A PSYCHIATRIST'S PERSPECTIVE ON THE RECOVERY MODEL

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The Recovery Model

"A way of living a satisfying, hopeful and contributing life even with the limitations caused by mental illness." William A. Anthony, 1993

"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."

Components include: self-direction, empowerment, strengths-based, peer support, responsibility, hope.

SAMHSA (US Substance Abuse and Mental Health Services Admin.) 2011

Basic Principle: Respect for the Individual

- Personal, Professional, Political
- Spiritual: Purpose in life
- Development of a psychiatrist:
  - Medical training
  - Hospital work, medication
  - Psychotherapy
  - Experience

Traditions of Medical Practice

- The patient comes first: Hippocrates
- “To cure sometimes, to relieve often, to comfort always”
- Evidence-based practice
  - Scientific knowledge
  - Research on treatment outcomes

Biopsychosocial: I. Biological

Medication needed?

Symptoms: agitation, suicidal, psychotic, no energy…

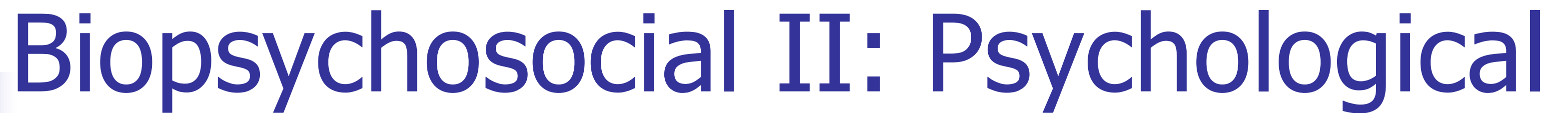
Partnership: Effects vs. side effects

What works? Effectiveness

FDA approval; Cochrane (international)

Physical Health and Wellness

- Wellness: exercise, nutrition etc.
- Alcohol and drug abuse
- Smoking: biggest killer; nicotine addiction
- Weight: medication, inactivity
- Medical and dental care



Biopsychosocial II: Psychological

- Psychotherapies: Changes towards a recovery model
  - Relationship most important: trust, respect, empathy
  - Briefer, effective therapies:

    --CBT (cognitive behavioral)

    --DBT (dialectical behavioral)

    --Solution-Focused: emphasize the good

Psychological , cont.

--Motivational enhancement therapy:

For people in denial, addictions etc.

--Group models, family involvement

--New focus on trauma, addictions

VALIDATION + SKILLS TRAINING

common therapeutic elements

Biopsychosocial III: Social

- Community Psychiatry
- A place in the community:
  - Family: Support, psychoeducation
  - Housing: Transitional to permanent supportive housing; Section 8, lease
  - Natural supports: Church, school, team
  - Peer support

Social, continued

Peer support:

- DBSA, 12-step (AA, NA etc.), NAMI, etc.
- Consumer/providers: Mental Health Assn. training, Rutgers, CSP etc.
- Self-Help Centers (33 in NJ), programs
- Clubhouse: Fountain House model

Vocational Services

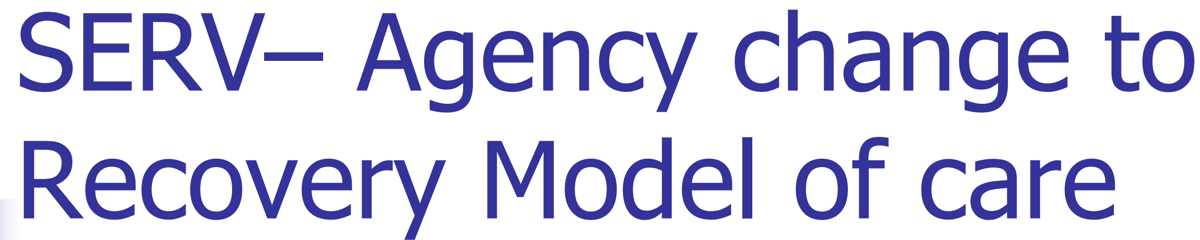
- Pre-vocational: mobilization, job clubs, training, education, day program
- Volunteer work: develop competency, self-esteem
- Supported (supportive) employment:
  "choose, get, keep" with staff support

"Competitive employment" goal

Personal Recovery Plans

- Autonomy, choices
- WRAP: Wellness and Recovery Action Plan (Mary Ellen Copeland)
- "Personal Medicine" (Patricia Deegan):

  --what helps me feel better; preparing for doctor visits
- Advance Directives: register with state



SERV– Agency change to Recovery Model of care

2005-7; 627 residents, 490 staff

- Involve consumers in decisions and planning; document in service plan
- Identify personal goals and preferences
- Use WRAP, Illness Mgt and Recovery (IMR)
- Change from safety to growth focus
- Change staff attitudes: “compliance” to collaboration

SERV Study Results

- Hospital days reduced by 40%
- Increase in measures of functioning, working alliance, staff optimism
- More choices, community activities

Malinovsky, I., Lehrer, P. et al. Psychological Services online first July 1, 2013, doi: 10.1037/a0032747

Codey Mental Health Task Force

- 2004-5; 11 members, many others
- Providers and consumers involved
- Goal: examine and change the NJ mental health system
- Major changes: increased funds for community services, housing, evidence-based practices, self-help centers

Advocacy for the Future

- Ongoing need: to influence legislation and the allocation of resources, funding and direction of programs
- Advocacy groups: DBSA, Mental Health Association, NAMI (National Alliance on Mental Illness); Provider groups NJAMHA, NJ Psychiatric Association, etc.

Conclusions

- Many exciting developments in psychiatry are going on now: Biological, psychological and social.
- The movement towards recovery and empowerment reflects our deepest values. It requires ongoing work, learning and active involvement.
- This is therapeutic for all of us!