

STAR Center Summer Teleconference Series: June 30, 2009 at 5:00pm Eastern

Topic: Mental Health Recovery: What is it? What are steps to recovery? What are current approaches, challenges, and controversies in recovery? (In English)

Date: Tuesday, June 30, 2009

Time: 5:00 – 6:00 p.m. Eastern Daylight Time

This session will present some ideas, information, questions and scenarios for consideration and discussion on mental health recovery with the intention of supporting learning together, encouraging self- and community-empowerment, and affirming or discovering helpful thoughts and practices.

Provide an overview of the Ten Fundamental Components of Recovery from SAMHSA's National Consensus Statement on Mental Health Recovery

(Source: <http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129>)

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, 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.

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. Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier Nation.

Outline a few different approaches, models, and tools for mental health recovery and wellness activities

Approaches:

Extraordinary human capacities approach:

Strengths—Can offer evidence that persons can develop or expand on human abilities. Can offer hope that change, development, and even at times, dramatic change, is possible and that it happens, and the mind, brain, and body have in-built potentials for expanded functioning.

Offers tremendous hope and encourages exploration, expansion of awareness, increase in physical dexterity and performance in many areas of human endeavor.

“Integral practices,” such as yoga, martial arts, energy work, meditation, acupuncture, tai chi, etc., can be used to treat mental health challenges for approaching the person as mindbody unity, and by placing mental health/emotional/cognitive/behavioral challenges within a larger energy/systems context.

Limitations—Can avoid or neglect the importance of relationships and interdependence, and place too much focus on single individuals who achieve much beyond commonly understood odds.

For some, this approach may overstate what is possible to attain or experience.

Medical/medication/pathology/experience as mental illness approach/biomedical approach:

Strengths—*can offer significant relief of physical, emotional, and relationship distress by relatively fast acting measures: strong medications and alteration/removal of parts of the physical body—surgery.*

Can be used to help identify and deal with experiences that would, for some people, not be addressed due to shame and stigma. For example, mental illness can be seen along other conditions such as diabetes, asthma, heart disease, etc.

Limitations—*can misidentify or oversimplify the identification of the source of the distress. For example, see ACE study information.*

Can identify and label the distress in ways that could unintentionally stampede over or violate a person's belief system, or foster a sense of long-term dependency on others.

Can stampede over and discount cultural beliefs. For example, rather than the discernment of voices and working with voices, voices/messages are seen as something to suppress, rather than as content to be engaged and in conversation with to explore where they come from/what they mean.

Can significantly alter and reduce a person's cognitive functioning with over-sedation; can have very serious side-effects that may not be fully explained or understood, particularly weight gain and metabolic disturbances in the body.

*The Western medical/psychiatric model has had a history of episodes of abusive activity: inhumane institutionalization, denigration of emotions and the role of women ("hysteria" related to women, as emotional expressions that are seen as being something wrong), diagnosing the desire for slaves to be free as a pathology/disorder, diagnosing differing sexual orientations as mental illness to be treated, physical intrusion and dramatic, life/personality altering methods: lobotomy practices, disregard of multicultural as well as spiritual aspects of the human experience, and by selectively highlighting some research data and minimizing other data, having questionable conflicts of interests and close ties with researchers of company products, etc. (Source: *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill*, by Robert Whitaker).*

Trauma-informed approach:

Strengths—*Can identify past events that have a long-lasting negative impact on quality of life, working of brain mechanisms, level of ability for independence and interdependence.*

Limitations—*Doesn't necessarily factor in other experiences or influences that may mitigate the effects of detrimental earlier experiences or explain how some individuals succeed in life in spite of past events.*

This approach could be used to affix blame rather than to have more information, issues, and goals to address.

Integrated approach:

Strengths—Can offer a well-rounded approach that deals with the person as the holder, translator, and “re-organizer” of inner experience, rather than as a problem to be fixed, a symptom to be managed, or a disruption to be minimized.

Limitations—Can be used to avoid addressing serious issues in one’s life. Can foster over-dependence on services outside of one’s own body and responsibility. Can be very expensive.

Point out some controversies involved in describing and defining recovery:

Different understandings and terms for the same or shared experience are possible and likely.

Every person comes from, is shaped by, and perceives “what is” through certain lenses, values, and assumptions. Every recovery path will be unique in its own way.

Psychiatry is by comparison a latecomer to the practices of medicine by other peoples in the world, and is a creation of a profit-driven system. “Medicine” is localized to the body/brain, and neglects the mind, imagination, and relationship to the world. For example, compare “Western medicine” with American Indian “animal medicine.” Compare the finding of pharmaceutical drugs leached into natural water sources, with fish mutating unnaturally, versus using native/natural plants that are in balance with the eco-system.

Plants, bugs, and other resources are used, patented, legalized, and then limited for use by prescription, and a power divide is created over earth-materials that have been used by people for thousands of years.

The changing of one’s state of awareness is possible through means other than medication and substances. For example, breathing, exercise, diet, supplements, placing one’s self in social situations for mind-brain-social stimulation and growth.

The “placebo effect” (having the same or better results in research studies when sugar pills are used instead of actual medication) is discounted, rather than used as data for self-reorganizing processes that involve the power of beliefs and of the power of the imagination and mindbody connection/process.

Highlight the importance of multicultural competence, sensitivity, and personal awareness regarding recovery issues as well as in conceptualizing mental illness and mental health and recovery in light of other cultural worldviews and understandings

Without doing the work to “unearth” one’s own assumptions and beliefs, a person can automatically project these as being what is best for all people at all times.

For some individuals and cultures, “mental illness” makes no sense within the connection of mind to brain, brain to body, body to activity and relationships, and human life within the natural world.

Some other cultures have not seen human life and the world as something separate from each other. “Spirit,” “mind,” “body,” and earth are all related, connected, and interdependent on one

another. Mental health and wellness and ecological sensitivity and responsibility are related and connected to each other.

Models, Tools, and Resources:

ACE Study

<http://www.acestudy.org>

WRAP: Wellness Recovery Action Plan

<http://www.mentalhealthrecovery.com/>

Articles, self-help guides, and peer support resources

<http://www.mhselfhelp.org/>

<http://www.power2u.org/>

<http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/>

Curriculum, programs, and guides

http://www.nami.org/Template.cfm?section=Find_Support

Self-determination tools:

<http://www.cmhsrp.uic.edu/nrtc/>

<http://www.upennrrtc.org/resources/index.php>

Advance psychiatric/wellness directives:

<http://www.bazelon.org/issues/advancedirectives/index.htm>

http://www.nami.org/Content/ContentGroups/Legal/Advance_Directives.htm

Spirituality and recovery resources:

www.nami.org Click on "Take Action" and scroll down to Faithnet

<http://www.mentalhealth.org.uk/information/mental-health-a-z/spirituality>

Practical Tools for Self/Mind Training

Self-help auto-timer device

www.motiv-aider.com

Recommended reading:

A Practical Guide to Recovery-Oriented Practice: Tools for Transforming Mental Health Care. Authors: Larry Davidson, Michael Rowe, Janis Tondora, Maria J. O'Connell, Martha Staeheli Lawless.

Mental Health, Race and Culture. Author: Suman Fernando.

The Future of the Body: Explorations Into the Further Evolution of Human Nature. Author: Michael Murphy.

Cultural Competence in Health Education and Health Promotion. Author: Raffy R Luquis.

Empowering People with Severe Mental Illness: A Practical Guide. Author: Donald M. Linhorst.

The New Personality Self-Portrait: Why You Think, Work, Love and Act the Way You Do. Authors: John Oldham and Lois Morris.

Speaker/Presenter: Steve Kiosk is the Director of the SAMHSA-funded STAR (Support, Technical Assistance, and Resources) Center at NAMI. Steve has been on his own personal recovery journey from multiple psychiatric diagnoses and trauma, has worked in ministry as a member of a religious order and as an ordained minister/priest, has supported others as a peer in the GLBTQI community as well as a mental health practitioner, and has been a life-long student of spiritual traditions, extraordinary human capacities, and holistic wellness practices. For more information on Steve's background as well as the STAR Center, please visit www.consumerstar.org.

Financial disclosure: *Stephen Kiosk receives no financial benefit whatsoever from any company, individual, or source by mentioning the books, materials, Web sites, and tools in this document, and has no financial relationship with any source, company, or individual—nonprofit or for-profit—other than through employment at the SAMHSA/CMHS-funded NAMI STAR Center. (On occasion, Steve has sung at the Washington National Opera and has been paid for that work. Steve is a union member of the American Guild of Musical Artists.)*

The STAR Center gratefully acknowledges SAMHSA as the funding source for the STAR Center's work and activities. Please visit SAMHSA/CMHS at <http://mentalhealth.samhsa.gov/cmhs> for many helpful resources, self-help tools and guides, and links.

The views and opinions that may be presented and discussed during the teleconference will not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.
