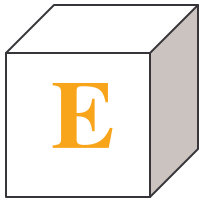
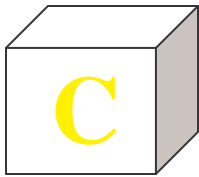


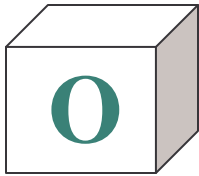
Regain your health & hope for the future



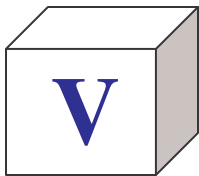
Explore opportunities available to you & identify your strengths



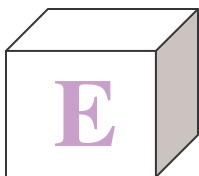
Create a crisis plan for how you want to be treated



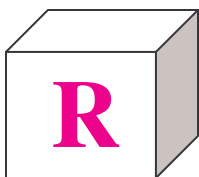
Obtain helpful information and support from others with similar challenges



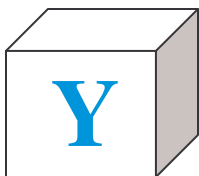
Voice your concerns and feel heard and respected by staff



Empower yourself to have more control and choice in your life

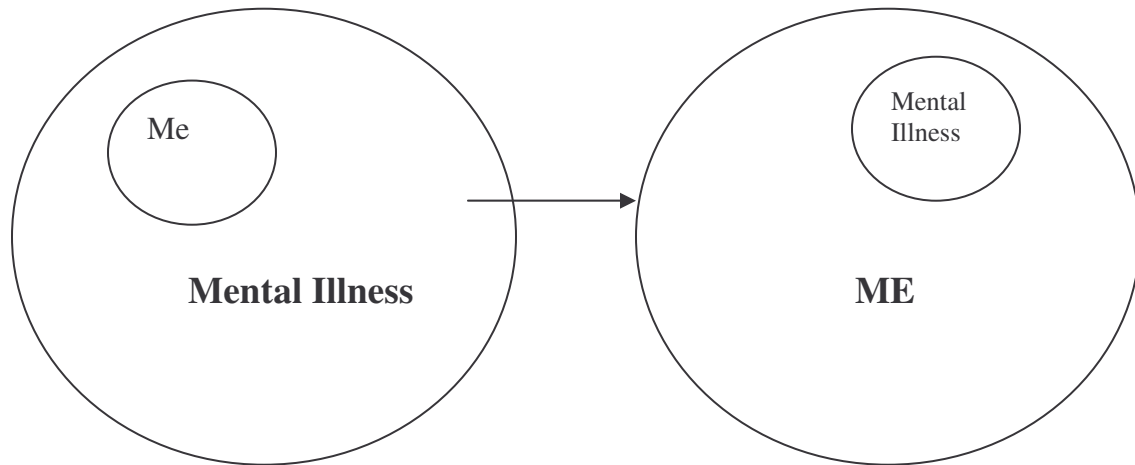


Review all treatment options available to you & set your goals for wellness



Your family and significant others are provided with information to help you

The Recovery Journey



Sometimes a person can feel very small in comparison to their illness (the circle on the left.) The illness holds them captive and they feel swallowed up by it. Recovery involves moving from the mental illness being the most important part of one's life to being a person who simply has a mental illness (the circle on the right.)

The mental illness is only one part of life and the personhood of "me". The recovery process generally includes learning ways to manage the illness, but also involves learning attitudes and skills about living, learning, working, having meaningful relationships, a place in the community and connection to the world. We might define this as having a "spiritual" center.

*Adapted from Laurie Curtis' description of the Recovery Journey

Review questions

1. How do you picture a person with a mental illness?
2. How do you see yourself?
3. Do you refer to people as "schizophrenics" or people who have schizophrenia?

Culture Shift From Pathology to Recovery

Medical Model	Recovery Orientation
<p>Established beliefs</p> <p>Low expectations Will never be able to function Will not recover Needs to be stabilized and cared for Has something wrong with them that someone else needs to fix Do not understand their own needs Once a consumer always a consumer Emphasis is on illness and pathology</p>	<p>Emerging Beliefs</p> <p>Hopeful with high expectations Can make positive contribution to society Can learn ways to cope with symptoms Can use experience of mental illness as a source of knowledge Today a consumer, tomorrow a colleague Emphasis is on the whole person</p>
<p>Established Practices</p> <p>Harsh restraint methods Sheltered Workshops Long term hospitalization Massive doses of medication Staff directed treatments Authoritarian Interventions Services focus on pathology and limits</p>	<p>Emerging Practices</p> <p>Consumer and family education Consumer run initiative Community based care Medications to suit the individual Consumer participation in treatment Self help groups Supported employment Educational Interventions Services focus on strengths and resources</p>
<p>Established Tasks</p> <p>One size fits most treatment approach Stability and maintenance are goals No clearly defined exit from services Consumers live, work, and socialize in treatment settings</p>	<p>Emerging Tasks</p> <p>Identify personal recovery tools Wide range of programs and non-program options Recovery, a full life, is the goal Clear, attainable exits. Graduates return and share, become workers Emphasis on opportunities for community linkages and building a life outside mental health treatment.</p>

<p>Established Responsibility of provider Professionals are experts Provide appropriate care, based on staff wisdom and input</p>	<p>Emerging Responsibility of provider Professionals are consultants Provide an environment that is conducive to recovery, based on consumer wisdom and input</p>
<p>Established Responsibility of Consumer Consumers are patients Compliance is valued People are protected from trial and error learning Staff decided what was helpful</p>	<p>Emerging Responsibility of consumer Consumers are collaborators/partners Self –determination, critical thinking, and independence /interdependence are valued People take risks and have the right to fail Self advocacy – dialogue with the system about what is and is not helpful Take responsibility for one’s own recovery</p>
<p>Environmental Indicators People are referred to by diagnosis Restrooms are segregated by staff and customers Waiting rooms feel unfriendly Customers are ignored by other staff</p>	<p>Environmental Indicators People are individuals with an illness Restrooms are not segregated by staff and customers Waiting rooms are welcoming Staff (including non clinical staff) are friendly and welcoming Staff does not have side conversations in front of customers</p>

Adapted from: *Mining giftedness: A Challenge for Psychologists* by R.R. Hunter and D.T. Marsh, in *New Directions in Psychological Treatment of Serious Mental Illness; Mental Health Recovery* by L. Ashcroft, E. Johnson, M Zeeb; *META Peer Employment Workbook*, META Services, Phoenix, AZ, and *Recovery in Action*, OMHSAS.

Review Question

1. List three ways that you can implement recovery orientation in your work/life.

Recovery Values and Ethics

- There is no room for big egos or “power trips,” bigotry, prejudice or hatred. Everyone belongs at the table, no matter what their issues or where they are on their path. There are no predetermined outcomes. Each individual works at their own pace toward their own goals.
- Regardless of the severity of their symptoms everyone has the capacity to learn and grow.
- The body of knowledge related to the vision of recovery is always expanding and is infinite.
- Recovery is not based on any singular philosophy or model and involves not only just a program, but it is about developing a quality of life in spite of illness.
- This is a shared journey.
- In this work, people learn through their own experiences and the experience of others.

Review question

1. How do your values and ethics compare to the listed Recovery values and ethics?

Defining Terms

Pennsylvania Definition of Recovery

Recovery is a self determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that promote people reaching their full potential as individuals and community members. (Developed by the Pennsylvania Recovery Workgroup in 2005 and endorsed by the Office of Mental Health and Substance Abuse Services.)

Recovery Oriented Care refers to what psychiatric treatment, rehabilitation and community support practitioners offer in support of a person's recovery (Larry Davidson, Yale University, Program on Recovery and Community Health)

Recovery Oriented System is a system in which the person, not the program, is the center of all choices, plans and activities. The focus is on healing and growing, not maintenance. Hopes and dreams are discussed, encouraged and supported. (Adapted from Farkas and Gagne, 2002)

Review Questions

1. Is this what recovery means to you?

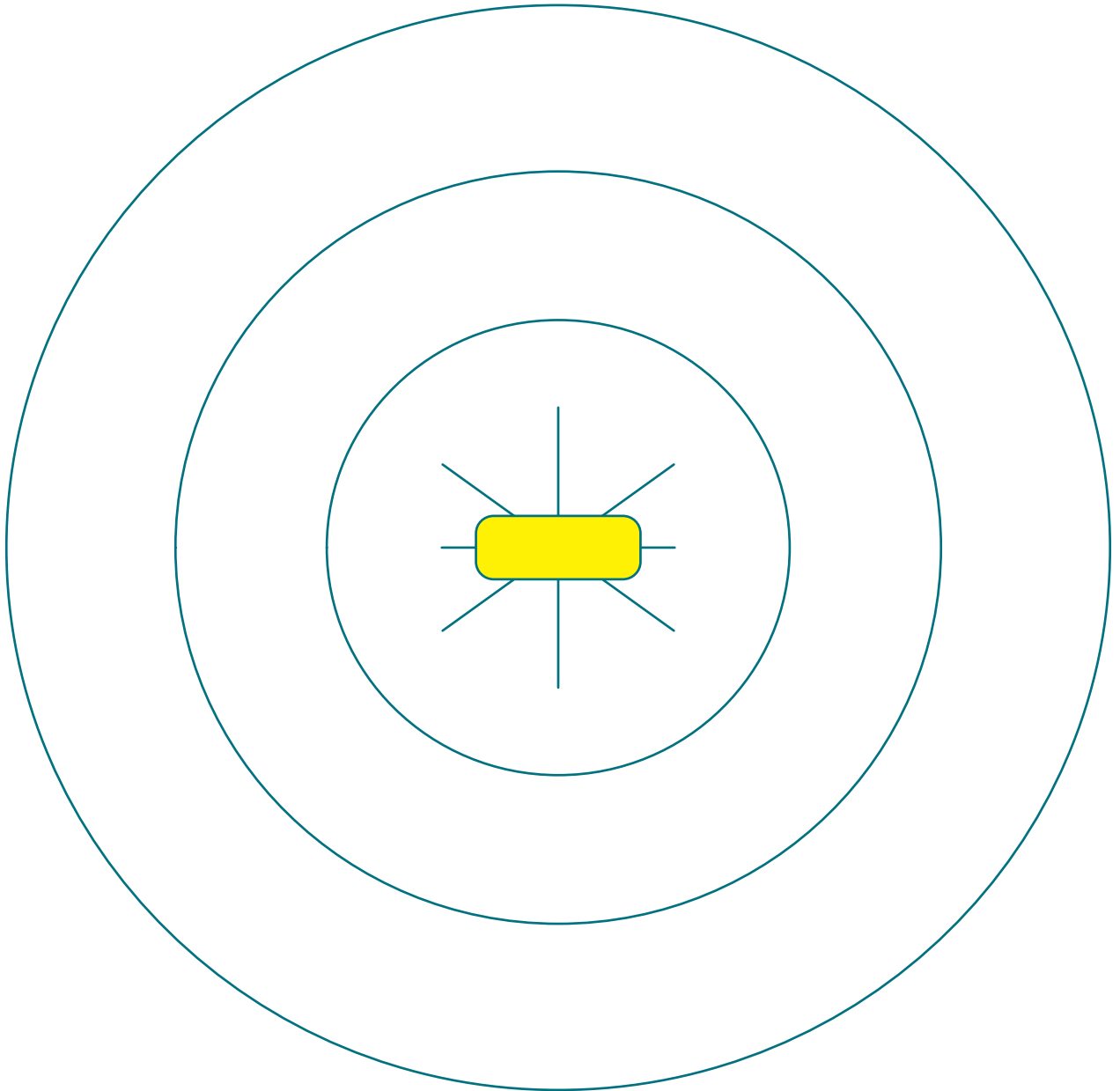
2. How would you explain recovery to someone who is new to the idea?

Community Support Program (CSP)

What is CSP? The Community Support Program (CSP) is a coalition of mental health consumers, family members and professionals working to help adults with serious mental illnesses and co-occurring disorders live successfully in the community. Call the Mental Health Association of Northwestern PA, 814-452-4462, to find out the time and day of the next CSP meeting.

The CSP Wheel

The CSP Wheel represents the necessary components of recovery for both people with mental illness, as well as those with co-occurring disorders.



The CSP Wheel middle circle indicates the eight CSP Principles.

1. Consumer Centered/Consumer Empowered - Services are based upon the needs of the individual and incorporate self-help and other approaches that allow consumers to retain the greatest possible control over their own lives.

2. Culturally Competent - Services are sensitive and responsive to racial, ethnic, religious and gender differences of consumers and families.

3. Designed to Meet Special Needs - Services are designed to meet the needs of persons with mental illness who are also affected by such factors as old age, substance abuse, physical illness or disability, mental retardation, homelessness or involvement with the criminal justice system.

4. Community-Based/Natural Supports - Services are provided in the least coercive manner and in the most natural settings possible. Consumers are encouraged to use the natural supports in the community and to integrate into the living, working, learning and leisure activities of the community.

5. Flexible - Services are designed to allow people to move in and out of the system and within the system as needed.

6. Coordinated - Services and supports are coordinated on both the local system level and on an individual consumer basis in order to reduce fragmentation and to improve efficiency and effectiveness with service delivery. Coordination includes linkages with consumers, families, advocates and professionals at every level of the system of care.

7. Accountable - Service providers are accountable to the users of services and include consumers and families in planning, development, implementation, and monitoring and evaluating services.

8. Strengths Based - Services build upon the assets and strengths of consumers and help people maintain a sense of identity, self-esteem and dignity.

What Persons in Recovery Need to Know About Treatment

- Some Treatments have more clinical evidence to support them than others. (Treatment providers should make this information available to those using their services and their families.)
- Different combinations of disorders may need variations in treatment approaches.
- Effective forms of treatment interventions also differ based on the person's age and developmental level (child, adolescent, adult, older adult).
- Most people have the best success with a combination of medication, therapy and peer support.
 - Medications are only one form of treatment
 - Medications have side effects.
 - Side effects vary from person to person as do positive results from medications.
 - Psychiatrists need to partner with the person taking medications to find the best medication(s) with the least bothersome side effects.
- Psychiatrists must also be educators with person, family and other team members.
- There are also complimentary practices that may reduce the need for higher dosages of medication. However, all of these practices are NOT recommended for persons with certain specific mental disorders. Discussion with medical professionals and trusted experienced clinicians is the best way for people contemplating using some of the alternative approaches to learn about their potential benefits and risk.
 - Complementary and Alternative Healing Practices may include:
 - Peer Support
 - Self Help
 - Diet and Nutrition
 - Pastoral Counseling

Expressive therapies (art, dance/movement,
music/sound)
Guided Imagery or visualization
Technology base (telemedicine, telephone counseling,
radio psychiatry)
Culturally based healing arts (acupuncture, Ayurveda,
Traditional Chinese Medicine, Native American
traditional practices, Cuentos)
Animal assisted therapies
Homeopathy
Yoga/Meditation/Tai Chi
Massage therapy

Review Question

1. What type of treatment(s) would like to learn more about?

Questions for the Recovery Journey

- Do I listen actively?
- Do I believe change can happen?
- Do I think creatively outside the box?
- How do I come across to others and how does it affect the recovery process?

Hopefulness, enthusiasm, belief, creativity, and humility are valued personal characteristics that need to be nurtured in everyone.

Trying to assert power **OVER** people instead of helping the person find his/her own **POWER** to manage his/her life more successfully creates needless power struggles that interfere with and corrupt the therapeutic relationship and the focus on personal recovery.

Recovery Myths & Facts

1. Myth: When people who have a mental illness recover, they are cured & no longer need to be concerned about their mental illness.

Fact: Recovery means regaining/learning to live a full & meaningful life while having a mental illness.

2. Myth: Recovery means the person who has a mental illness will never be hospitalized again.

Fact: Due to the cyclical nature of mental illnesses and the many factors that can trigger their onset, people in recovery may still experience a need for hospitalization at times. However, people in recovery have learned many lessons about how to minimize the need for hospitalization and acute services.

3. Myth: Recovery means the person who has a mental illness will no longer need medications.

Fact: Most people in recovery who have mental illness will continue to use medications to help manage the symptoms and to prevent new episodes. Some people may choose to change their medication regime and use alternative therapies. Every person is responsible to weigh the risks & benefits of different forms of care & to determine what works best for them.

4. Myth: Recovery means the person who has a mental illness will no longer need therapy.

Fact: Most people in recovery who have a mental illness will continue to use individual, group, and/or peer counseling and peer group support. Most use these therapies more often at times when they feel vulnerable to an onset of illness than when they feel more stable.

5. Myth: Recovery means the person who has a mental illness will stop receiving government benefits and will return to full-time competitive employment.

Fact: Some people in recovery will eventually get full-time employment. Other people will work part-time or do volunteer work or hobbies and will continue to receive government benefits. Each individual is unique and has his/her own hopes, dreams, talents and strengths.

Recovery Resources- Erie County, Pennsylvania

Emergency Lines:

Crisis Services (24 hrs) 814-456-2014

Millcreek Community Hospital—ER 814-868-8348

**Saint Vincent Mental Health Emergency Services 814-452-5555
Ext 0**

Corry Memorial Hospital 814-664-4641

To find out if you qualify for community mental health services:

Base Service Unit—Adult Intake 814-878-3440

Base Service Unit—Child Intake 814-878-3430

To find out if you qualify for community drug and alcohol services:

Erie Co Drug & Alcohol Office Intake 814-451-6877

Websites & Contact Information:

**www.recoverie.org Erie County Recovery Steering
Committee (has a list of frequently used
resources in Erie County)**

**www.mhanp.org Mental Health Association of
Northwestern PA (814-452-4462)**

**www.namipaeriecounty.org The National Alliance for the Mentally Ill
of PA---Erie County Affiliate
(814-456-1773)**

**www.samhsa.gov Substance Abuse and Mental Health
Services Administration**

**www.napas.org National Association of Protection and
Advocacy Services**

**www.dbsalliance.org Depression and Bipolar Support Alliance
800-826-3632**

Acknowledgments

Recovery Blocks—Yvonne Eaton and Joann Calabrese

Recovery Myths and Facts—Trisha Cloyd

General Information based on “A Call for Change: Toward a Recovery-Oriented Mental Health Service System for Adults,” a Publication of the Pennsylvania Office of Mental Health and Substance Services, November 2005 and “Recovery in Action: An Overview of Recovery-focused Principles and Components of Recovery-oriented Services and Systems,” a Publication of the Pennsylvania Office of Mental Health and Substance Abuse Services, November 2005.

Other credits cited throughout the text.

This Recovery Orientation Packet has been developed by the RecovErie Steering Committee to introduce new consumers, new staff and family members to basic mental health recovery concepts.

The RecovErie Steering Committee is a group of consumers, providers and family members organized by the Erie County Office of MH/MR, Department of Human Services, who work to foster and present a consistent message about recovery in Erie County.

This Recovery Orientation Packet is available at the RecovErie Website:

www.RecovErie.org