

Recovery from Serious Mental Illnesses

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Four Areas for

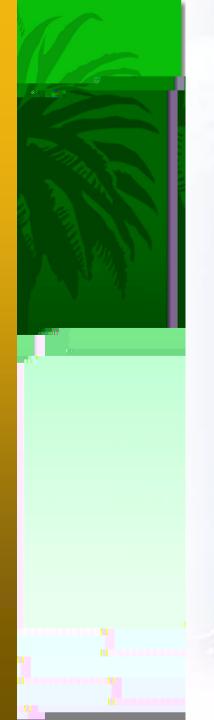


Why Recovery-Oriented Services?

- f Consumers of mental health services often feel diminished and demoralized by the very systems and programs designed to help them. (Clay, 2005; Degan, 1988)
- f 3UHVLGHQW %XVK¶V 1HZ)UHHGRP assessed our mental health system as,
 - 3 I U D J P H Q W H G D Q G L Q G L V D U U D \ (and costly disability, homelessness, school I D L O X U H V D Q G L Q F D U F H U D W L R Q

and recommended fundamentally transforming





The Nature of Suffering in Mental Illness

³, W L V Q R W V X I I H U L Q J most deeply feared but suffering that G H J U D G H V '

(Susan Sontag)

6\$0+6\$¶V:RUNLQJ'HILG of Recovery

A process of change through which individuals improve their health and wellness, live in a self-directed life and strive to reach their full potential.

Health ±2YHUFRPLQJ PDQDJLQJ RQH¶V GLVHDVH and emotionally healthy way.

Home ±A stable and safe place to live

Community ±Relationships and social networks that provide support, friendship, love and hope

Purpose ±Meaningful daily activities; job, school, volunteerism, family caretaking, creative endeavors, independence, & resources to participate in society.



\$ & R Q V X P H U ¶ V 'H I Honorable Mention

3 3 V \ F K R V R F L D O U H K D E L O L W D W L R C who before was afraid to go into a store to order an ice cream soda can now be an ice cream store P D Q D J H U ´

Martha Green, 1994



5HFRYHU\ LV 1RW «

- A cure
- An end to experiencing symptoms
- An end to struggling with the effects of mental illness
- A complete return of functioning

Though many individuals experience some or all of these improvements over time.



Recovery and Loss

- Many individuals with serious mental illness describe profound losses as being more distressing than the symptoms of mental illness.
 - ‡ We need to provide support in grieving these losses.
 - ‡ Recognize that dealing with the losses and the effects of mental illness requires great courage.





Messages that Promote Hopelessness are Common

"Why did the doctors tell me--an intelligent, gifted person--that I would never work, would never get through school, would be on medications for the rest of my life, and should



The Struggle to Survive In Community

- People with mental illness are more likely to live in poverty.
 - [‡] The unemployment rate for persons with serious mental illness in the United States is about 90%.
 - ‡ Social Security often does not cover basic living costs.

Office of the Surgeon General, 1999

People served in public mental health system die, on average, 20-25 years younger than the general population.

NASMHPD, 2006



Part Two

Evidence in Support of Recovery-Oriented Services



Consumer Perspective

- For many years, recovery has been the paradigm driving substance abuse services.
- In the field of mental health, recovery did not become part of the professional dialogue until the HDUO\ ¶V
- However, consumers of mental health services have always shared their personal stories of recovery.
- Professionals are just beginning to appreciate this reality.



Research Evidence: A Longitudinal View of Schizophrenia

- Harding and associates conducted a 32-year longitudinal study of 269 back-ward patients from Vermont State Hospital
 - ‡ At selection, subjects had an average of 6 years continuous hospitalization and 16 years of illness
- Found that ½ to 2/3 of subjects studied longer than 20 years achieved



+DUGLQJ¶V 5HFRYHU

- Having a social life indistinguishable from your neighbor ±living in community
- 2. Holding a job for pay or volunteering
- 3. Being symptom free, and
- 4. Being off medication
- ‡ Significantly improved means recovered in all above areas but one



The Vermont Longitudinal Study

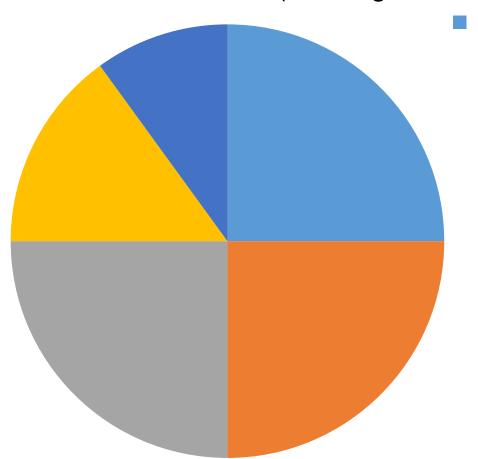
(Harding et, al. 1987a, 1987b)

At both 10 and 30 years, 75% of people with schizophrenia are in the recovered, recovering or improved category.



Long Term Course10 Years

Outcomes 10 Years Aftebischarge from Back Wards (Harding, et.al., 1987a)



Louis de la Parte Florida Mental Health Institute



Louis de la Parte Florida Mental Health Institute



DSM III and V ± Outcomes of Schizophrenia

- DSM III Outcomes of Schizophrenia
 - ‡ 37KH PRVW FRPPRQ RXWFRPH LV exacerbations with increasing deterioration EHWZHHQ H & PAY1 影 日 V ´
- Newly released DSM-9 LQFOXGHV 3VSHFLIL
 - ‡ Single Episode In Full Remission. This specifier applies when there has been a single episode in which Criterion A for Schizophrenia has been met and no clinically significant residual symptoms remain. (APA, 2014)



Implications of Longitudinal Studies

🛚 37KH FXUUHQW VWDWH RI WKH DU\



Assumptions and Reality



Part Three

: KDW¶V 'LIIHUHQW \$ Recovery-Oriented Services?



Recovery-Oriented Services Differ from Traditional Mental Health Services in Four Key Areas

- Assumptions
- Vision
- 3. Anticipated Outcomes
- 4. Roles and Responsibilities

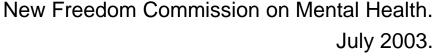


2. The Recovery Vision

The Vision of the New Freedom Commission

3: H HQYLVLRQ D IXWXUH ZKHUH mental illness will recover, a future when mental illness can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports ±essentials for living, working, learning, and participating fully in the FRPXQLW\







2. Vision of Recovery for People with Serious Mental Illnesses

- Fundamentally A Vision of Hope:
 - f Hope that disturbing symptoms can be overcome
 - f Hope to become a meaningful participant in community
 - f Hope in the possibility of a life fully



2. A Vision or Pie in the Sky?

3\$ YLVLRQ LV QRW UHIOHFWLYH RI Z achieving, but what we hope for and dream of achieving. Visionary thinking does not raise unrealistic expectations. A vision begets not false SURPLVHV EXW D SDVVLRQ IRU ZK

(Anthony, 93)



3. Recovery-Oriented Services - Anticipated Outcomes

Expands the Range of Possible Outcomes

Beyond treatment



3. Recovery-Oriented Outcomes

If the consumer is not driving the treatment process, It is NOT recovery-oriented.



4. Evolution of Roles and Responsibilities

Consumer is driver (self-directed) and works in partnership with individuals in the mental health system.

Practitioners serve as coaches, facilitators, and partners in the process of recovery



Part Four

Implementing Mental Health Services that Support Recovery



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



Evidence-based Practices that Support Recovery



Self-Assessment/Planning Tool for Implementing Recovery-Oriented Mental Health Services (SAPT)

The SAPT was developed by a team of faculty, consumers, and service providers at the 8 Q L Y H U V L W \ R I 6 R X W K) O R U L G D ¶ V + H D O W K , Q V W L W X W H) 0 + , X Q G H U Medicaid Authority, the Agency for Health Care Administration (AHCA).





SAPT Purpose:

- f Operationalize the Vision of Recovery
- f Provide a structure and process to:
 - ‡ form communities of hope and
 - support vocations of hope



SAPT Responded to Study of Recovery Services in Florida

FL Medicaid created a new coverage and limitations handbook that included rehabilitative services:

Findings:

- Period of transition: consumers and staff are defining new roles and responsibilities.
- Lack of tools needed to support this transition.
- No way to ensure that the services described in the FL Medicaid Handbook are being delivered at an acceptable level.
- Consumers often did not experience program activities as relevant to achieving life goals.





SAPT Responded to Study of Recovery Services in Florida

Findings continued:

- Consumers often experienced treatment planning as a bureaucratic rather than an interpersonal process.
- Staff perspectives on recovery principles and practices varied considerably across individuals.
- Florida has a range of disparate service activities that are recovery oriented, but there is currently no framework to coordinate these efforts.
- FL Medicaid handbook is only a first step in supporting effective implementation.



The Self



SAPT ±Three Components

1. SAPT Survey:

- ‡ Includes 50 items
- **‡** Uses a four point Likert scale.
- ‡ Survey respondents should include key administrative staff, clinical supervisors, and select clinical staff.
- ‡ Software applications allow users to develop surveys, host the survey, collect data, and produce reports in real time
 - ‡ Survey data may also be collected manually in programs such as Excel







SAPT ±Three Components

3. Linkage to Outcomes:

- SAPT Supports the achievement of outcomes described in the Recovery Oriented Systems Indicators (ROSI) measure.
- f The SAPT and ROSI may be used together to support processes for policy development, program planning, staff development, and outcome evaluation.





Treatment Domains

- 1. Validation of the Person
- 2. Person Centered Decision Making
- 3. Self Care ±Wellness
- 4. Advance Directives
- Alternatives to Coercive Treatment





Administrative Domains

- Philosophy
- 2. Continuous Quality Improvement (CQI)
- 3. Outcome Assessment
- 4. Staff Support
- Consumer and Family Support





Community Integration Domains

- 1. Access
- Basic Life Resources
- Meaningful Activities and Roles
- 4. Peer Leadership





SAPT ±Pilot Tested

Ten Florida mental health agencies participated in



SAPT Web Site

- The SAPT web site includes everything needed to implement the SAPT, as well as important background information and resources:

 - Studies that supported SAPT development
 - **‡** SAPT pilot studies
 - ‡ Links to web-based SAPT and ROSI surveys
 - ‡ A blog designed to promote partnerships among providers, consumers, and other stakeholders
- WWW.SAPTRECOVERY.ORG





SAPT Supports Communities of Hope

SAPT Purpose

- 3, W LV QRW RXU MRE WR SD\ will and who will not recover from mental illness... Rather, it is our job to form a community of hope which surrounds SHRSOH ZLWK SV\FKLDWULF
- 3, W LV RXU MRE WRthowkUWXU VSHFLDO YRFDWLRQV RI KRS

(Pat Degan, 1996)





