle III
- Consumers are able to recover more quickly when their:
  - Hope is encouraged, enhanced and/or maintained
  - Life roles with respect to work and meaningful activities are defined
  - Spirituality is considered
  - Culture is understood
  - Educational needs as well as those of family are identified
  - Socialization needs are identified

Principles Underlying the Development of the Recovery Process Model & Emerging Best Practices

- Principle IV

  Individual differences are considered and valued across their life span.

- Principle V

  Recovery from mental illness is most effective when a holistic approach is considered.

- Principle VI

  In order to reflect current best practices, all intervention models including Medical, Psychological, Social & Recovery should be merged.

- Principle VII

  The clinicians' initial emphasis on "hope" and the ability to develop trusting relationships influences the consumer's recovery.

- Principle VIII

  Clinicians operate from a strengths/assets model.

Principles Underlying the Development of the Recovery Process Model & Emerging Best Practices

- Principle IX

  Clinicians and consumers collaboratively develop a recovery management plan.

- Principle X

  Family involvement may enhance the recovery process. The consumer defines his/her family unit.

- Principle XI

  Mental health services are most effective when delivery is within the context of the consumer's community.

- Principle XII

  Community involvement as defined by the consumer is important to the recovery process.

Essential Components For Consumer Recovery

- Clinical Care
- Peer Support & Relationships
- Family Support
- Work/Meaningful Activity
- Power & Control
- Reduction/Elimination of Stigma
- Community Involvement
- Access to Resources
- Education

Recovery Process and Goals

- Individuals who are recovering from mental illness move from a state of dependency **to interdependency.**
- Many factors influence their current stage of functioning within the recovery process.
- Consequently, movement is not linear.
- The ultimate goals for individuals in the recovery process
  - Reach optimal functioning
  - Use and/or provide support to entities outside the Mental Health System.

Three Domains of Recovery

- *Consumer Status:*
  This is the consumer's current status or status goal as identified by the consumer.

- *Clinicians' Role:*
  These are the clinicians' roles and best practices for consumers who are at this stage in recovery.

- *Community Supports' Role:*
  As with the clinician domain, these are the community supports' role and best practices for a consumer at this stage in their recovery process.

Recovery Process Model

- This **Recovery Process Model** accounts for the individual's movement and degree of awareness within and across the following four stages:
  - Dependent/Unaware
  - Dependent/Aware
  - Independent/Aware
  - Interdependent/Aware

Implementing A Recovery Approach and Practices

- The goal with this approach is for clinicians and/or consumers to engage consumers in the recovery process.

- This is a process driven by the consumer and facilitated by the clinician.

ORIENT THE CONSUMER

- This involves sharing general information about recovery with the consumer and then exposing them to the Best Practices approach and the particular activity in which you will engage.

Components for Consumer Recovery/Ohio

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

SELECTING BEST PRACTICES

- This involves four activities for the clinician and consumer to work through.

1. *Rank recovery components*

   - Review component definitions.
   - Rank order the components; both the consumer and clinician separately rank the components from 1 to 9 based on what they believe is the most important (1) and least important (9) topic for the consumer to work on at the present time.
   - The clinician and consumer discuss their lists and then choose one to three priority components for which to set goals.

SELECTING BEST PRACTICES

1. *Ranking/Selecting Recovery Components*

The Consumer selects Family Support and Clinical Care components for which to set goals.

Recovery Component:	Description of Component:
Clinical Care	Services that are provided by psychiatrists and other mental health professionals to promote and enhance the recovery process.
Family Support	Persons identified by the consumer as either family members or significant others who provide the necessary support for recovery.
Peer Support & Relationships	Friends, colleagues and other persons who provide the common understanding of issues and experiences impacting recovery.
Work/Meaningful Activity	Meaningful employment that provides both economic and psychological benefits, positively impacting the recovery process.
Power and Control	Active engagement in care and personal decisions that promote recovery.
Stigma	Stereotypes associated with mental illness that hinder and/or negatively impact the recovery process.
Community Involvement	Activities and resources provided by the community to maintain consumers' social integration and affiliation with community.
Access to Resources	Ability to make contact with various people and places; use products, services and technologies that promote recovery.
Education	Both informal and formal methods of providing information that will result in behavioral changes.

SELECTING BEST PRACTICES

2. Identify Current Status

- Using the first table on each component page, the consumer reviews the "consumer status" descriptions for their selected priority components for each of the four stages (dependent/unaware...interdependent/aware) and indicates which status best describes their current situation.
- Once the consumer identifies the status that best describes them, he/she then selects the descriptors within that status that reflect their situation for each priority component. Not all characteristics within a given status will apply to the consumer.

SELECTING BEST PRACTICES

2. *Identifying Current Status*

The Consumer identifies Independent/Aware Status.

FAMILY SUPPORT COMPONENT

MENTAL HEALTH RECOVERY PROCESS

FAMILY SUPPORT

	DEPENDENT/ UNAWARE	DEPENDENT/ AWARE	INDEPENDENT/ AWARE	INTERDEPENDENT/ AWARE
CONSUMER'S STATUS	May or may not want to include family/significant others in process; Unaware of how family relationships impact recovery process; Characterized by fear, stigma, denial.	Accepts illness & is still fairly dependent on a lot of support; Ready to seek help; Decides whether to include family/significant others in recovery process; Family/significant others' ability and willingness to support varies; May be unready or unable to accept family/ significant others support; May develop family relationship with friends and peer supporters.	Manages illness on his/her own terms; Aware that family/significant others are available to support him/her in recovery; Makes decision regarding involving family/significant others and to what extent; Identifies which family/significant others will be involved in recovery.	Makes positive, conscious decisions; Understands symptoms; Values interacting & communicating with family/significant others to improve quality of life; Uses services and participates in community with family/significant others.

3. Select Status Goal

- The consumer next decides whether his/her goal is to strengthen their current status or progress to the next stage of recovery.
- If the goal is to strengthen the current status, the consumer selects the best practices from her/his previous status. For example, if a consumer identifies their status as being dependent/aware, she/he would go the dependent/unaware to select Best Practices.
- If the goal is to progress, she/he would to Best Practices for the same status as her/his current status.

SELECTING BEST PRACTICES

3. Select Status Goal

The consumer sets the goal of progressing from Independent/Aware to Interdependent/Aware.

4. *Select Best Practices*

The Consumer reviews the Best Practices descriptors and chooses the ones they she/he would like to establish goals around.

MENTAL HEALTH RECOVERY PROCESS

FAMILY SUPPORT

	DEPENDENT/ UNAWARE	DEPENDENT/ AWARE	INDEPENDENT/ AWARE	INTERDEPENDENT/ AWARE
CONSUMER'S STATUS	May or may not want to include family/significant others in process; Unaware of how family relationships impact recovery process; Characterized by fear, stigma, denial.	Accepts illness & is still fairly dependent on a lot of support; Ready to seek help; Decides whether to include family/significant others in recovery process; Family/significant others' ability and willingness to support varies; May be unready or unable to accept family/ significant others support; May develop family relationship with friends and peer supporters.	Manages illness on his/her own terms; Aware that family/significant others are available to support him/her in recovery; Makes decision regarding involving family/significant others and to what extent; Identifies which family/significant others will be involved in recovery.	Makes positive, conscious decisions; Understands symptoms; Values interacting & communicating with family/significant others to improve quality of life; Uses services and participates in community with family/significant others.

BEST PRACTICES ROLES

- CLINICIANS
- COMMUNITY SUPPORTS

MENTAL HEALTH RECOVERY PROCESS

FAMILY SUPPORT

	DEPENDENT/ UNAWARE	DEPENDENT/ AWARE	INDEPENDENT/ AWARE	INTERDEPENDENT/ AWARE
CLINICIANS' ROLES	Assists consumer in recognizing value of family involvement; Determines from consumer who he/she wants involved (i.e. family members and significant others); Utilizes consumer's family/significant others to learn strategies that will assist in recovery process; Assists families and significant others in understanding their involvement in recovery process; Considers cultural differences and spiritual needs when working with consumer's family/ significant others.	Develops trusting relationship with consumer and his/her family/significant others; Involves family/ significant others in recovery process; Involves consumer, family/significant others in education opportunities for the purpose of establishing personal, social and work goals; Provides consumer and family/significant others with information about illness and medications.	Actively involves consumer in Recovery Management Plan; Solicits input from consumer regarding family/ significant other involvement in recovery; Recognizes family/ significant others' roles in relation to consumer's illness; Develops and uses educational programs that are "family friendly."	Solicits input from consumer and his/her family/significant others regarding the impact of their involvement in the recovery process; Advocates with consumer for family involvement; Continues to support family/ significant others' involvement with consumer in recovery process.

MENTAL HEALTH RECOVERY PROCESS

FAMILY SUPPORT

	DEPENDENT/ UNAWARE	DEPENDENT/ AWARE	INDEPENDENT/ AWARE	INTERDEPENDENT/ AWARE
COMMUNITY SUPPORTS' ROLES	Provides family-to-family training; Provides Journey of Hope training for family/significant others; Provides educational programs for family/ significant others that provide information about mental illness, medications, treatment, family problem solving, communication skills, etc.	Provides training via community support groups; Provides educational opportunities for family/significant others; Makes psychosocial rehabilitation available; Engages family and/or significant others in activities to support consumer's recovery.	Engages family/ significant others in policy and planning boards and committees for input on consumer and family issues; Continues training, education and support to family/significant others.	Involves family/ significant others in Mental Illness Week & Mental Health Month; Continues family/significant other support, training and education; Continues family/significant others on policy and planning boards, committees and groups.

Formulate the Recovery Management Plan

In short, this is the combination of all the steps above. It's the process of putting the information collected on paper and identifying timelines for each of the goals.

The following slide is an example of a completed Recovery Management Plan.

Component: Family Support
Current Status: Independent/Aware Status
Status Goal: Progress to Interdependent/Aware Status

Best Practices	Action Steps	Start Date	Completion Date
Consumer			
Asks parents and close friends to talk over problems when feeling discouraged about the future.	**Who:** Consumer & Clinician **What:** Practice skill of requesting assistance and develop list of personal cues to ask for input from family and others. **When:** Tuesday at 3:00 PM **How Long:** 1 hour **How Many:** 3 sessions **Where:** Second Harvest Social Club	4/12/01	4/30/01
Writes letters to legislators to encourage "pro-mental health consumer" votes.	**Who:** Consumer **What:** Ask consumer group to be informed of upcoming legislation. **When:** N/A **How Long:** N/A **How Many:** N/A **Where:** N/A	4/15/01	Open ended

Best Practices	Action Steps	Start Date	Completion Date
Clinician			
Re-evaluates with consumer her/his Recovery Management Plan with respect to family/significant others involvement and establishes next steps.	**Who:** Consumer & Clinician **What:** Discuss progress with asking family for assistance and identify new goal and best practices if needed. Meet with family if needed. **When:** Tuesday at 3:00 PM **How Long:** 1 hour **How Many:** 6 sessions **Where:** Clinician's Office	4/12/01	5/15/01
Community Support			
Conducts dialogues that focus on importance of establishing collaborative relationships that result in effective dissemination of educational materials focused on family involvement in the recovery process.	**Who:** Social Club President **What:** Conduct a forum on "Recovery and the Family" as part of Guest Night Program. **When:** Tuesday at 7:00 PM **How Long:** 1 hour **How Many:** 6 Sessions **Where:** Second Harvest Social Club **Who:** Bridgeway House Residence Manager **What:** Meet with consumer's family to talk about how the family can be helpful in supporting consumer's recovery. **When:** Thursday at 6:00 PM **How Long:** 1 hour **How Many:** 1 - 3 Sessions **Where:** Bridgeway House Conference Room	5/2/01 5/23/01	6/3/01 5/23/01 - 6/15/01

CASE PRESENTATION

Proposition 63 Begins: The MHSA Implementation Toolbox by Mark Ragins, M.D.

Contents:

Introduction..... Page 2

Recovery-Based System Transformation Strategies..... Page 3
a set of focused system goals

Socially Responsible Mental Health Services..... Page 4
a social and political rationale for our transformation

Implementing Proposition 63..... Page 7
a listing of mandated changes in the act and conflicts likely to occur during implementation

The Mental Health Services Planning Process ..... Page 11
a guide to making the planning process recovery-based

Recovery-Based System Planning ..... Page 14
a schema for using recovery strategies to determine need, capacity and service transformation

12 Aspects of Staff Transformation..... Page 22
a set of serious changes staff need to make personally

A Guide for Recovery-Oriented Leaders..... Page 25
a set of principles for leaders creating recovery cultures in their programs

Defining a Recovery Culture ..... Page 27
a method for integrating various recovery perspectives into recovery culture elements

A Recovery Based Program Inventory..... Page 30
a lengthy checklist inventory to assess how pervasive a recovery culture is

A Wish List of Broken Rules..... Page 38
a set of overarching system changes that could promote recovery instead of discouraging it

A Recovery-Based Program Inventory
Recovery Relationships and Leadership

- Relationships between staff and consumers are highly valued
- Staff relate to consumers as people not to their illnesses
- Barriers between staff and consumers are minimized
- Staff are treated the way we would like consumers to be treated
- Program administration reflects recovery values

Mark Ragin's Wish List of Broken Rules

- Funding must not support only clinical services
- Programming must not be limited to clinical services
- Staffing must not be limited to clinical professional staff
- Program accountability based on counting units of services documented in patient's charts must be replaced by outcomes accountability

Mark Ragin's Wish List of Broken Rules

- Risk management and liability avoidance must not rely on risk avoidance
- Multiple roles for service providers must not be forbidden
- Staff-client boundaries must not be strictly maintained
- Protecting blanket confidentiality must be replaced with protecting patient choice

Mark Ragin's Wish List of Broken Rules

- Protecting staff by restricting patients to small guarded areas must be replaced by protecting everyone together
- Separation of mental health and substance abuse services must be replaced with integration
- Rationing services by diagnosis must be replaced with rationing by disability and life impact

Stages of Recovery

- People can be divided into three groups, irrespective of their diagnosis:
  - Unengaged
  - Engaged, but poorly self-directed
  - Self-responsible

Recovery-Based System Planning, Mark Ragins

Stage 1: Unengaged

Entrance to stage:	• Identification of need for mental health services
Recovery goal:	• Trust, hope, goal setting, and planning
Common needs:	• Crisis management • Charity/"entitlements"/quality of life support services and advocacy – housing, financial, employment, education, substance abuse treatment, physical health, community integration, family strengthening • Engagement into treatment and thoughtful triage • Recovery support – acceptance, sanctuary
Present capacity:	• Hospitals, emergency services, long-term locked treatment • Police, jail • Co-located mental health workers in social service settings – welfare office, housing, Social Security, education, homeless assistance, vocational rehabilitation, courts, police teams • Primary health care settings
Present problems:	• These programs often provide crisis management without engagement or charity without engagement. It is rare to see even two of these functions integrated, although the vast majority of people need all three together. • Virtually all present capacity is short term, episodic settings. • Some people appear to be "persistently unengageable." They might be appropriate for involuntary outpatient treatment. Opponents of this coercive approach claim, rather persuasively, that if there was better engagement there might not be "persistently unengageable" people left to coerce.
Transformation recommendations:	• Integrate the three service needs into long-term community-based settings. • Create a close link between settings where people are currently seen briefly to integrated settings where they can get longer, proactive services.
MHA Village Models:	• Outreach and Engagement and Fast Track programs

Stage 2: Engaged, but poorly self-directed

Entrance to stage:	• Engagement with mental health services • Collaboration in own recovery
Recovery goal:	• Empowerment, self-responsibility
Common needs:	• Mental health treatment, often including crisis management • Quality of life support services and advocacy – housing, financial, community integration, family strengthening • Recovery support – acceptance, sanctuary, healing, self-responsibility, attaining meaningful roles in the community
Present capacity:	• "Structured" programs and environments – IMDs, board and care facilities, day treatment • ACT teams • Integrated Service programs – ISAs, AB 2034 programs
Present problems:	• Most of these people are being treated in outpatient clinics that lack the capability to intensively coordinate care, resulting in too many dropouts, erratic service utilization, frequent crisis, and poor outcomes. • Programs that rely on structure and limit choices to make it easier to coordinate services are generally ill-suited to promoting empowerment and self-responsibility. • Only the ACT teams and Integrated Service programs have substantial capability to do assertive outreach to re-engage people when they disengage.
Transformation recommendations:	• Transform structure-based cultures to recovery-based cultures. • Add ACT and integrated services capabilities to clinics so people can be triaged to the level of service they need.
MHA Village Models:	• Neighborhoods, Transition Age Youth Team

Important Issues for Inpatient Settings and Acute/Emergency/Crisis Interventions

Coercive Treatment

The use of coercive measures for treatment is not compatible with recovery principles. Therefore, providers will make every effort to minimize or eliminate the use of coercive treatments to the greatest extent possible. When they are unavoidable, they should be used with great care and circumspection.

Involuntary treatment arrangements should occur in the least restrictive environments possible to meet the needs of disabled individuals and maintained for the shortest period of time possible.

Individuals must be treated with compassion and respect during episodes of incapacitation and should be offered choices to the greatest extent possible with regard to their treatment plan. Attempts to transition to voluntary treatment status should be strongly encouraged to assure that recovery principles might be restored to treatment processes.

Important Issues for Inpatient Settings and Acute/Emergency/Crisis Interventions

Advance Directives

Encouraging and facilitating the completion and utilization of advance directives by service users is an important process in creating a recovery-oriented environment.

Advance directives provide a method to respect the wishes of consumers should they become incapacitated at some future time. Providing adequate information for consumers to make informed decisions when they are capable of doing so is a critical aspect of the process.

A) Established process for obtaining informed advance directives from consumers during periods of relatively healthy function.

B) Established process for review of advance directives during periods of relapse/incapacitation.

Important Issues for Inpatient Settings and Acute/Emergency/Crisis Interventions

Seclusion and Restraint

The use of seclusion and restraint should be used only in extreme situations where safety is threatened. When necessary, it should be kept to a minimum and should be implemented in the most humane manner possible.

The use of simultaneous seclusion and restraint should never be used, and processes to assure that these measures are discontinued as soon as possible should be developed. Debriefing for all individuals involved in the incident should be required, and effective quality monitoring and improvement processes should be in place.

Important Issues for Inpatient Settings and Acute/Emergency/Crisis Interventions

Seclusion and Restraint

Implementation of Recovery Oriented Approach

A) Development of crisis plans employing progression of interventions designed to deescalate volatile situations

B) Constraint of individuals who are presenting clear threats to their own or other's safety and welfare are guided by both individualized plans and agency policy.

C) Debriefing occurs after all incidents requiring restraint or seclusion.

D) All staff potentially able to respond to a volatile incident are trained in de-escalating techniques and alternatives to forceful.

Important Issues for Inpatient Settings and Acute/Emergency/Crisis Interventions

Implementation of Recovery Oriented Approach

A) Appointment of consumer advocacy liaisons to courts and involuntary treatment authorities

B) Development of strategies to engage and empower clients on involuntary status that are incorporated into treatment plans and agency programming

C) Demonstration of reduction in the use of coerced treatment options over defined periods

AACP Guidelines for Recovery Oriented Services **http://www.wpic.pitt.edu/aacp/finds/ROSGuidelines.pdf**

Resources and Links

Dee Roth, MA, Chief
Office of Program Evaluation and Research
Ohio Department of Mental Health
Office of Program Evaluation and Research
30 East Broad Street, Room 1170
Columbus, Ohio 43215-3430
(614) 466-8651
www.mh.state.oh.us/oper.html

Hamilton, Ohio Country Community Mental Health Board Recovery site
http://www.mhrecovery.com/best_practices.htm
Office of Recovery Services, Ohio Department of Mental Health (614-466-0236)

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The International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses http://www.isps.org/index.asp

Resources and Links

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CASRA/The California Association of Social Rehabilitation Agencies
P.O. Box 388
815 Marina Vista, Suite D
Martinez, CA 94553
Phone: (925) 229-2300 Fax: (925) 229-9088
E-mail: casra@casra.org

The Village Integrated Service Agency
456 Elm Avenue
Long Beach, CA 90802
Phone: (562) 437-6717 Fax: (562) 437-5072
http://www.village-isa.org/Overview/overview.htm
Hamilton Country Community Mental Health Board Recovery site
http://www.mhrecovery.com/best_practices.htm