

Recovery Model: **Vision and Principles**

Mark Ragins, MD
Medical Director

MHA Village Integrated Service Agency

National Mental Health Association of
Greater Los Angeles

www.village-isa.org
mragins@mhala.org

My Arguments

- We're serious about recovery...even more than we're serious about working with primary care.
- Our present collaborations with primary care are illness based and likely to be strained by our recovery transformation.
- A recovery based collaboration would achieve our mutual goals much better than an illness based collaboration.
- If primary care adopted recovery too, you'd be better for it...doing more of the kind of work that brought your heart into the field in the first place.



Q: Why did Recovery Get so Big in Mental Health?

A: Passionate People

12 Step/Substance Abuse

Consumer Movement

Psychiatric Rehabilitation/PSR

Outsiders/People Who Don't Follow the Rules

Civil Rights Advocates

Staff Who Came to the Field for Personal Reasons

People Who are Doing God's Work

SAMHSA's Consensus Statement

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.

Chronic Illnesses vs. Acute Illnesses

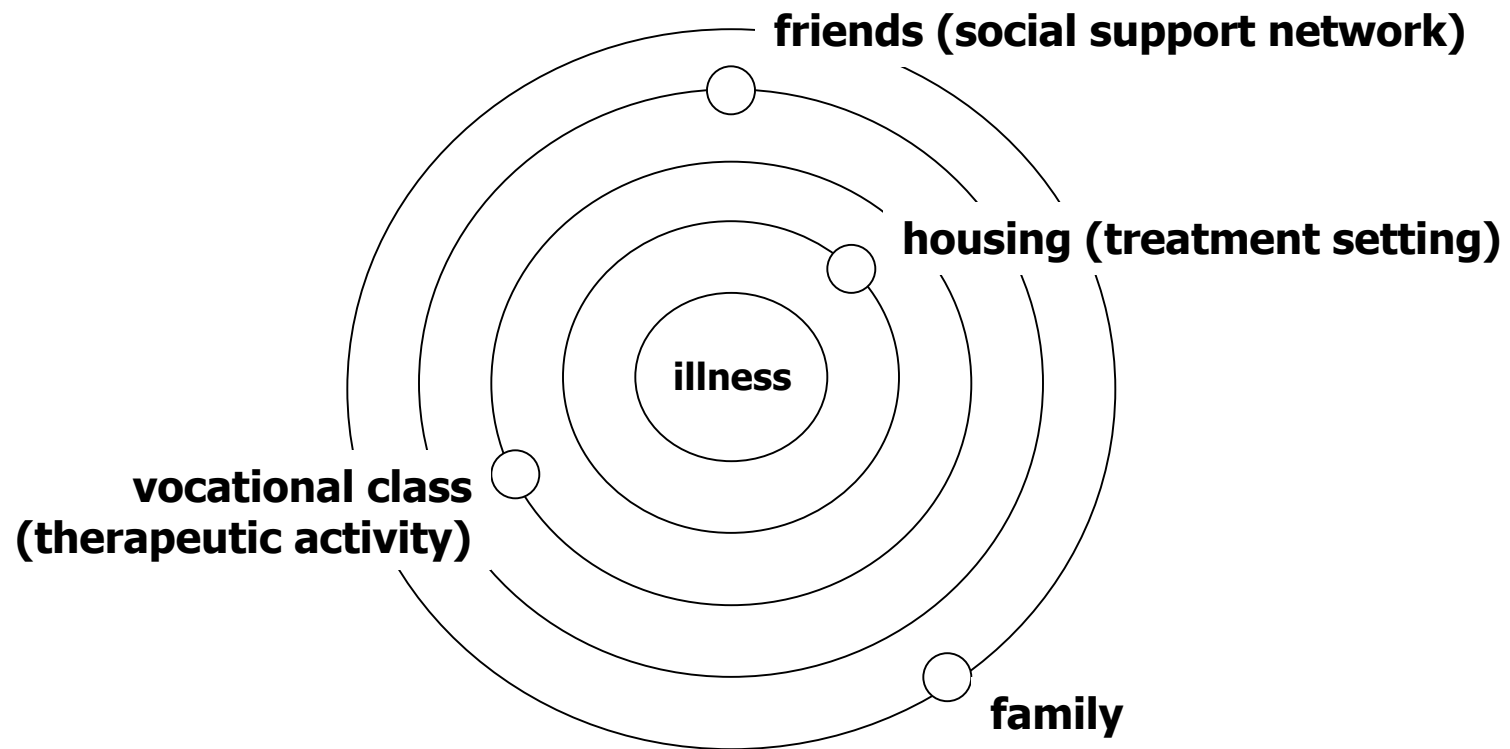
- 1) With acute illnesses it's reasonable to withdraw from life while being treated, whereas, with chronic illnesses the patient should try to maintain their "normal" life while being treated.
- 2) The ongoing symptoms of chronic illnesses often make it hard to maintain a "normal" life, necessitating rehabilitation to increase function, personal adaptations to cope, and community adaptation to maintain access to life.
- 3) Chronic illness more often than acute illnesses effect people's self identity.
- 4) Hope is more difficult to maintain for both patients and professionals with chronic illnesses because the symptoms resist treatment and helplessness settles in.

Making recovery concrete

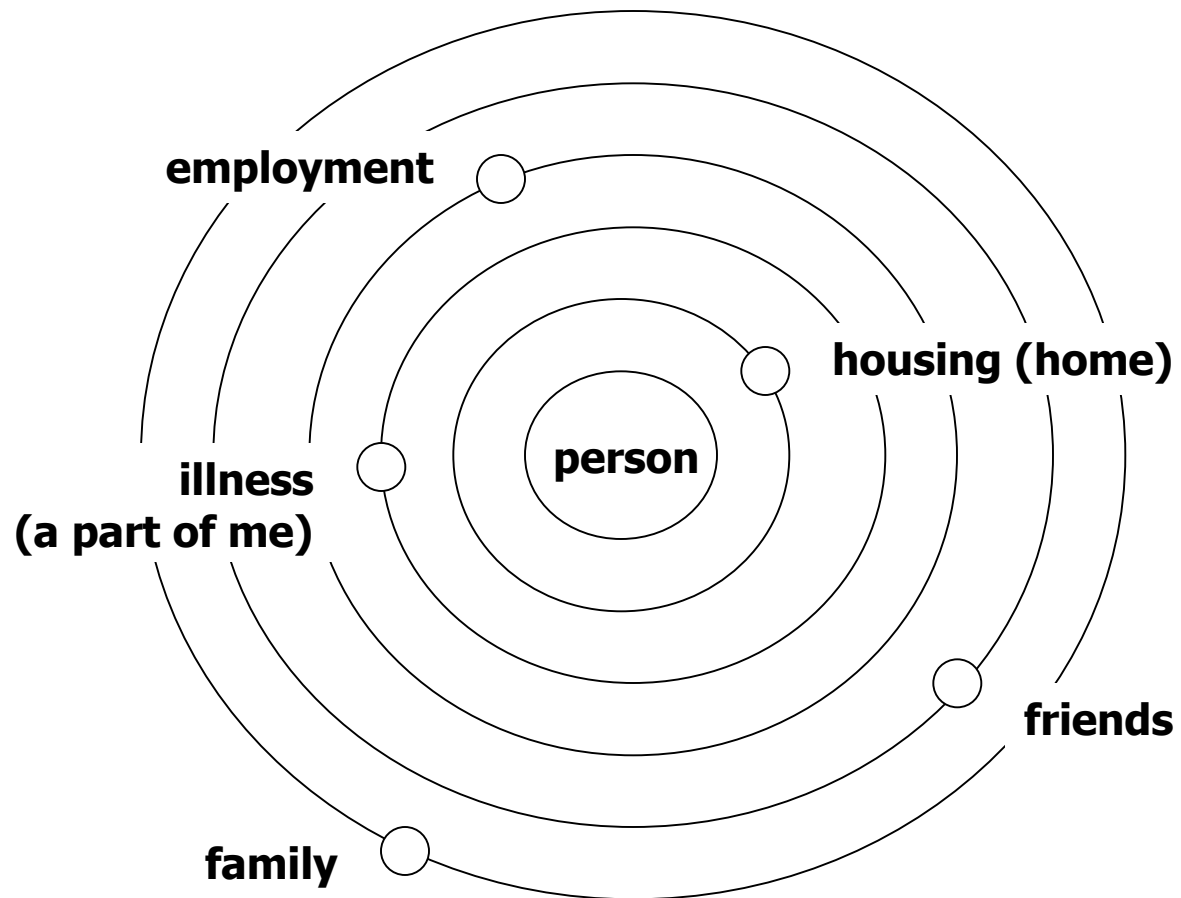
- Recovery from acute conditions usually results from symptom relief
- Recovery from long term conditions usually results from:
 - Being able to maintain wellness and responsibility for self-care
 - Being able to replace professional supports with natural supports

People with long term conditions with persistent symptoms are those most in need of recovery based services

ILLNESS CENTERED



PERSON CENTERED



Person Centered Recovery

- Recovery with Chronic Illnesses must be person centered not illness centered.
- Illnesses don't recover, people do.

Recovery is from the crippling, not the injury.

*Recovery is from the destruction, not the
illness*

Person Centered Treatment

The foundation of a good treatment is a good relationship, not a good diagnosis.

The purpose of treatment, including medication, is not just to treat illnesses. It's to help people with illnesses have better lives.

Medications should be quality of life goal directed instead of symptom relief directed

MEDICAL MODEL

symptoms

diagnosis

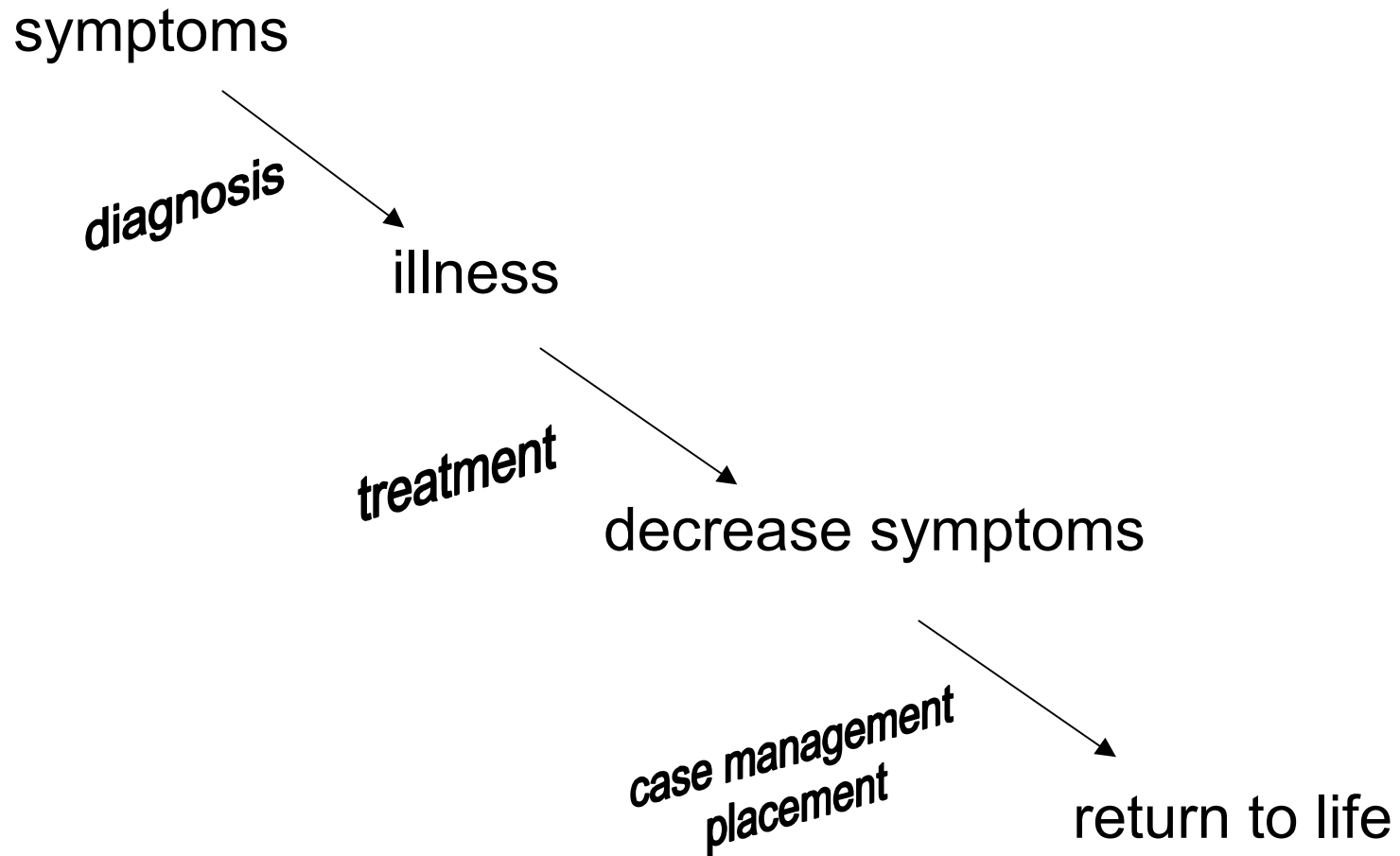
illness

treatment

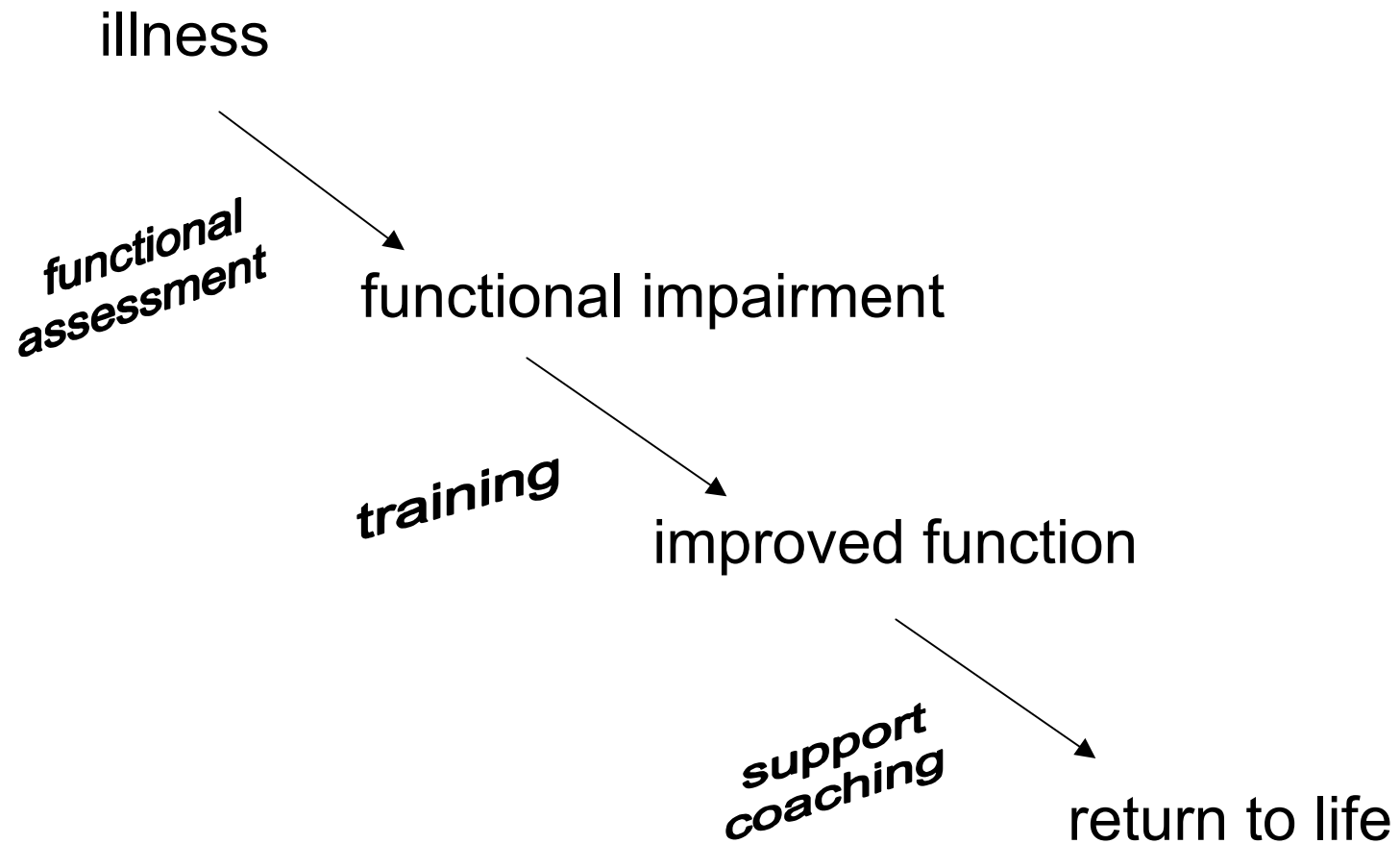
decrease symptoms

*case management
placement*

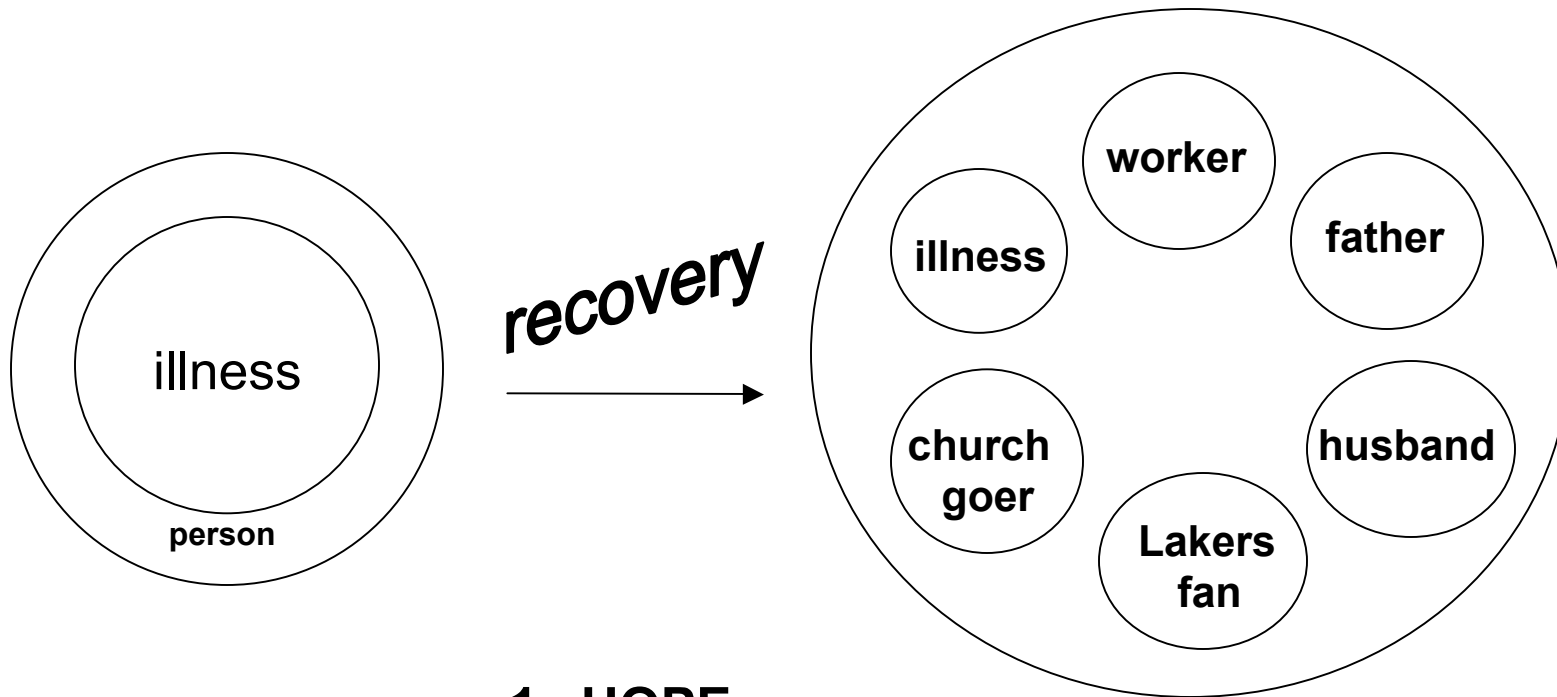
return to life



REHABILITATION MODEL



RECOVERY MODEL



1. HOPE
2. EMPOWERMENT
3. SELF-RESPONSIBILITY
4. MEANINGFUL ROLES

RECOVERY

1. Hope – believing the future can be better
2. Empowerment – believing you can make the future better
3. Self-Responsibility – taking actions to make the future better
4. Achieving Meaningful Roles – building a life in the community of your choice

Recovery Based Treatment Relationships

- Patient driven, not professional driven
- Collaborative, not compliant or coercive
- Personal guide, not “map handing” expert
- More emotional, less professional distance
 - More “shared humanity” and self disclosure
 - More “letting the patient under your skin”
 - More “learning from our patients”
- More team and “milieu based than individual doctor – patient based

RECOVERY-BASED SERVICES:

Welcoming / Engagement

Charity

Treatment

Rehabilitation

Advocacy / Community Development

Graduation

RECOVERY-BASED SYSTEM DESIGN

Stages

1. “unengaged”
2. “engaged but not self-coordinating”
3. “self responsibility”

For each recovery stage...

- 1. What do people need?**
- 2. What is our present capacity?**
- 3. What are our present problems?**
- 4. What transformations would you recommend?**

Recovery Based Clinic Redesign

Welcome Center

Full Service Partnership

Core Strategic Services

Medication Clinic

Wellness Center

RECOVERY-BASED PERSONAL TRANSFORMATION

WHERE DO YOU FIT IN?

Consumers and their Families

Staff

Programs and their Leaders

Systems, their administrators and their auditors

Communities

Specialized Consumer and Family Roles

- Consumer and family representative
- Peer advocate
- Peer supporter and peer bridger
- Peer counselor and peer case manager
- Peer self-help participant and facilitator

THANK YOU!

Contact Information

Mark Ragins, MD

562-284-0108 x240

mragins@mhala.org

To get a copy of Dr. Mark's book *A Road to Recovery*
download at www.village-isa.org
click on "Village Writings"

...where you will find more of Dr. Mark's articles on recovery,
including his implementation toolboxes for the
Mental Health Services Act

Proposition 63 Begins

and

Implementing MHSA Programs

Also Available: *A Guide to Personal Transformation*