

Recovery From Mental Illness:

Ronald J Diamond M.D.
Department of Psychiatry, University of Wisconsin
Medical Director, Mental Health Center of Dane County

Recovery Criteria in Schizophrenia

Recovery = Remission or Cure

Absent, minimal or mild symptoms on 8 domains for at least 6 months

- Delusions
- Conceptual disorganization
- Hallucinations
- Unusual thought content
- Mannerisms and posturing
- Blunted affect
- Social withdrawal
- Lack of spontaneity/flow of conversation

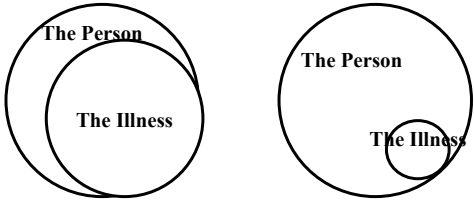
Andreason et al Am J Psychiat 2005

UCLA Recovery Criteria


- Maintained more than 2 years
- Symptom remission
- Appropriate role function
- Ability to perform day today living tasks without supervision
- Social interactions

Liberman et al Psychiat Serv 2005

Process of Recovery



Process of Recovery



What do we mean by “getting better”

- Decreased symptoms
- Decreased hospital recidivism
- Increased ability to function
- Improved quality of life
- Economic self-sufficiency
- Having more to life than illness

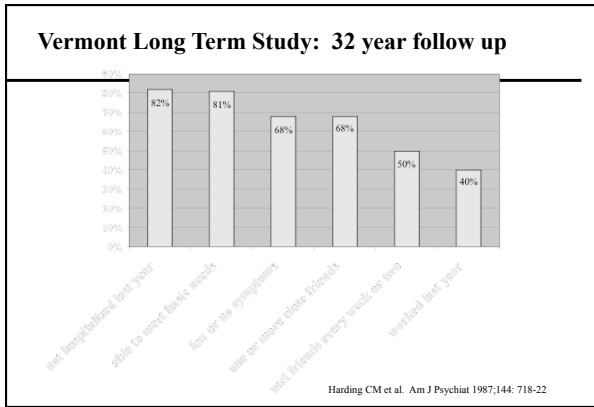
Process of Recovery

- Recovery is not the same as cure
- Recovery is having more to life than illness
- Recovery is a process, not a destination
- Recovery is both done and defined by the person

Historical myths about Schizophrenia:

- Schizophrenia is a deteriorating disease
- Left alone, patients will get worse
- Medications can stabilize positive symptoms, but not restore normal cognitive function
- Medications are best for relapse prevention
- Within this context, staying stable is a good thing
- Do not jeopardize stability

Weiden 2008



**Outcome of Schizophrenia:
20 year follow-up of 39 people with schizophrenia**

- Any symptom free period.> 1 yr 49 %
- Off antipsychotic meds at 20 yr follow-up 43 %
- Working more than half time 39 %

Harrow: 2006 APA

Consumer Survivor movement

- Political movement of marginalized people
- Focus on rights and civil liberties
- Expectation that the system should accommodate to needs of consumer/survivor
- Part of disability rights movement
- “Ground up”—premium on personal expertise

Recovery from AODA tradition

- Ongoing process
- Short term and long term goals
- Symptom management and relapse prevention

Psychiatric Rehabilitation Approach

- Pat Deegan 1988—Recovery as part of the lived experience of overcoming disability
- Kathleen Crowley-Procovery
Attaining a productive and fulfilling life regardless of the level of health assumed attainable

Drugs and psychosocial treatment do different things

- Personal Therapy (Hogarty)
 - effect barely apparent at 1 year
 - Very apparent at 3 years
- Clozapine Vs haloperidol over 1 year—(Rosenheck et al)
 - Higher participation in psychosocial treatment
 - Improvement in quality of life
 - From clozapine, or psychosocial treatment??
 - Always attributed to clozapine
- Lehman: PORT study

Marder 2005

What do we mean by “recovery”

- Clinical Recovery:
 - absence of symptoms
- Social Recovery:
 - work, friends, function
 - Behavior does not cause distress to other
- Economic Recovery:
- Personal Recovery

Ron Coleman *Recovery, an Alien Concept*

Recovery

- Rehabilitation is what professionals do
- Recovery is what consumers experience
- Clinicians focus on prognostic factors that predict improvement
- The person’s own experience is in the center of recovery
- It is essentially “non-linear”

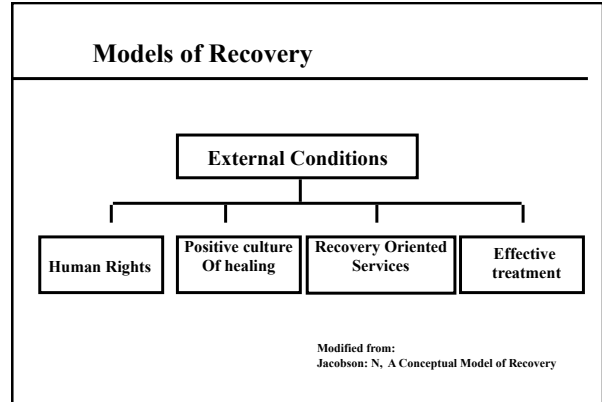
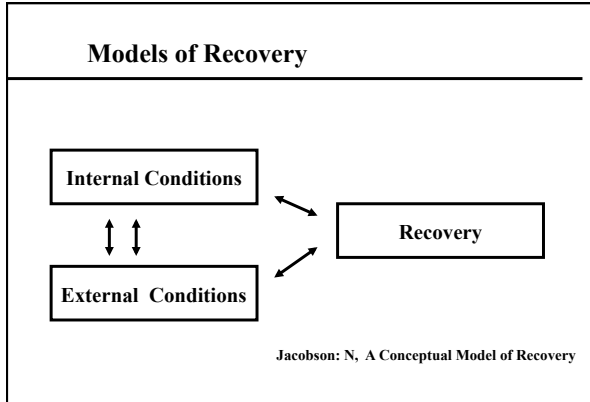
Assumptions about Recovery

- Recovery is highly individualized
- Recovery can occur with recurrent symptoms
- Recovery is NOT linear
- Recovery from Stigma if mental illness is sometimes more difficult than recovering from illness itself

Adapted from Anthony, Deegan and others

Recovery can be misunderstood. I am not cured. I am not well. There are no cures or miracles from mental illness. I can improve my peace of mind. I can feel better. I can have a life with successes and joys. At one time, mental illness constantly disrupted my life. I have learned to live with my psychiatric condition and enjoy life

Moe Armstrong, NAMI advocate, winter 2001



Recovery Implementation Task Force:
Wisconsin Bureau of Community Mental Health

Positive Culture of Healing

- Maintain positive attitude towards consumers
- Emphasize what is working
- Reframe to focus on strengths
- Acknowledge and celebrate successes
- Work to earn trust of consumer

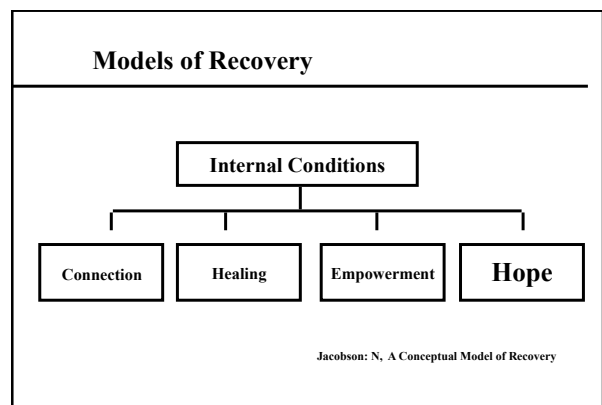
Practitioner Competencies

Recovery oriented services

- Who get to set goals of treatment
- Who gets to make what decisions
- Who gets to read charts, or write in them
- Inclusion of clients into decisions about the services
- “Symbols” of exclusion

Effective Treatment

- Rational psychopharmacology focused on client goals
- Family and individual psycho-education
- Case management focused on concrete needs
- Work and school supports
- Cognitive behavioral therapy
- Cognitive remediation



Connection

- Help people to find purpose and meaning in their lives
- Help people to fulfill valued roles and participate in life in the community

Recovery Implementation Task Force:
Wisconsin Bureau of Community Mental Health

Healing

- Help consumer see themselves apart from illness
- Accepts individual emotions and disagreements as personal expression rather than pathology
- Recognize the individual view that people have about mental illness
- Help people identify and develop ways to cope with distress and problems

Recovery Implementation Task Force:
Wisconsin Bureau of Community Mental Health

Empowerment

- Help individuals exercise personal autonomy and self-determination
- Invite and value consumer input and participation
- Minimize use of involuntary, coercive or intrusive actions

Recovery Implementation Task Force:
Wisconsin Bureau of Community Mental Health

Wellness

Pat Deegan

- You live in a place you like and can call home
- You have something that you believe is meaningful to do during the day
- You have at least one someone to laugh with and pour your heart out to
- You find some joy in life and have fun now and again
- You see that you have choices
- You like yourself (mostly)
- You feel you are able to do most things you would like to do

Wellness (cont)

Pat Deegan

- You take a calculated risk now and again
- You recognize that there are some things about life that cannot be changed, at least in the short term
- You have found a place in the world and feel reasonably good about it
- When you feel bad, you are able to make yourself feel better and ask for help when you need it
- When others feel bad or need help, you give when asked

Neglect-Over Protect Continuum

Neglect Toxic Help

←————→

It's the client's choice
We are supposed to support choice.
Let him/her do what he/she wants

We can get the client to do the right thing. Arrange things so he/she has to do it our way

Pat Deegan

People who hit bottom do not bounce!

- People do not usually learn from disastrous natural consequences
- Never abandon a client to suffer natural consequence: remain engaged
- Do not rely on disastrous natural consequences to teach clients a lesson
- Staff frustration and anger can be disguised as “letting clients experience natural consequences”

Pat Deegan

Dignity of risk and the Right to Failure

- Do not automatically assume that a client’s poor choice is reflective of mental illness.
- Many of us make:
 - Poor choices
 - Mistaken judgments
 - Lack of insight
 - Repeated mistakes
 - Self-defeating choices

Without being mentally ill

Pat Deegan

NTAC research project on recovery

What helps

- Positive attitudes
- Self-reliance
- Information on disorder
- Self-monitoring of symptoms
- Seeing self as whole, complete person
- Having a sense of hope, meaning and purpose

Onken and Dumont Oct 2002
National Technical Assistance Center

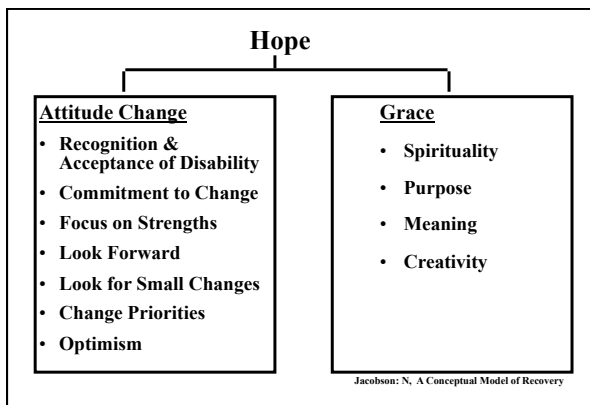
**10 focus groups in 9 states
N = 115 participants**

Spirituality:

Survey of 406 people with schizophrenia, bipolar or major depression

- 92 % used at least one religious coping strategy
prayer, scripture reading, meditation, singing religious songs/hymns, meeting with spiritual leader
- 80 % used a religious activity to cope with symptoms or difficulties
- 65 % felt that religion was moderately helpful or the most important thing that kept them going
- 47 % reported that religious coping was more important when symptoms were worse

Tepper, Coleman and Roger 2000



The Importance of Hope

I think one of the keys is remembering what your life was like before you got sick. You’ve spent so long sick and you get into such a mind-set of hospital situations and being looked after and everybody feeling worry for you and so and so, then you get into that mind-set where you don’t want to be well, you don’t want to be normal. It seems acceptable to sit around and do nothing and go through life being treated like a schizophrenic. You start to believe that that’s quite a good way of living, doing nothing.

Tooth, Kalyansundaram, Glover
Recovery from Schizophrenia: A consumer perspective 1998