Recovery From Mental Illness:

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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

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
Recovery: Redefining Treatment Goals

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

Vermont Long Term Study: 32 year follow up

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: Redefining Treatment Goals

Models of Recovery

Internal Conditions

Recovery

External Conditions

Jacobson: N, A Conceptual Model of Recovery

Models of Recovery

External Conditions

Human Rights

Positive culture Of healing

Recovery Oriented Services

Effective treatment

Modified from:
Jacobson: N, A Conceptual Model of Recovery

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

Models of Recovery

Internal Conditions

Connection

Healing

Empowerment

Hope

Jacobson: N, A Conceptual Model of Recovery
Connection

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

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

Empowerment

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

Wellness

- 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)

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

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

Pat Deegan
### Recovery: Redefining Treatment Goals

**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

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<th>What helps</th>
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| **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**                          |

10 focus groups in 9 states  
N = 115 participants

Onken and Dumont Oct 2002  
National Technical Assistance Center

### 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

### Hope

**Attitude Change**

- Recognition & Acceptance of Disability
- Commitment to Change
- Focus on Strengths
- Look Forward
- Look for Small Changes
- Change Priorities
- Optimism

**Grace**

- Spirituality
- Purpose
- Meaning
- Creativity

Jacobsen N. A Conceptual Model of Recovery

### 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, Kalyanamadaram, Glover  
Recovery from Schizophrenia: A consumer perspective 1998