A CALL FOR CHANGE:
TOWARD A RECOVERY-ORIENTED
MENTAL HEALTH SERVICE SYSTEM
FOR ADULTS

EXECUTIVE SUMMARY

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Department of Public Welfare
Office of Mental Health & Substance Abuse Services
502 H&W Building
PO Box 2675
Harrisburg, PA 17105

Joan Erney
Deputy Secretary
Office of Mental Health & Substance Abuse Services

Access the full Call for Change document at
http://www.dpw.state.pa.us/Resources/Documents/Pdf/Publications/ACallForChange.pdf

The goal of a transformed system: Recovery[1]

A Call for Change: Toward a Recovery Oriented Mental Health Service System for Adults is presented by the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) as a call to action for all Pennsylvanians to help transform the state system of adult mental health services toward more recovery oriented principles and practices. Its purpose is to stimulate reflection, dialogue and ultimately constructive action.

Drawing from the experiences and ideas of Pennsylvanians, as well as contemporary literature and the experience of other states in tackling these changes, A Call for Change: Toward a Recovery Oriented Mental Health Service System for Adults presents what is currently known about the elements of a recovery-oriented mental health system and presents a set of indicators by which the process and outcomes of transformation may be evaluated. It discusses some of the implications and challenges to transformation as well as some recommended actions toward systemic change on local, regional and state levels.

Why A Call for Change?

The National Scene

The mental health recovery movement is impacting the service system at all levels by challenging mental health providers, administrators, policy-makers, funders, workers, as well as people who experience mental health problems and their families to look at how negative or limiting assumptions are driving approaches to services, to funding, to treatment, to policies, and ultimately to the course of individual lives.

In the past few years important policy documents have emerged nationally as well as in Pennsylvania which point to recovery as a guiding principle and core practice orientation for mental health services for adults. National policy directives include:

- The 1999 Surgeon General's report which recognized the importance and impact of a recovery oriented approach "for consumers, families, mental health research and service delivery."
- The President's New Freedom Commission Final Report on Mental Health in 2003 which issued a call for sweeping transformation of the mental health service system throughout the United States.
- The Veteran's Administration 2003 Action Agenda states that recovery should be the core principle of system change of services for veterans.
- The 2005 Substance Abuse and Mental Health Services Administration (SAMHSA) Consensus Statement on Mental Health Recovery which identifies ten fundamental components of recovery oriented mental health service systems: Self-Direction; Individualized and Person-Centered; Empowerment; Holistic; Non-Linear; Strengths-Based; Peer Support; Respect; Responsibility; and Hope.

In Pennsylvania

[1] New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report.* DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003.

Long before policy directives emerged on the national level, leaders and visionaries in Pennsylvania were gathering strength and gaining momentum in their efforts to shift the system toward more recovery-oriented principles and practices. For 20 years, Pennsylvania consumer/survivor/ex-patient movement has been a proponent of consumer directed services, empowerment, and peer support. Community Support Services have evolved and expanded across the state during this time. Substance abuse services have pioneered the in the areas of self-help and peer support, the technology of relapse prevention, and step approaches, inspiring the adoption and adaptation of these ideas into adult mental health services.

Policy initiatives have followed. In 1995 OMHSAS developed a vision statement that included the expectation that every person served will have the opportunity for recovery. In 2003 this vision statement was revised with stakeholder input to form the cornerstone of a transformed, recovery-focused service system and a set of guiding principles were developed to further refine the vision.

In 2004 a Recovering Pennsylvania Conference brought together an array of stakeholders to explore how to move Pennsylvania's mental health services toward a system grounded on hope and recovery. In 2004 the OMHSAS Adult Advisory Committee formed a Recovery Workgroup to explore how to transition the Pennsylvania adult mental health system into a more recovery-oriented approach. This document is one product of those efforts to date.

The full text of the *Call for Change* explores the roots of recovery in mental health in greater breadth, including some of its civil rights legacy, supportive longitudinal research, and the rich and varied contributions of many Pennsylvanians.

What Does Recovery Look Like?

In 2004 the Pennsylvania Recovery Workgroup developed, and OMHSAS endorsed, the following definition of recovery to be the foundation for recovery-oriented activities and initiatives within the Commonwealth.

> *Recovery is a self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that allow people to reach their full potential as contributing community members.*

Don't we already do this? In essence, not often. Recovery is not simply a multiple-domain treatment plan, case management, tittered medications, or job placement. Recovery is more than treatment and services -- it happens in the context of a person's life – not just in their service environment. Yet, for many, services play a crucial role in helping -- or hindering this personal process of recovery. Done well, services can help to stimulate, facilitate, and support recovery for persons with psychiatric disorders. Alternatively, services can impede or even prevent the process, promote over-dependence on the system, or even relegate people to life-long custodial care.

The *Call for Change* presents the most current thinking about the personal, programmatic, and systemic aspects of recovery. It draws from various sources and reflects the results of consensus dialogues at the national level.

Indicators of a Recovery-Oriented Service System

Recovery at all levels is about fundamentally doing differently that which we must do every day. Often the challenge in developing recovery-oriented practices is not in WHAT is being done, but HOW it is being done. For example, recovery-oriented service systems continue to provide basic assessment, service planning, treatment and support for individuals with a wide range of needs. They must also contend with issues around emergency and compulsory treatment, risk and safety, conflicting ideas about what constitutes a persons "best interest", and who decides.

A considerable body of material has emerged during the past few years offering various markers of recovery oriented service systems and tools for measuring these benchmarks. There is striking consistency among the various initiatives regarding the primary domains or areas that characterize recovery-oriented services.

1. Validated Personhood
2. Person Centered Decision-Making & Choice
3. Connection -- Community Integration, Social Relationships
4. Basic Life Resources
5. Self-Care, Wellness, & Finding Meaning
6. Rights & Informed Consent
7. Peer Support/Self-Help
8. Participation, Voice, Governance & Advocacy
9. Treatment Services
10. Worker Availability, Attitude and Competency
11. Addressing Coercive Practices
12. Outcome Evaluation & Accountability

Within each of these broad domains are specific indicators that should be common practices in recovery-oriented systems. There are many ways each indicator can be demonstrated by individuals, by programs/services, and by the mental health authorities. The more indicators present and the more ways those indicators are manifest within a system, the more that service or system can be described as recovery-oriented.

A *Call for Change* explores each one of these twelve recovery domains and offer ways in which each indicator may be demonstrated from an individual perspective, by a service or program, and by a county, regional or state mental health authority. These tables are the heart of *A Call for Change* and serve as critical reference points for services, agencies and county mental health programs looking for specific strategies for transforming to more recovery-oriented services. However, the material not a cook book and is unabashedly incomplete -- its purpose is to be a starting point for discussion, creative thinking, and prioritization for future strategic planning.

While these activities may help stimulate, support, and facilitate the process of personal recovery among individuals served by the mental healthcare system, the bottom line is accountability to the persons served. Successful recovery-oriented systems will be able to consistently show evidence that people served are achieving personal outcomes that are meaningful to them. Unless services and the system can demonstrate that personal recovery outcomes are being attained, it is not a successful system, regardless of how many of the indicators of recovery oriented systems it has put into place.

Implications of Shifting Toward a Recovery-Oriented Mental Healthcare System

Systems, like people, do not change easily. Every system is perfectly designed to stay exactly the way it is. For meaningful change to occur some discomfort, imbalance, uncertainty, and acceptance of risk are prerequisite. Taking on the challenge of shifting toward more recovery-oriented approaches in our service system means making some fundamental changes in some of the core aspects of our work. And there are significant challenges to be overcome.

Challenges and Barriers

The 2004 Recovering Pennsylvania Conference report identified some of the fundamental challenges and barriers of moving toward a more recovery-oriented mental healthcare system in Pennsylvania. Examples of some of these are the following. The full text provides additional discussion.

- Fear - Providers fear of risk/liability of exploring shared or negotiated risk and consumer fear of losing services, facing stigma, losing control, of failure.
- Attitudes - Belief (by both some consumers and staff) that recovery is not possible for people with mental health problems; Beliefs that people with serious mental health problems need intensive and life-long caretaking.
- Knowledge and Emotions - Differing views of recovery among stakeholders; Lack of patience for change; Consumer fear that recovery is being co-opted by the system to justify reductions in services.
- Providers – Regimentation in services and programs due, at least in part, to funding requirements and regulations; Use of language that does not reflect hope, positive expectations, or recovery.
- Medical Model Orientation - Difficulties viewing mental illness as more than a biological phenomenon and resistance to expanding the role of mental health services to address broader life and support issues of the people receiving services; Emphasis on primacy of medication as treatment.
- Education and Training - Lack of education, training, and support for both consumers and mental health workers to do things differently; Little knowledge about how recovery happens.
- Regulatory/Organizational - Overwhelming rules/policies/regulations and a rigidity that limits opportunities to change them; Quality evaluation and licensure reviews that focus on structural components and standards compliance rather than personal outcomes and service effectiveness.
- Funding - Funding structures that pay for "more of the same" and have little capacity to leverage the flexibility needed to support a different array of services: Limited opportunity to consider a broader array of treatment approaches, including alternatives to traditional medical treatment.
- Consumer and Family Involvement - Limited consumer and family involvement at all levels; Resistance to consumers and family members as full partners in planning, governance, training, and service delivery activities; Self-congratulations for tokenistic appointments or advisory groups with no power.

Addressing Challenges and Barriers

While there are many steps and actions that can be taken on the local, regional and state levels, the following priorities must be addressed as part of a recovery-oriented transformation within the Pennsylvania adult mental health system. Some of these are synopsized below.

Power

In a recovery-oriented system the goal is to rebalance power so that the expertise and contributions of both the consumer and the provider are mutually respected and have bearing on decisions about treatment. In this "power with" orientation, the fiduciary responsibility of the worker to act in the best interest of the consumer remains intact, but the decision of what is in the best interest no longer rests entirely with the professional. Attention to person-centered/person-authored service planning, individual and collective voice in planning and policy-making, governance, administration, training, evaluation, and other aspects of the system are paramount. The adage "nothing about us without us" captures the fundamental importance of how power in the mental health service must be rebalanced.

Relationships

As consumers and family members become more active partners in service design and delivery, demanding and exercising voice in what had been primarily professional domains, the balance of power shifts, and the nature of helping relationships becomes less prescriptive and more collaborative. As the balance of power is leveled, many questions emerge about roles and boundaries between providers and consumers. This is compounded when people who may have received services, or are currently receiving services from an organization are engaged as workers or board members for that same organization.

Coordination and Community

Community connection and coordination needs to be considered on two distinct levels: systemic and individual. From a systemic perspective, there is increasing need for coordinated and integrated services to be established within and across networks, as well as across systems. Maximizing use of public dollars means coordinating resources and care from a myriad of public and private services. Ultimately, this can help to reduce the experience of fragmented, fractured, and conflicting care by consumers, their family members, as well as providers themselves. Further, it recognizes that mental health problems are not rare or relegated to a discrete subset of the population. Treatment is no longer isolated to psychiatric institutions or mental health facilities, but occurs in a range of community settings

From a recovery vantage point, the role of the service system is to help individuals establish and sustain rewarding and meaningful personal lives. This may entail a wide range of services and supports – some of which may be offered by mental health programs, but many of which are available in other venues in the community: community colleges, local clubs and associations, businesses and landlords, neighbors, religious groups, and so forth. The role of mental health services is no longer to be all things to all people, but to help individuals meet their personal needs through a wide array of community resources.

Peer Support and Consumer-Run Services

Peer support and consumer-run services are emerging as important promising practices on a national level. A recent multi-year, multi-site study of consumer run services sponsored by the Center for Mental Health Services (CMHS) found that consumer-operated peer support services are effective and increase well-being. Further, people who are offered consumer operated peer-support services show greater improvement in well-being over time than those offered only traditional mental health services. Development and support of peer support and consumer-run services needs to be a priority initiative throughout every area of the state.

Workforce Issues

Multiple evaluations and studies of services and programs show that worker attitude continues to be a significant barrier to personal recovery. The concepts of recovery are not integrated into the academic training and curriculum of most professionals working in the mental health field, with the exception of a few programs or departments.

There is a need to establish recovery-based competencies, especially ones which over-arch specific professional guilds or roles. There is work going on in this area in several places in the U.S. as well as internationally.

Evaluation and Quality Assurance
You get what you measure. Traditional approaches to quality assurance focus on compliance to a set of standards, measurement against a predefined set of benchmarks, or satisfaction with services measures. Often quality assurance focuses on process measures such as contact hours and compliance to standards rather than the actual impact of a service in the life of the individual person.

Increasingly, outcomes such as hospitalization rates, job placement, contact with criminal justice services and so forth have also become increasingly important as measures of quality in mental health programs. There are benefits and limitations to each of these approaches.

With the current interest and emphasis on recovery, new questions are emerging about how to define and measure it in both individual and programmatic contexts. If recovery is a highly individual process, what are the outcomes? While recovery measurement is in a fledgling state at this time, there are a variety of tools and instruments in various stages of development that can help administrators, clinicians, peer providers, and consumers establish and assess recovery-based care.

Medical Necessity & Evidence Based Practices
The concept of medical necessity drives both access and funding in most components of the behavioral healthcare system. Part of the challenge with this concept is not on the "necessity" but on the definition of "medical". Pennsylvania has successfully, through the inception of the Pennsylvania HealthChoices mandatory Medicaid managed care program, introduced a broad behavioral healthcare mandate to public services, including housing, respite, peer support, fitness. This has helped to expand the range of resources, focus of services, and the definition of medical necessity.

However, introducing recovery concepts as a driving principle in the system also raises the bar. It challenges service systems to grapple not only with assumptions about psychiatric disorder, chronicity, and healing but also with what it takes to truly help individuals build real lives and the role and limits of the system in this process.

Financing
In an era when level-funding feels like a success, when need and demand far outstrips the available resources, when social and human services are devalued politically, when we are constantly asked to do more and with less, discussing financing is difficult. Many services are underfunded and providers work very hard to make their resources stretch to cover all the needs of the individuals they serve.

In addition to ensuring an adequate foundation for basic care, several innovative approaches to financing are in consideration by various mental health authorities. These include use of health networks such as HealthChoices; separate funding streams for "clinical services" and "recovery services" bundles; development of Individual Recovery Accounts or Self-Directed Care approaches which allow individuals to directly purchase needed services; tapping into Medicaid Personal Assistance Services.

Toward Transformation

A *Call for Change* simply offers an image of the destination – a vision – and provides some ideas for moving forward the process of transforming the Pennsylvania behavioral healthcare system toward more recovery-oriented policies and practices. It presents some of the critical features of a recovery-oriented behavioral healthcare system and offers guidance from many sources including invested stakeholders in Pennsylvania, the new federal mandates, and the experience of other states and regions undertaking transformation

The Pennsylvania transformation will depend on the action of not only OMHSAS, but of all stakeholders. A successful transformation depends not only on state level policy making, but on a commitment to change that is demonstrated by many actions, large and small, that we as individuals and vested groups take.

There must be a degree of consensus and commitment to the vision and concepts outlined in *A Call for Change* before it can be used as a guide for transformation. This cannot happen before the document is disseminated, reviewed, discussed and debated. Listed below are a few ways you can begin the process in your agency or area.

- Promote discussion and dialog.
- Identify and promote local leaders for change.
- Self-check – use the indicators or structured evaluations to identify your strengths and most crucial areas for change.
- Be honest. Real change means confronting fundamental problems and issues that divide.
- Visioning. Do YOUR mission statement and guiding principles embrace recovery?
- Forge new partnerships. Reach out, just do it.
- Make a commitment and take an action. Do something now.

Many of the above actions boil down to four key questions. Generating your own answers to these key questions will take you a long way toward meaningful transformation of the public mental health system for adults in Pennsylvania.

- How *can* you use this document?
- How *will* you use this document?
- How can we partner to support peoples recovery?
- What is your constituency willing to take responsibility for?

Conclusion

A Call for Change: Toward a Recovery Oriented Mental Health Service System for Adults is a first step toward the transformation toward more recovery-oriented services in Pennsylvania. It outlines the diverse roots of recovery in mental health, collates current knowledge and ideas from within the state and other contemporary sources about what recovery looks like at the individual, programmatic and systemic levels, and offers some suggestions for

strategic next steps toward transformation. Its purpose is to generate discussion. It is only through discussion and dialogue that greater awareness and consensus can emerge.