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MEMORANDUM

TO: Bob Owen

FROM: Jena Goldmark, Rebecca Massimini

DATE: November 14, 2007

RE: Recovery Model Approach to Mental Illness

I. The Recovery Model and its Distinguishing Features

The Recovery Model is an approach to the treatment of mental illness that has gained widespread attention from the mental health and consumer advocate communities in recent years. The Recovery Model emphasizes that it is possible for individuals with mental illness to manage symptoms and live a "satisfying, hopeful, and contributing life even with the limitations caused by the illness." Frederick J. Frese et al., *Integrating Evidence-Based Practices and the Recovery Model*, 52 PSYCHIATRIC SERVICES 1462, 1463 (2001), *available at* http://psychservices.psychiatryonline.org/cgi/reprint/52/11/1462. The Recovery Model also emphasizes the notion that retaining control and choice over one's treatment options will result in increasing control over one's life. National Association of Social Workers, *NASW Practice Snapshot: The Mental Health Recovery Model* (2006), http://www.socialworkers.org/practice/behavioral_health/0206snapshot.asp [*Practice Snapshot*].

There are many ways in which the Recovery Model can be distinguished from other, more traditional approaches to mental illness. One such distinguishing feature is that the Recovery Model is based on the understanding that individuals can fully recover from even the most severe forms of mental disorders. Spiritual Competency Resource Center, *Spirituality and Recovery from Mental Disorders*, http://www.spiritualcompetency.com/recovery/lesson1.html (last visited November 12, 2007) [*Spirituality and Recovery*]. Supporters of the Recovery Model challenge the prevailing view among mental health professionals that mental illness is a chronic condition and that treatment should focus solely on the elimination of symptoms and the illness as a whole. Alan S. Bellack, *Scientific and Consumer Models of Recovery in Schizophrenia: Concordance, Contrasts, and Implications*, 22 SCHIZOPHRENIA BULL. 432, 433 (2006), *available at* http://schizophreniabulletin.oxfordjournals.org/cgi/reprint/32/3/432. The Recovery Model emphasizes that the definition of recovery should be expanded to include the living of a fulfilling life despite one's disability. Frese, *supra*, at 1463.

Another distinguishing characteristic of the Recovery Model is its focus on patient-directed treatment. The Recovery Model emphasizes that it is the individual with the mental

illness who should retain the most control over the recovery process. *Id.* Proponents of the Recovery Model encourage mental health professionals to design a rehabilitation plan that supports a patient's efforts to achieve a series of functional goals. *Spirituality and Recovery.* The relationship between professional and patient should focus on motivating and focusing the patient's own efforts to help himself. *Id.* Under the Recovery Model, patients have primary control over decisions about their own care, rather than being instructed as to what their treatment should be. *Practice Snapshot.*

Supporters of the Recovery Model emphasize the existence of various internal and external conditions which help to bring about recovery from mental illness. Nora Jacobson & Dianne Greenley, *What Is Recovery? A Conceptual Model and Explication*, 52 PSYCHIATRIC SERVICES 482, 482 (2001), *available at* http://www.medicine.uiowa.edu/icmh/recovery/documents/What_is_recovery.pdf. Internal conditions which tend to bring about recovery include hope that recovery is possible, healing, which includes defining a self apart from the illness, empowerment, which includes a sense of autonomy, courage, and responsibility, and connection with the outside world. *Id.* at 482-83. External conditions which bring about recovery include the elimination of stigma around and discrimination against mentally ill individuals, and a "positive culture of healing" in which consumer's rights are incorporated into all medical decisions. *Id.* at 484.

II. History of the Recovery Model

A series of developments in the last 25 years spurred the growth of the Recovery Model movement. In the late 1980's, a growing group of consumers and professionals began expressing increased dissatisfaction with what they viewed to be a "paternalistic and unresponsive mental health system." Bellack, *supra*, at 435. In 1987, the American Journal of Psychiatry published a major study which demonstrated that the course of severe mental illness was not "inevitable deterioration." Jacobson, *supra*, at 482. Various mental health publications produced accounts of individuals who had recovered from mental illness. *Id.* As a result, mental health professionals began to formulate and disseminate information about theoretical and practical models of recovery. *Id.*

In the 1990's, states began to use recovery as a tool for reforming publicly funded mental health services. *Id.* In 1999, the Surgeon General produced a report which recommended that mental health care systems adopt the promotion of recovery as their main goal. US Department of Health and Human Services, *Mental Health: A Report of the Surgeon General – Executive Summary*, Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health (1999), *available at* http://www.surgeongeneral.gov/library/mentalhealth/home.html. Similarly, in 2003, the President's New Freedom Commission produced a report in which it presented findings of a year long study of mental illness and concluded that recovery from mental illness was a "real possibility." New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*, Rockville, MD: Department of Health and

Human Services (2003), *available at* http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html [*Achieving the Promise*]. The Commission recommended a fundamental transformation of the approach to mental health care and suggested two guiding principles: (1) that services and treatment be consumer and family centered, and, (2) that mental health care be focused on increasing consumers' ability to successfully cope with life's challenges, facilitating recovery, and building resilience. *Id.*

III. Support for the Recovery Model

The Recovery Model is a growing movement in the mental health community today and has received widespread support. Mark Ragins, *Recovery from Severe Mental Illness* (2005), http://ccamhr.ca/resources/Recovery-changing_From_A_Medical_Model_To_A_Psychosocial_Rehabilitation_Mode.pdf. In recent years, Connecticut, New Mexico, Ohio, and Wisconsin have mandated that variations of the Recovery Model be integrated into their mental health systems. Bellack, *supra*, at 435. These states have redesigned their mental health systems to stress Recovery Model values such as hope, healing, empowerment, and social connectedness. Frese, *supra*, at 1463; Bellack, *supra*, at 435. The Recovery Model has recently been promoted at the federal level, as well. As noted above, in 2003, the President's New Freedom Commission report recommended instituting approaches to mental health care that are centered around the Recovery Model. *Achieving the Promise*. The Veteran's Administration, the largest health care system in the U.S., has adopted the Commission's recommendations and has begun to integrate the Recovery Model into its mental health programs nationwide. Bellack, *supra*, at 435. Such integration includes educating all Veteran's Administration staff about recovery and requiring the inclusion of consumers and families as partners in treatment planning. *Id.*

Studies tend to provide support for the Recovery Model as well. An epidemiological study of a group of consumers of mental health services in Vermont showed that practices based on the Recovery Model principles of hope, social connection, and self-determination were essential to recovery. Daniel M. Fisher, *Evidence Based Practices and Recovery*, 53 PSYCHIATRIC SERVICES 632, 633 (2002), *available at* http://psychservices.psychiatryonline.org/cgi/reprint/53/5/632-a. The same study revealed that in Maine, where treatment was based on maintenance and medication compliance, there was a much lower rate of recovery. *Id.*

The Recovery Model has received support from mental health professionals. Daniel Fisher, MD, PhD, a psychiatrist and former patient who recovered from schizophrenia, is one of the most vocal advocates of the Recovery Model. *Spirituality and Recovery*. Dr. Fisher states that "[E]ven though the weight of personal testimony and epidemiological studies argues that most people are able to regain a productive role in society and recover from mental disorder, the mental health field in particular persists in a belief that mental disorder is a permanent condition." *Id.* According to Dr. Fisher, when doctors are highly paternalistic and emphasize illness, patients remain hopeless, helpless, and become indefinitely dependent on the mental health system. *Id.* In Dr. Fisher's view, the components of the Recovery Model, such as its

emphasis on hope and increased control over medical treatment, are essential to recovery from mental illness. *Id.* Dr. Fisher has found that individuals who have recovered from mental illness cite hope as an extraordinarily important component in recovery. *Id.*

IV. Criticism of the Recovery Model

Despite the support that the Recovery Model has received, mental health professionals have raised concerns about and criticism against the Recovery Model. One such criticism is that the Recovery Model is subjective and not evidence-based. Frese, *supra*, at 1463. Critics of the Recovery Model note that it is "dangerous" to fashion a treatment model that focuses primarily on hope, empowerment, and human rights rather than science and evidence. *Id.* Another concern raised about the Recovery Model is that it will add to the burden of mental health professionals who are stretched thin by demands that exceed their resources. Larry Davidson et al., *The Top Ten Concerns About Recovery Encountered in Mental Health System Transformation*, 57 PSYCHIATRIC SERVICES 640, 642-43 (2006), *available at* http://psychservices.psychiatryonline.org/cgi/reprint/57/5/640.

One major criticism of the Recovery Model stems from its focus on increasing patient control over treatment plans. Professionals note that mental illnesses can often subvert the thinking process such that the patient's self is taken over by the disease. Frese, *supra*, at 1463. In these cases, a mentally ill individual may reject the treatment options that are medically in his best interest, such as hospitalization or medication. *Id.* Professionals note that individuals suffering from mental illness often do not have the capacity to realize that they are ill, thus giving these individuals the right to make decisions about treatment is "tantamount to abandonment." Frese, *supra*, at 1464. A recent survey showed that the most common cause of non-adherence to medication of patients with schizophrenia was denial of illness. Mary T. Zdanowicz, *Recovery and Coercion*, Catalyst 1, 4 (2006), *available at* http://www.treatmentadvocacycenter.org/JoinUs/CatalystArchive/2006spring_psychiatrists.pdf. Under these circumstances, the Recovery Model tends to interfere with, rather than lead to, a patient's recovery. *Id.* External restraints imposed by health care providers but often opposed to by patients with mental illnesses can serve to benefit these patients by freeing them from tormenting voices or delusions. Herbert Peyser, *Commentary: What is Recovery? A Commentary*, 52 PSYCHIATRIC SERVICES 642-43 (2006), *available at* http://psychservices.psychiatryonline.org/cgi/reprint/52/4/486.

Mental health professionals also note concerns that use of the Recovery Model may increase the risk of being sued for medical malpractice. Davidson, *supra*, at 642. Professionals note that the promotion of client-choice seems irreconcilable with a medical system that holds medical professionals responsible for adverse consequences of treatment. *Id.* at 643. In addition, professionals have questioned the ethics of an approach to treatment that focuses on strengths and hopes, when a person may be faced with more urgent needs such as safety, shelter, and stabilization. *Id.*

V. Integrating the Recovery Model With Traditional Approaches

Some proponents of the Recovery Model have advocated for an integration of the model with the more traditional medical approach to mental illness. Frese, *supra*, at 1463. Professionals note that for patients who are so seriously impaired in their decision-making capacity that they are incapable of determining what is in their best interest, a more traditional approach to mental illness may be necessary. *Id.* at 1464. However, as these patients begin to benefit from externally initiated interventions, the locus of control should increasingly shift from treatment provider to patient. *Id.* As individuals recover, they should gradually be afforded a larger role in the selection of treatment and services. *Id.* People who have substantially recovered can be viewed as those most likely to benefit from the autonomy-centered Recovery Model. *Id.*