Shifting the Approach to Care

## Build on Principles of The Recovery Model

Medical facilities are used to practicing within the medical model – addressing the disease/disorder rather than the whole person. Mental health and substance use clients and practitioners, however, take the Recovery Model approach, a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. (*Drawn from the consensus definition of “recovery”, SAMHSA.*)

* **Recovery emerges from hope:**  The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.
* **Recovery is person-driven:**  Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s).
* **Recovery occurs via many pathways:**  Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery. Abstinence is the safest approach for those with substance use disorders.
* **Recovery is holistic:**  Recovery encompasses an individual’s whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.
* **Recovery is supported by peers and allies:** Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery
* **Recovery is supported through relationship and social networks:**  An important factor in the recovery process is the presence and involvement of people who believe in the person’s ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.
* **Recovery is culturally-based and influenced:** Culture and cultural background in all of its diverse representations including values, traditions, and beliefs are keys in determining a person’s journey and unique pathway to recovery.
* **Recovery is supported by addressing trauma:** Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.
* **Recovery involves individual, family, and community strengths and responsibility:**   Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.
* **Recovery is based on respect:** Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery.

## Encourage Self-Management For Mental Health And Substance Abuse Conditions

One of the unanticipated benefits emerging from the integration of behavioral health and primary care is the adoption of a “self-management” approach to prolonged mental health and substance use conditions. While the promotion of patient self-management has been well established in some branches of internal medicine, as a core part of a chronic disease management model, it is a relatively new approach to care in behavioral health and has come about, in part, because of the influence of primary care and, in part, because of the emphasis of the healthcare reforms currently under way across all of health care.

Consistent with our emphasis on recovery-oriented practices, the promotion of self-care for persons with behavioral health conditions requires encouraging and equipping people to take on more active and informed roles in their own care, both in terms of collaborating with their healthcare practitioners in decision-making and in learning how to manage their own health conditions.

Components of self-management support include the following:

1. Providing people in recovery and their loved ones with accessible and accurate information regarding their health conditions
2. Teaching people how to engage in and sustain self-care and providing them with the encouragement to do so
3. Empowering people to become more active in and to take more control of their care and their recovery
4. Negotiating any needed changes in health-related behaviors (e.g., diet, exercise, use of alcohol or other drugs)
5. Offering training in problem-solving skills so that people can adjust their personal routines and try out alternative strategies in between appointments
6. Assisting with the emotional impact of having a behavioral health condition
7. Providing regular, sustained follow-up that includes monitoring for and celebrating successes.

Source:  SAMHSA Recovery to Practice E-Newsletter, Issue 16; Larry Davidson, Ph.D. 1/30/2014; “Approaches to Supporting Self-Management for Individuals with Serious Mental Illness: A Guide to Resources, Promising Practices, and Tools”, Lewin Group, 2012

## Person-Centered vs. Illness-Centered Treatment

Courtesy of Mark Ragins, M.D., The Village

| PERSON CENTERED | ILLNESS CENTERED |
| --- | --- |
| The relationship is the foundation | The diagnosis is the foundation |
| Begin with welcoming – outreach and engagement | Begin with illness assessment |
| Services are based on personal suffering and help needed | Services are based on diagnosis and treatment needed |
| Services work towards quality of life goals | Services work towards illness reduction goals |
| Treatment and rehabilitation are goal driven | Treatment is symptom driven and rehabilitation is disability driven |
| Personal recovery is central from beginning to end | Recovery from the illness sometimes results after the illness and then the disability are taken care of |
| Track personal progress towards recovery | Track illness progress towards symptom reduction and cure |
| Use techniques that promote personal growth and self responsibility | Use techniques that promote illness control and reduction of risk of damage from the illness |
| Services end when the person manages their own life and attains meaningful roles | Services end when the illness is cured |
| The relationship may change and grow throughout and continue even after services end | The relationship only exists to treat the illness and must be carefully restricted throughout keeping it professional |

## Promoting Engagement Of Mental Health Clients In Health Care Settings

Many studies underscore the fact that the stigma faced by people with mental health problems in our society affects their willingness to seek out and be receptive to both mental and physical health care.  Some health care providers are uncomfortable treating people with serious mental illness and, in some instances, this atmosphere of nonacceptance and discomfort is communicated – directly or indirectly - to these patients.  A survey of 1,300 people with mental health problems found that during physical health visits, many experience being treated as less believable and less competent than other clients and are spoken to impatiently (Wahl, 1999).

There is also some disconnect in how primary care providers and mental health clients perceive their interaction during a visit.  For example, in a survey of more than 2,000 consumers and primary care providers, 71% of the providers said they make joint decisions with their patients, but only 39% of the patients said the doctor asked their preferences.  Sixty-nine percent of the providers said they explain medication side effects, but only 16% of the patients said they were told (cited by Bergeson, 2009).

To better engage these individuals, it’s important to know what they want from health providers – aside, of course, from compassion, respect and good medical care.

### What Mental Health Consumers Said They Wanted From Their Primary Care Providers (based on a national DBSA survey)

* Allow us two minutes to talk before interrupting.
* Explain the illness and its importance and impact in words that we can understand.
* Provide us with information we can read written in language we can understand.
* Explain what the medication will do and what we should watch for, and address our concerns about it.
* Link our treatment to our recovery goals – to what we care about.
* Don’t assume that just because we have a mental health problem our symptoms are all in our head.
* Offer and encourage participation in free peer support groups.
* Consider hiring consumer peer specialists in your practice.
* See us as a whole person, not just a physical or mental illness.