

# Understanding Mental Health Recovery:

## Partnering with Consumers in Grassroots System Transformation

Mental Health Services Research, Evaluation, and Training Program  
University of Hawai'i

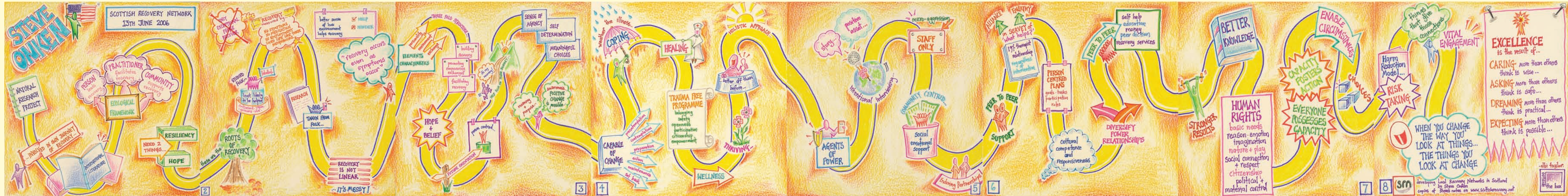
Research Team: Steven J. Onken, Jeanne M. Dumont, Priscilla Ridgway, Douglas H. Dornan and Ruth O. Ralph

State Mental Health Research Partners: Arizona, Colorado, New York, Oklahoma, Rhode Island, South Carolina, Texas, Hawai'i, Utah, Washington

Poster Contributors: Steven J. Onken, Lance I. Agena, Albi Taylor and Paula T. Tanemura Morelli

Contact: Steven J. Onken, University of Hawai'i at Manoa (onken@hawaii.edu)

Website: <http://www.mhsret.org/resources.html>



### Research Question

## What facilitates or hinders recovery from psychiatric disabilities?

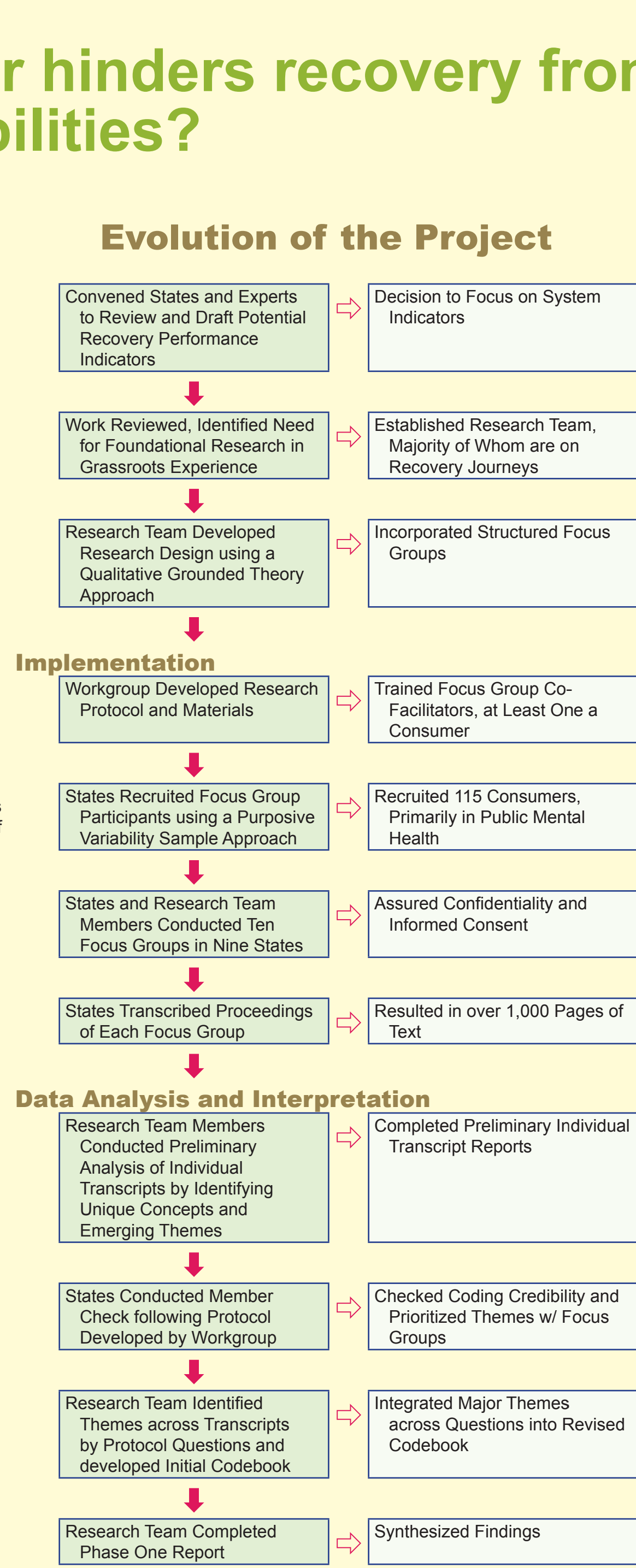
### Focus Group Question Sets

- What resources are important to you to have control in your life?
- What helps you get these resources?
- What gets in the way of getting these resources?
- What choices are important to you to have control in your life?
- What helps expands your choices?
- What stands in the way of having choices?
- How do you, or what helps you, gain independence in your life?
- How do you, or what helps you, get connected and stay connected to other people?
- What gets in the way of getting and staying connected to others?
- How do you, or what helps you, gain hope in your life?
- What gets in the way of gaining hope?
- How have mental health staff and mental health services helped or hindered you in your life with gaining resources, choices, independence, connections with others, and hope?
- If you were giving advice to the mental health decision-makers in your state, what things would you tell them that they or staff could do to make your life better?

### Conclusion Summary

An ecological framework helps us to organize and interpret the phenomenon of mental health recovery. Ecological perspective incorporates both the individual and the environment and focuses on the relationships between the two, with emphasis on interactions and transactions. Thus recovery can be viewed as facilitated or impeded through the dynamic interplay of forces that are complex, synergistic, and linked, including characteristics of the individual (such as hope), characteristics of the environment (such as opportunities), and characteristics of the exchange between the individual and the environment (such as choice). In essence, recovery is the ongoing, interactional process/ personal journey and outcome of restoring a positive sense of self and meaningful sense of belonging while actively self-managing psychiatric disorder and rebuilding a life within the community.

Since the publication of this research, the authors have spent considerable time in the field working directly with service providers and consumer/ service user organizations to apply such recovery knowledge in concrete ways to improve services. Dr. Onken incorporates this ecological framework to focus on first level (personal) change as well as second level (community and society) change, with an emphasis on creating and accessing community resources and social relationships that are needed to develop and exercise the person-based capacity to recover. The eight panels capture his work with the Scottish Recovery Network, Outside the Box and the local recovery networks throughout Scotland.



FACILITATES RECOVERY		FACILITATES RECOVERY		FACILITATES RECOVERY		FACILITATES RECOVERY	
<b>Basic Material Resources</b> Poverty Unsafe & Unaffordable Housing Lack of Transportation Barriers to Benefits & Entitlements Lack of Communication Services		<b>Choice (Empowerment)</b> Limited or Lousy Options Lack of Choices regarding Basic Needs (finances, transportation, housing, socially segregated settings) Unemployment & Underemployment Lack of Meaningful Involvement in Treatment Planning/ Lack of Right to Refuse Treatment		<b>Identity (Holistic Focus)</b> Negative Beliefs and Attitudes Not Taking Personal Responsibility Invalidation and a Lack of Information A Lack of Discretionary Funds Disabling Conditions/ Health Problems Labeling		<b>Organizational Culture &amp; Structure</b> Culture and Organization that is Pathology-Focused, Illness-Focused/ Dominance of Medical Model Lack of Change & Innovation Lack of Holistic Orientation (e.g., neglect spirituality, physical health) Access Limited to Those in Crisis System promotes Dependency/ Paternalism & Maternalism Stigma within the System Social Segregation Funding Problems Lack of Consumer Voice on Personal and System levels	
<b>Social Relationships</b> Inadequate Social Network/ Social Isolation Emotional Withdraw/ Personal Isolation Lack of Information for Families and Friends Controlling Family Members Lack of Social Skills		<b>Independence/Interdependence</b> Paternalistic Orientation of the System/ Lack of Respect for Experiential Knowledge Involuntary & Long-Term Hospitalization Negative Attitudes & Beliefs (Fear, Lack of Confidence) Risk & Fear of Losing Benefits, Clinical Supports, Safety Net Stereotyping, Prejudice, Discrimination, Labeling		<b>Formal Programs &amp; Services</b> Coercion or Forced Treatment Treatment and/or Medication used as a means of Social Control Debilitating Effects & Experiences of Long-Term Hospitalization Substandard Services/ Poor Quality Assurance Limited Access to Services & Supports/ Not Timely/ Time limits Fragmentation of Services, Eligibility Restrictions Lack of Individualization Lack of Needed Range of Services, Treatments and Options Lack of Education for Consumers, Family Members and Community (e.g., illness, self-care, services, etc.) Inadequate Continuity of Care		<b>Partnership</b> A Recovery-Oriented System with a Vision of Recovery/ Extending Support beyond Traditional Boundaries/ Consumer-Driven Encourage Innovation/ De-fund or Transform Ineffective Practice & Programs Holistic Approach/ Proactive Approach supporting Preventative Measures/ Positive Mental Health Multiple Strategies Self-Responsibility/ Fostering Growth & Interdependence/ Assistance with Letting go of Dependency on System Fully Committed to Consumer Voice/ Support Risk Taking/ Freedom to Fail More Tolerance for Diversity & Unusual Behavior Adequate Funding and Equitable Distribution of Resources/ Monies Reinvested in Community/ Voucher System Consumers employed within System at all Levels/ Consumers involved in Decision-making Processes such as Staff Hiring & Firing/ Mandated Consumer Positions on Boards & Committees/ Office of Consumer Affairs/ Ombudsman Program	
<b>Meaningful Activities</b> Unemployment/ Role Loss/ Under-Employment/ Limited Range of Jobs Employment Disincentives in Benefits Not Respecting Personal Decisions about Job Readiness or Interest Lack of Training & Education Opportunities Exploitation of Volunteer Work Prejudice, Stigma and Discrimination/ Disclosure Fears		<b>Peer Support (Referent Power)</b> Lack of Funding/ Infighting over Limited Funds Peer Support Not Available in Many Regions, especially Rural Limited Participation (e.g., same few people participate) Limited Leadership Development Opportunities Formal Service Provider and Staff Control/ Not Controlled by Members Lack of Independent Peer Support Resources Professional Mistrust of Peer Support		<b>Meaning-Making (Hope, Purpose)</b> Dreams, Goals, Desires Demeaned Poor Quality Services/ Cutbacks Pessimistic Staff Spirituality Discounted or Ignored Stigma, Prejudice, Discrimination Sense of Hopelessness/ Negative Beliefs & Attitudes/ Self-Stigma Disabling Condition Itself Unfulfilled Basic Needs Lack of Education on Recovery Resources		<b>HINDERS RECOVERY</b>	