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NAMHPAC POLICY ON RECOVERY FROM MENTAL ILLNESS

Policy

The National Association of Mental Health Planning and Advisory Councils (NAMHPAC) supports recovery-oriented and strengths-based mental health services. For an individual to engage in the recovery process, it is important that she or he have hope that recovery is possible, have choices regarding culturally and linguistically competent community-based services and supports, have access to resources that allow for basic needs to be met such as food, clothing, housing, and work, and have a strong community network, including peer support and crisis services. Such a network can include fellow consumers and family members, friends, family and support organizations.

Background¹

In July 2003, the President's New Freedom Commission on Mental Health issued its report, [Achieving the Promise: Transforming Mental Health Care in America](#). An overarching recommendation in the report was that services and treatments for persons with psychiatric disabilities must be recovery-oriented and consumer-driven.

On December 16-17, 2004, the Center for Mental Health Services (CMHS) convened a National Consensus Conference on Mental Health Recovery and Systems Transformation. Over 110 consumers, family members, providers, researchers, advocates, State and local mental health authorities, Federal partners and others met to develop a consensus statement on mental health recovery. At the close of the conference, a definition of mental health recovery was attempted: "Mental health recovery is a journey of healing and transformation for a person with a mental health disability to be able to live a meaningful life in communities of his or her choice, while striving to achieve full human potential or personhood."

¹ An extraordinary presentation by Steven Silverstein, M.D., entitled "Recovery from Serious Mental Illness, Conceptual and Practical Issues Involved in Making the Transition to Recovery-Oriented Practice" (2005) gives the clinical as well as the conceptual underpinnings for the recovery concept.

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The resulting statement identified the ten key elements of recovery as follows:

- **Self-Direction:** Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.
- **Individualized and Person-Centered:** There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.
- **Empowerment:** Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.
- **Holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services (such as recreational services, libraries, museums, etc.), addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.
- **Non-Linear:** Recovery is not a step-by step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.
- **Strengths-Based:** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.
- **Peer Support:** Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

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- **Respect:** Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.
- **Responsibility:** Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.
- **Hope:** Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.

NAMHPAC agrees that each of these principles should be incorporated into mental health systems transformation, at both the individual and systems levels.

The concept of recovery arose from the conceptual foundations laid by the community support system and rehabilitation models of mental health treatment. Rehabilitation typically focuses on improving competencies and functioning; recovery implies a change in state of mind as well. Researchers define recovery as an extended period of remission from symptoms. Clinicians define recovery as an improvement in global functioning, focused on symptom remission, independent living, success in work or school, and success in relationships. Consumers define recovery as a process of coping, striving and creation of meaning, rather than as a particular endpoint.

A recovery-oriented mental health system is one that utilizes the services of the community support system model for treating serious mental illnesses and the psychiatric rehabilitation model for improving functional abilities to assist and support individuals in the recovery from their illnesses. Treatment, case management, and rehabilitation are provided to facilitate recovery. Developing a recovery orientation will require a change in thinking at all levels of the system. Facilitating this kind of change will require resources. A recovery-oriented system will require some new services, such as peer-support services and crisis alternatives.

Call to Action

NAMHPAC supports consumers, families and all other participants in mental health systems, including planning and advisory councils, to:

- Understand that recovery from mental illness is the goal of mental health treatment;
- Incorporate the principles of recovery-based care into the mission and day-to-day activities of state mental health departments;

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- Use and promote culturally and linguistically competent treatment options and supports that match consumers' and families' desires, goals and strengths;
- Create and fund a structure for peer support services;
- Develop crisis alternatives such as warm-lines, after-hours availability of peer counselors, and after-hours social support;
- Ensure that consumers and families have meaningful involvement in the planning, delivery and evaluation of mental health service systems;
- Distribute literature and studies on recovery to state legislators and administrative staff and advocate for recovery as a priority in public forums; and
- Advocate funding for recovery and peer-based services.