



Recovery from Serious Mental Illnesses

Florida Criminal Justice, Mental Health, and
Substance Abuse Technical Assistance Center
Tele-conference Presentation
Tampa, FL

September 29, 2015

James Winarski, M.S.W.

Four Areas for Presentation/Discussion

Section One: Understanding the Concept:
Recovery from Serious Mental Illness

Section Two: Evidence in Support of Recovery-
Oriented Services

Section Three: What's Different About
Recovery-Oriented Services?

Section Four: Implementing Mental Health Services
that Support Recovery: SAPT Recovery
Implementation Tool

Louis de la Parte
Florida Mental
Health Institute



Why Recovery-Oriented Services?

- Consumers of mental health services often feel diminished and demoralized by the very systems and programs designed to help them. (Clay, 2005; Degan, 1988)
- President Bush's New Freedom Commission assessed our mental health system as,
“fragmented and in disarray leading to unnecessary and costly disability, homelessness, school failures and incarceration”
and recommended fundamentally transforming service delivery based on a vision of recovery.
(New Freedom Commission on Mental Health, 2003)



Part One

Understanding the Concept: Recovery from Serious Mental Illness

Louis de la Parte
Florida Mental
Health Institute





The Nature of Suffering in Mental Illness

“It is not suffering as such that is most deeply feared but suffering that degrades”

(Susan Sontag)

SAMHSA's Working Definition 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** – Overcoming (managing) one's disease as well as living in a physically 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.

•(SAMHSA, 2011)

A Consumer's Definition: Honorable Mention

- “Psychosocial rehabilitation means that a person who before was afraid to go into a store to order an ice cream soda can now be an ice cream store manager.”

Martha Green , 1994

Recovery is Not...

- 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.

Common Losses Include:

- Jobs
- Relationships
- Rights
- Valued Roles
- Responsibility
- Home
- Possessions
- Security
- Potential
- Means for Livelihood

The Struggle to Survive Mental Health Services

- Many people who experience mental health treatment refer to themselves as survivors.
 - ◆ Surviving not only the effects of mental illnesses but the very system designed to help them.

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 stay on social security disability indefinitely? I tend to excel at whatever I do, but I was told I'd never do anything beyond a social security check."

Mike Hlebechuk from Mind Freedom

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

Recovery Supports A Hopeful Outlook

- Hope that disturbing symptoms can be overcome.
- Hope to become a meaningful participant in community.
- Hope in the possibility of a life fully lived.

Recovery-Oriented Services Focus on the Person First

- Mental illnesses and the symptoms associated with them pose challenges to the person but do not define the person.
- Hope for improvement comes from the inherent capacity in all human beings to heal and grow.
- All mental health services should begin with this assumption.

Part Two

Evidence in Support of Recovery-Oriented Services

Louis de la Parte
Florida Mental
Health Institute



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 early 1990's.
- 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 $\frac{1}{2}$ to $\frac{2}{3}$ of subjects studied longer than 20 years achieved recovery/significant improvement.
- Symptom configurations in “chronic” schizophrenia change over time.

(Harding, 2004, 1994, 1987)

Harding's Recovery Criteria

1. 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)

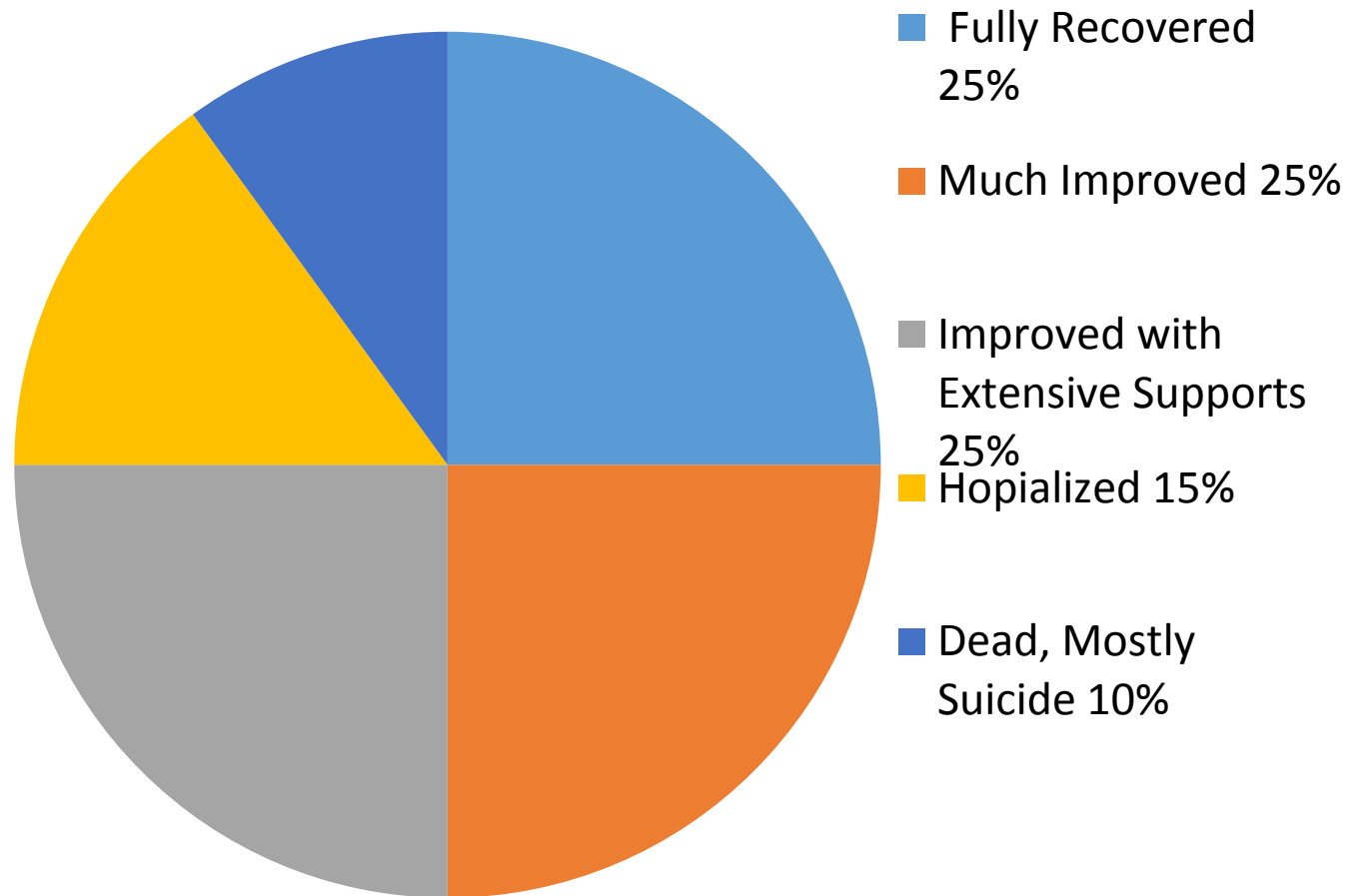
- At both 10 and 30 years, 75% of people with schizophrenia are in the recovered, recovering or improved category.

Louis de la Parte
Florida Mental
Health Institute



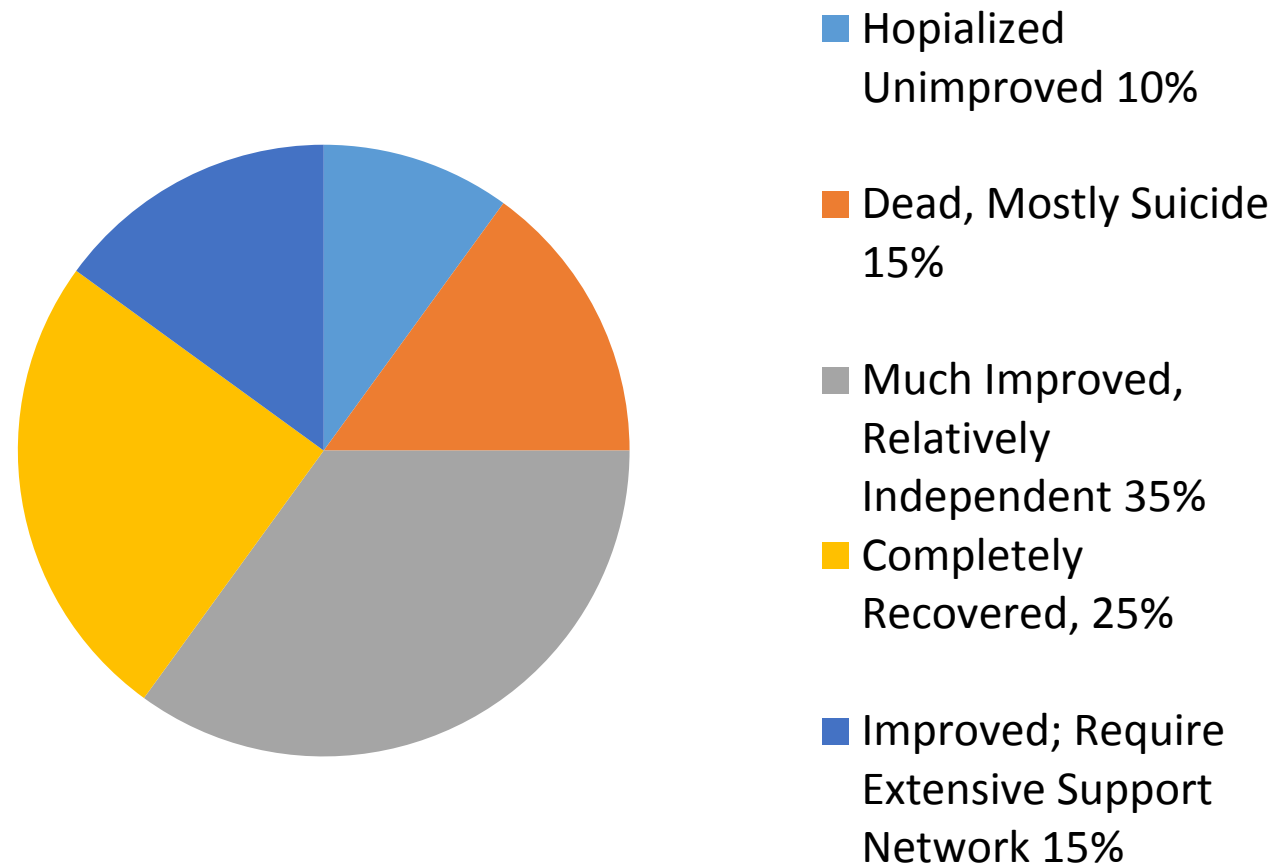
Long Term Course – 10 Years

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



Long Term Course – 30 Years

Outcomes 30 Years after Discharge from Back Wards (Harding, et.al., 1987a)



DSM III and V – Outcomes of Schizophrenia

- DSM III Outcomes of Schizophrenia
 - ◆ “The most common outcome is one of acute exacerbations with increasing deterioration between episodes.” (APA, 1980)
- Newly released DSM-V includes “specifiers”:
 - ◆ 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

- “The current state of the art is such that clinicians are unable to predict who will remain truly chronic and who does not have to remain at that level. Therefore programs must operate “as if” improvements will happen for anyone in order to maximize the number of turnarounds toward higher functioning.”

(Harding, 1987)

Assumptions and Reality

“The reasons organizations fail is because the assumptions around which they were originally based no longer reflect reality.”

Peter Drucker.

Treatment systems are mostly set up for either acute or chronic illnesses, and not prolonged conditions that remit/improve.

Part Three

What's Different About Recovery-Oriented Services?

Louis de la Parte
Florida Mental
Health Institute



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

1. Assumptions
2. Vision
3. Anticipated Outcomes
4. Roles and Responsibilities

1. Assumptions About the Nature and Course of Mental Illnesses

- People with even severe mental illnesses improve/recover over time.
- Most people with mental illnesses, regardless of experience with symptoms, can live successfully in community.
- People with mental illnesses are people first.

2. The Recovery Vision

The Vision of the New Freedom Commission

“We envision a future where everyone with a 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 community.”

2. Vision of Recovery for People with Serious Mental Illnesses

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

(Winarski, J., Thomas, G., DeLuca, N. 2007)



2. A Vision or Pie in the Sky?

“A vision is not reflective of what we are currently achieving, but what we hope for and dream of achieving. Visionary thinking does not raise unrealistic expectations. A vision begets not false promises, but a passion for what we are doing.”

(Anthony, 93)

3. Recovery-Oriented Services - Anticipated Outcomes

Expands the Range of Possible Outcomes

- Beyond treatment compliance; Beyond units of services; Beyond symptom management.
- To emphasis on:
 - ◆ Community Integration
 - ◆ Quality of Life
 - Recovery-oriented outcomes also focus on the person's goals, self-determination, empowerment, and choice.

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

Louis de la Parte
Florida Mental
Health Institute



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

1. Medication management
2. Assertive Community Treatment (ACT)
3. Supported Employment
4. Permanent Supportive Housing
5. Illness Management and Recovery (IMR)
6. Family Psychoeducation
7. Integrated Treatment for Dual Disorders
8. Consumer Operated Services

(See SAMHSA web site)

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 University of South Florida's Florida Mental Health Institute (FMHI) under contract to Florida's Medicaid Authority, the Agency for Health Care Administration (AHCA).



SAPT Purpose:

- Operationalize the Vision of Recovery
- 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.

(Winarski, J., Thomas, G., Dhont, K., & Ort, R. 2006)

(Winarski, J., Thomas, G., DeLuca, N. 2007)



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.

(Winarski, J., Thomas, G., Dhont, K., & Ort, R. 2006)

(Winarski, J., Thomas, G., DeLuca, N. 2007).



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

Three Components:

1. SAPT Survey
2. SAPT Planning and Implementation Guide
3. Linkage to Consumer Outcomes

(Winarski, J., Dow, M., Hendry, P., Robinson, P., and Peters, R. 2009)



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

2. SAPT Planning and Implementation Guide:

- ◆ ***Description:*** Provides a clear definition of the domain and explains why it is important for implementing recovery-oriented services.
- ◆ ***Essential Characteristics:*** Provides a brief summary of the most important service components, including a description of activities needed for capable implementation.



SAPT – Three Components

2. SAPT Planning and Implementation Guide:

- ◆ **Barriers:** Describes some of the most common barriers for each domain that mental health agencies encounter in implementing services.
- ◆ **Remedies:** Suggests strategies for overcoming barriers to effective implementation.
- ◆ **Resources:** Provides reference to key resources, such as articles, manuals, and web sites that can assist agencies with program planning and service implementation.



SAPT – Three Components

3. Linkage to Outcomes:

- SAPT Supports the achievement of outcomes described in the Recovery Oriented Systems Indicators (ROSI) measure.
- 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
5. Alternatives to Coercive Treatment



Administrative Domains

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



Community Integration Domains

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



SAPT – Pilot Tested

- Ten Florida mental health agencies participated in a two-phased pilot study.
 - Phase 1 conducted an item analysis as part of a process of revising the survey and collected feedback on the SAPT's efficacy as a planning/implementation tool.
 - Test a web-based method for data collection.
(Winarski, J., Dow, M., Hendry, P., Robinson, P., and Peters, R.. 2009)
 - Phase 2 examined the relationship between the SAPT and ROSI:
 - *The study found agencies with a high SAPT score tend to have a high ROSI score.*

(Winarski, J., Dow, M., 2010)



SAPT Web Site

- The SAPT web site includes everything needed to implement the SAPT, as well as important background information and resources:
 - SAPT Survey – Planning/Implementation Guide
 - 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

- “It is not our job to pass judgment on who will and who will not recover from mental illness... Rather, it is our job to form a *community of hope* which surrounds people with psychiatric disabilities.”
- “It is our job to nurture our staff in *their special vocations of hope.*”

(Pat Degan, 1996)





Discussion

Recovery from Serious Mental illnesses

Contact

James Winarski, M.S.W.
University of South Florida College of Behavioral &
Community Sciences
Dept. of Mental Health Law & Policy,
Louis De La Parte Florida Mental Health Institute
13301 Bruce B. Downs Blvd.
Tampa, FL 33612-3807

(813) 974-6490
FAX (813) 974-9327

jwinarski@fmhi.usf.edu