

MENTAL HEALTH RECOVERY

has been defined in a variety of ways by various leaders in the Recovery movement:

DEEGAN: Recovery is a process, a way of life, an attitude, and a way of approaching the day's challenges. It is not a process for attempting to return to who the person was before.

ANTHONY: Recovery is a continuous, deeply personal, individual effort that leads to growth, discovery, and the change of attitudes, values, goals, and perhaps roles.

BERGESON: For most of us, simply taking a medication or combination of medications will not be enough to reach recovery. Most of us will need to be engaged in a series of wellness activities like identifying our triggers, monitoring our moods, maintaining a routine sleep pattern, reaching out to develop friendships and having fun.

NYCCP *Finding Pathways to Recovery* video: Recovery is the process of attaining a "life worth living" as defined by the person's interests, preferences and dreams, including partaking in valued and respected roles and the rights, freedoms, and responsibilities of any member of our society.

SAMHSA National Consensus Statement 2006: Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

New York CARE COORDINATION PROGRAM

Creating a person-centered, recovery-focused system of care

GUIDING PRINCIPLES FOR RECOVERY-ORIENTED SERVICES

AS DEVELOPED BY
THE NYCCP PEER AND FAMILY
ADVISORY GROUP
AND ENDORSED BY THE
NYCCP STEERING COMMITTEE
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RECOVERY-ORIENTED SERVICES

THE GOAL IS RECOVERY, NOT JUST STABILIZATION AND MAINTENANCE.

Mental Health Recovery is more than the elimination of symptoms or problems associated with mental illness. Each individual's journey toward recovery is unique, but common factors include the need for hope, emotional healing, and the ability to regain control over life decisions.

For many, healing has been enhanced through trusting and caring relationships with mental health care providers and the support of family, friends, and peers (who have been through similar experiences and survived). These relationships are strengthened when people feel respected for their gifts, talents, and cultural values, including their spiritual/religious beliefs. While it is necessary to address specific symptoms or problems associated with mental illness, people find it most helpful when the focus of the relationship remains on their *abilities* rather than their *disabilities*.

HOPE IS NECESSARY AND RECOVERY IS POSSIBLE FOR EVERYONE.

People can and do get better. Those who have gotten better often talk about those who did not give up on them or abandon them while they were in the heights of a crisis or depths of despair. They may have been family members, friends, peers, mental health providers, co-workers, spiritual advisors, or others in the community.

It is essential for all mental health providers, including peers, to believe that recovery is possible *for every person with a mental illness*. Hope is needed to get better. Those who use person-centered practices have helped many people to discover (or remember) their own unique journey of recovery.

**EVERY INDIVIDUAL IS UNIQUE;
EVERY RECOVERY DIFFERENT.**

Recovery is personal. It is a self-paced process of self-discovery and healing. For many, it is not linear or predictable. Most people in recovery go through periods of trial and error to learn what works and what doesn't. Medication may or may not be involved. Initial goals may or may not be met. If a relapse occurs, it is not a failed recovery. It is another step in the journey, giving light to other paths the individual may not have thought of taking.

Because recovery is different for every person, every plan for recovery is different. Organizations that offer recovery-oriented, person-centered services base those services on the needs and priorities of the individual, not the needs or priorities of the system.

ACCESS TO QUALITY AND INTEGRATED SERVICES

PEOPLE HAVE PROMPT ACCESS TO COMPASSIONATE CARE AND SERVICES.

There is little disagreement that the current mental health care system requires transformation. Mental health providers strive to provide compassionate care and services. However, there are many issues that can limit or prevent people from accessing services. Because the issues are complex, they require commitment and involvement from people throughout the system (including those receiving services and their families) to change.

The ideal compassionate care and services would include: adequate staff (including peers) to deliver person-centered services (such as, active listening to individuals, communicating hope of recovery, provider-to-provider communication); timely access to needed services (such as, extra appointments, home visits, peer sup-

ports, a reconnection to services); insurance coverage of second opinions and holistic options; access to a provider's credentials and practice history; individuals access and comment on their treatment records; easy transitions between levels of service; follow up when people miss appointments; clean, attractive environments; transportation and affordable parking; specialized services for children, families, and the elderly; and cultural competency for everyone.

Organizations that offer recovery-oriented, person-centered services look for innovative ways to respond to suggestions from consumers and their families that continuously improve access to compassionate care and services.

**THE SYSTEM IS FLEXIBLE,
WHEREVER POSSIBLE,
TO SUPPORT THE PERSON'S RECOVERY.**

Because each person's recovery is unique, a transformed system needs to be flexible and responsive to the needs of everyone. Flexible funding is one way for services not traditionally covered under Medicaid to be covered when beneficial to recovery. Navigation and coordination of care across different organizations and health care systems is also important. Those in recovery--and their families--have unique insights on how to make the system as a whole better meet the needs of those who are on a similar journey of recovery. Organizations involved in ongoing quality improvement and system transformation efforts consult with consumers and families on ways to make the system more flexible and responsive.



INDIVIDUALIZED SERVICES

EVERY PLAN FOR RECOVERY IS CENTERED ON THE PERSON'S GOALS, STRENGTHS, AND PREFERENCES -- NOT THE AVAILABILITY OF A PARTICULAR PROGRAM OR SERVICE.

“How do you expect me to drive when most of the time I'm not even in the car?”
-- Consumer comment about planning for recovery while being excluded from planning meetings.

When an individual can make plans based on dreams, goals, and hopes, particularly those that may have been long buried or lost due to illness, the individual can make real progress toward getting better. When a person is allowed to “drive” the plan, so it happens at his or her own pace and is based on his or her own priorities, gifts, strengths, and talents, the person is more motivated and better able to achieve his or her recovery goals.

**NATURAL SUPPORTS,
OUTSIDE THE MENTAL HEALTH SYSTEM,
ARE EXPLORED AND ENCOURAGED.**

Person-centered planning is an inclusive process. It always includes the person or a designated advocate (*honoring the motto: nothing about me without me*) and those the person chooses to help support his or her recovery. Naming a health care proxy and creating a crisis plan, Wellness Recovery Action Plan (WRAP), or advance directive is part of the recovery planning process.

Through person-centered practices, organizations can help people who are receiving services to locate and work with natural supports and community resources, including libraries, schools, and self-help programs such as drop-in centers, warm lines, and community peer support groups.

FAMILY SUPPORT IS VALUED AND INCLUDED, WHEN APPROPRIATE.

Family members, friends, peers, co-workers, and spiritual leaders or advisors may have a role to play in an individual's recovery. While there may be circumstances that make family involvement inappropriate, organizations that offer recovery-oriented, person-centered practices train and encourage staff to respectfully listen to and consider the family's perspective in an individual's overall care.

**PARTNERSHIP IN
HEALTH CARE AND RECOVERY**

**THERE IS A PARTNERSHIP
BETWEEN INDIVIDUALS AND THEIR
TREATMENT TEAM, CARE COORDINATORS,
SERVICE PROVIDERS, AND THEIR PEERS AND
FAMILY MEMBERS, WHEN APPROPRIATE.**

A recovery team approach that involves providers and family or other supporters can help people to explore new ideas, discuss options, and take a more active role in their recovery. People can be encouraged to take greater personal responsibility and guided to make connections that lead to greater independence through meaningful employment, education, or other types of community activities as identified in the individual's recovery plan.

**INDIVIDUALS ARE EDUCATED TO MAKE
INFORMED CHOICES ABOUT THEIR
HEALTH CARE AND RECOVERY.**

Everybody deserves a chance to choose, including the ability to choose services and care providers. Whether working with a team or one-on-one, people need to be educated about different options for care and given real choices. If there is a question about health care literacy (ability to understand options), the individual should be asked to choose a trusted health care proxy or

advocate to help in the decision-making process. Peer advocates, peer counselors, or peer specialists can be engaged in the process if the individual feels it would be helpful. Unless issues of safety are involved, the individual should remain in control of his or her choices. Because those choices are valued, the individual feels empowered, respected, and validated throughout the recovery planning process.

**PEERS (PEOPLE IN RECOVERY)
ARE INCLUDED AND INVOLVED
AT ALL LEVELS IN THE ORGANIZATION.**

When there is peer inclusion (people who have experience as recipients of mental health care) and involvement at all levels of an agency, the voice of the consumer can be a powerful force for change. When peers are included in training and education of staff, it creates a greater awareness of how to ensure that services and programs are focused on meeting an individual's needs. Transforming the mental health care system requires creativity, passion, and dedication. Based on past “lived” experience, most peers have insight into the things that need to change and a real willingness to do what it takes to make it happen.

**EVERYONE IS TREATED
WITH DIGNITY AND RESPECT;
DIFFERENCES IN CULTURE, BELIEF,
OR LANGUAGE ARE VALUED.**

Cultural proficiency is when every person in an organization values, honors, and holds in high esteem the diversity of culture, belief, language, and view point of every other person in the organization. Organizations that offer recovery-oriented, person-centered services are held to a high standard of cultural proficiency. Those who are receiving services are treated as whole people, and not a disease or an object to be “fixed.” They are never minimized or minimized. Instead, they are respected as worthy individuals. Their differences in culture, belief, language, and point of view are valued and embraced.