

# **Making Recovery Practical with Serious Mental Illnesses**

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# Top 10 Reasons to Use Recovery Based Practice

1. When people don't believe they have a mental illness and you want to help anyway
2. When people don't do what you tell them to do
3. When people can't be cured and have to live with significant symptoms
4. When the illness has swallowed them up and become their identity and their whole life
5. When substance abuse is a major issue and you want to integrate substance abuse and mental health services

# Top 10 Reasons to Use Recovery Based Practice

6. When their culture leads to a different understanding of mental illness and their use of services than you have
7. When trauma is a major issue and you want to help without retraumatizing them
8. When hopelessness and passivity have taken over
9. When people have significant strengths and want to take on more self responsibility
10. When people want to go on with their life in the “real world”

***The Recovery Movement often seems idealistic and unrealistic to outsiders, but it has been built by people with severe mental illnesses and the people who live and work alongside them who deeply know the practical difficulties involved.***

***Our idealism comes not from a hopeful theoretical construct, but from the lived experience of overcoming the terrible suffering that often accompanies serious mental illnesses. When the hard work pays off and someone is able to enjoy life again and find meaning, it often feels miraculous.***

# Concrete Recovery Based Goals

1. **Functions may be recovered** - as in the ability to read, to sleep restfully, to work, to have coherent conversations, to make love, to raise children, to drive a car, etc.
2. **External things may be recovered** - as in an apartment, a job, friends, playing in a band, a spouse, a car, family relationships, stereo, tv, educational programs, etc.
3. **Internal states can be recovered** - as in feeling good about oneself, satisfaction, self confidence, spiritual peace, self-identity other than mentally ill, self-responsibility etc.

# Medical Model Recovery

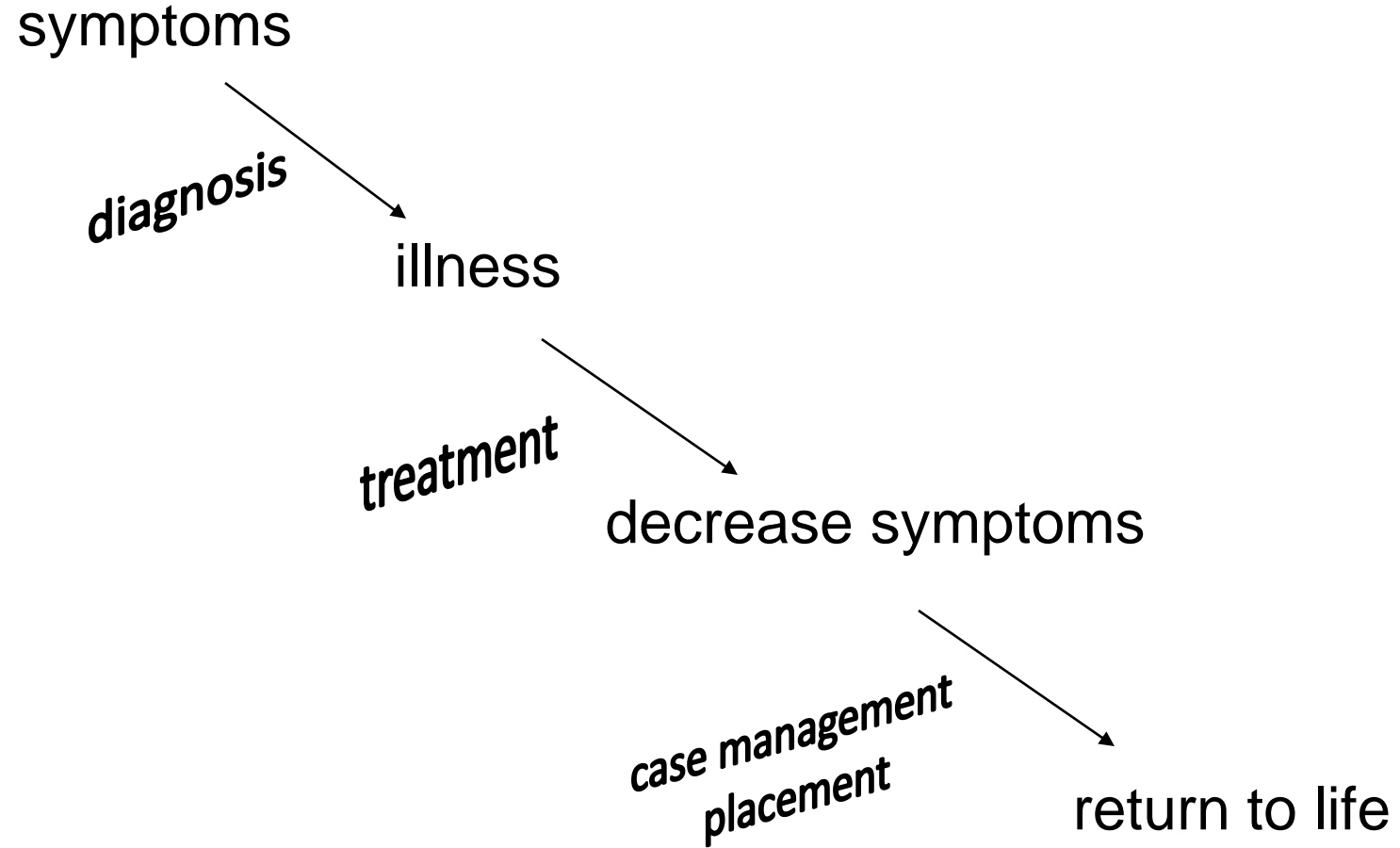
- Recovery from acute conditions usually results from symptom relief
- Recovery from long term conditions usually results from:
  - Being able to maintain self image and have hope
  - Being able to maintain wellness and responsibility for self-care
  - Being able to do things that make life meaningful
  - Being able to replace professional supports with natural supports

*For acute illnesses recovery is illness-based*

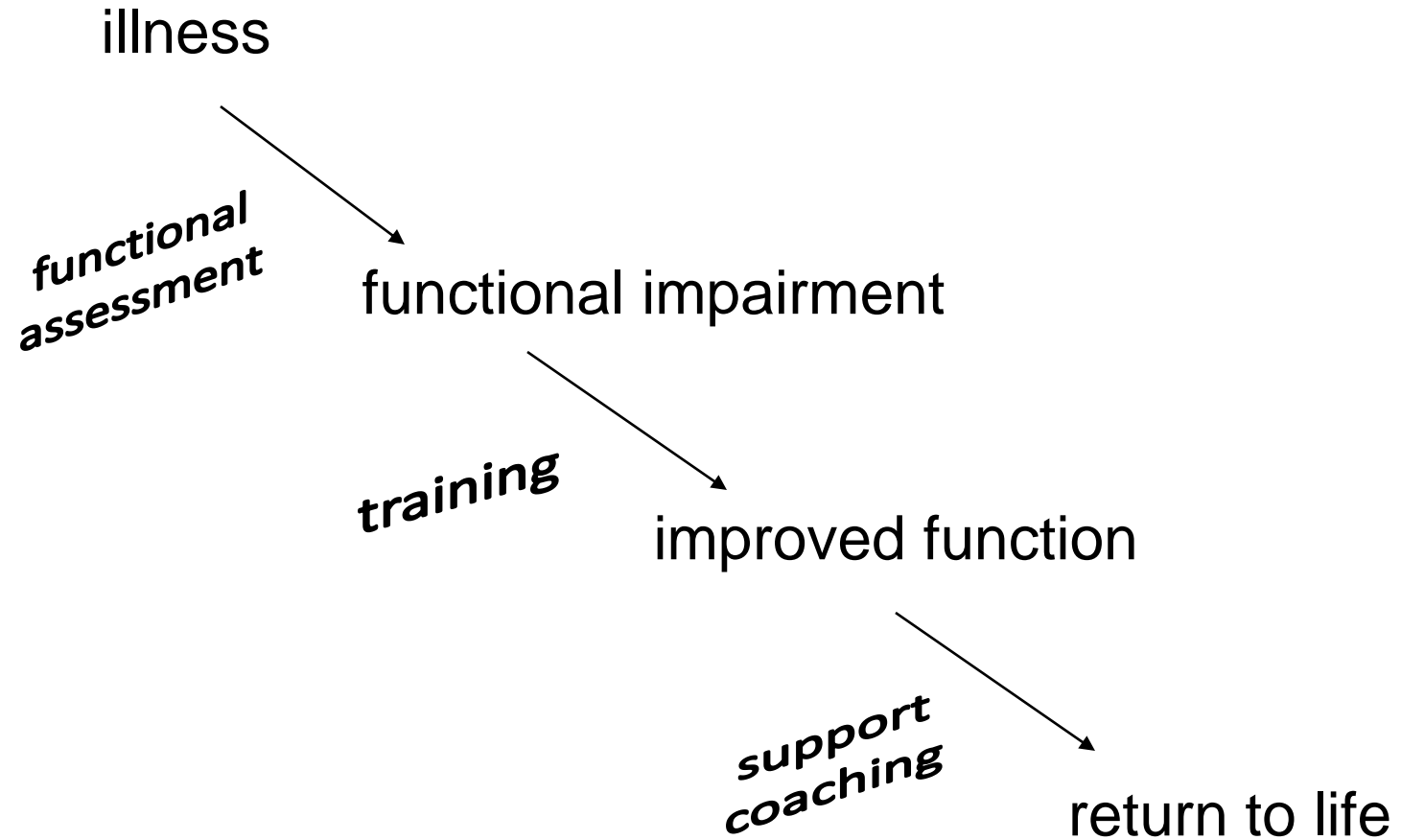
*For chronic illnesses recovery is person-based*

*People with long term conditions with persistent symptoms are those most in need of recovery based services*

# MEDICAL MODEL

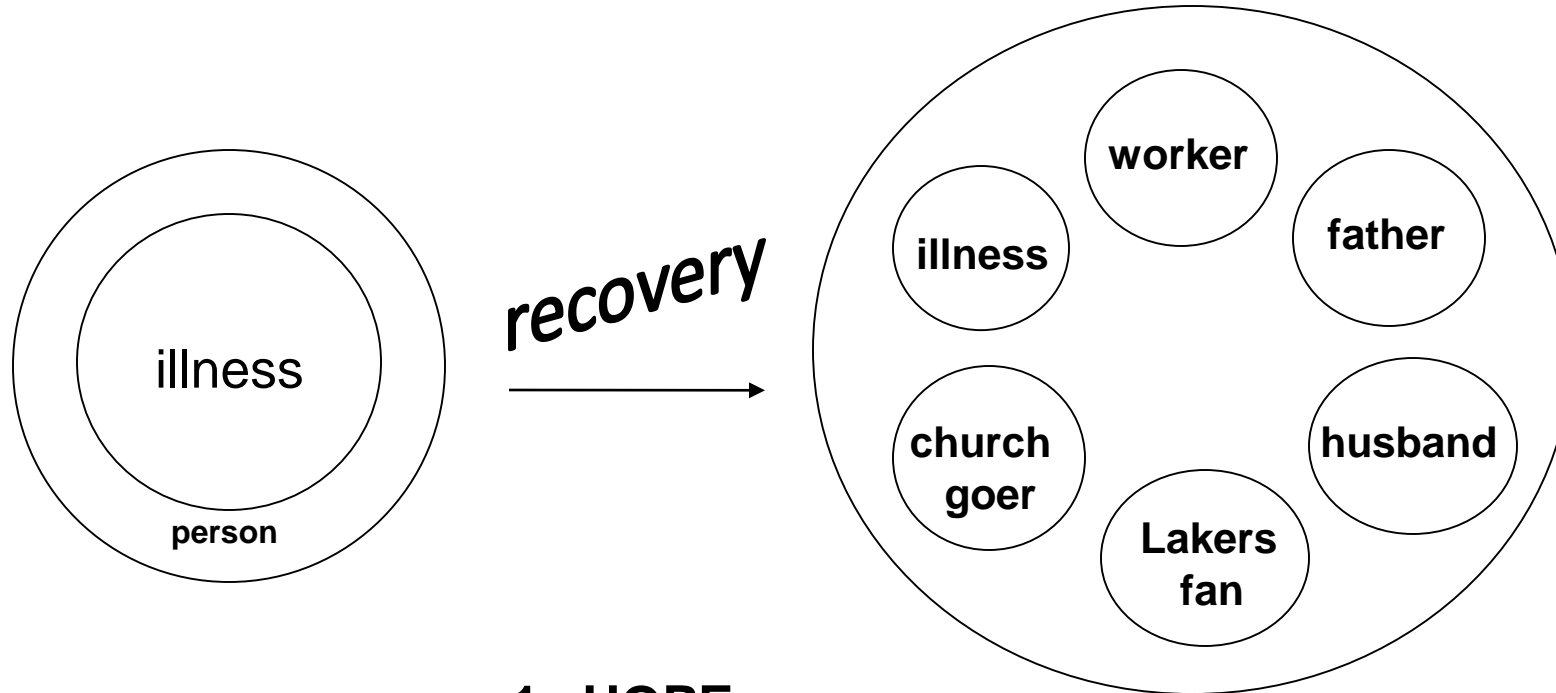


# REHABILITATION MODEL





# RECOVERY MODEL



1. HOPE
2. EMPOWERMENT
3. SELF-RESPONSIBILITY
4. MEANINGFUL ROLES

# PERSONAL STAGES of RECOVERY

1. Hope – believing the future can be better
2. Empowerment – believing you can make the future better
3. Self-Responsibility – taking actions to make the future better
4. Achieving Meaningful Roles – building a life in the community of your choice

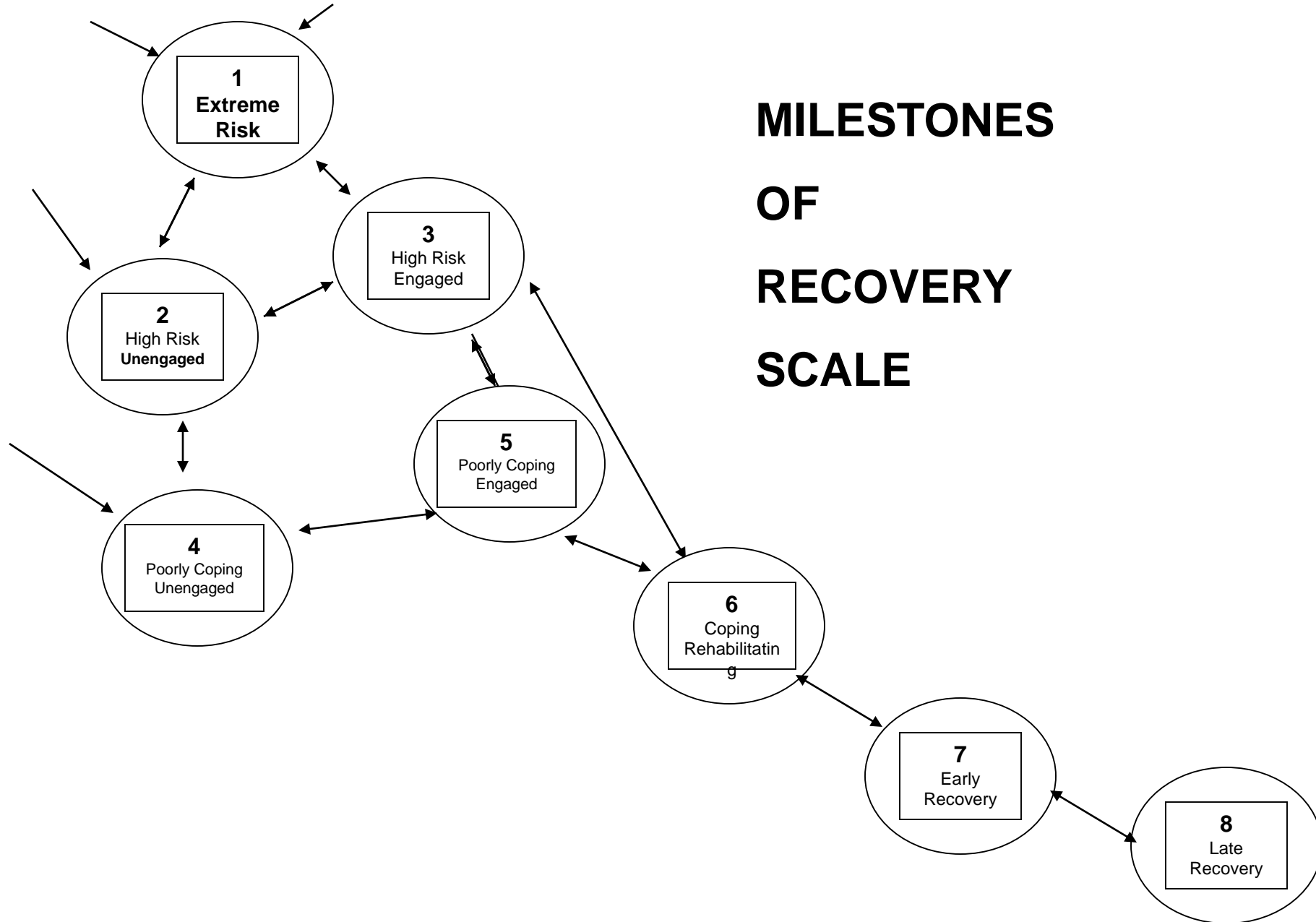
# The Hard Work of Recovery: From a river of suffering to community integration

River of Suffering	Engagement	Rebuilding	Arrival	Community integration
Rejected Lost and confused Isolated Traumatized Homeless Hospitalized Jailed Suicidal Dangerous Early death	<b>Personal</b> What's your story? Sanctuary Hope Include strengths	Assess damage Treatments Collaborative meds Self-help	Meaning/ strengths from suffering Resilience Health	Sustainable, inclusive communities  Strong social capital and community roles  "Upstream" prevention and early intervention
	<b>Relationships</b> Welcoming Creating trust Empowerment Collaboration	Peer support Family reunification Healthy relationships Consideration	Self-responsibility Giving back Friends Graduation	
	<b>Roles</b> Remember dreams Disabled roles Poverty assistance Protective factors	Practice healthy roles Supported services Rehabilitation Clubhouses	Meaningful roles Community niches Benefit community Fight stigma	

# What are Recovery Based Services?

1. Engagement and welcoming
2. Person-centered planning and goal-driven services
3. Sharing decision-making and building self responsibility
4. Rehabilitation - building skills and supports
5. Recovery-based medication services
6. Peer support and self help
7. Adapting and integrating therapy and healing
8. Trauma-informed care
9. Spirituality and alternative approaches
10. Community integration and quality of life support services
11. Graduation and self-reliance

# MILESTONES OF RECOVERY SCALE



<b>Stage of Recovery</b>	<b>Care taking services</b>	<b>Growth oriented services</b>
<b>Extreme risk</b>	<ul style="list-style-type: none"> <li>• Seclusion</li> <li>• Restraints</li> <li>• Chemical sedation</li> </ul>	<ul style="list-style-type: none"> <li>• Trauma informed</li> <li>• Identifying triggers</li> <li>• Increase self control</li> </ul>
<b>Unengaged</b>	<ul style="list-style-type: none"> <li>• Forced treatment</li> <li>• Protection</li> <li>• Benefits establishment</li> <li>• Acute stabilization</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach and engagement</li> <li>• Peer bridging</li> <li>• Concrete quality of life goals</li> <li>• Relationship building</li> </ul>
<b>Engaged, but poorly self-coordinating</b>	<ul style="list-style-type: none"> <li>• Structure</li> <li>• Making decisions for people</li> <li>• Case management</li> <li>• Chronic stabilization</li> </ul>	<ul style="list-style-type: none"> <li>• Supportive services</li> <li>• Skill building</li> <li>• Personal service coordination</li> <li>• Collaboration building</li> </ul>
<b>Self responsible</b>	<ul style="list-style-type: none"> <li>• Benefits retention</li> <li>• Maintenance therapy and medication</li> </ul>	<ul style="list-style-type: none"> <li>• Community integration</li> <li>• Self-help</li> <li>• Peer support</li> <li>• Wellness activities</li> <li>• Growth promoting therapy</li> </ul>

**Person-Centered Levels of Service  
(Recovery Based Spectrum of Care)**

Extreme risk	Unengaged		Engaged, but not self coordinating		Self responsible	
Locked setting	Outreach and engagement	Drop-in center	Intensive case management (ACT)	Case management Team and Clubhouse	Appointment based clinic	Wellness center
1:1 supervision Legal interventions Community protection Acute treatment Engagement	Welcoming Charity Evaluation and triage Documentation Benefits assistance Accessible medications Drop-in services		Case management Integrated services Accessible medications Supportive services Direct subsidies Rehabilitation		Appointment based therapy “Medications only” Wellness activities (WRAP) Self-help Peer support Community integration	

# *It's not just what you do, it's how you do it:*

## 3 Essential Recovery Transformations

- 1. *Person-Centered:*** Moving from centering our efforts on the treatment of illnesses and the reduction of symptoms to a holistic service of people and the rebuilding of lives - ***Needed to Engage***
- 2. *Client Driven / Collaboration:*** Moving from professional directed relationships emphasizing informed compliance with prescribed treatments to individualized relationships emphasizing empowerment and building people's self responsibility - ***Needed to Build skills***
- 3. *Strengths Based / Resilience:*** Building hope for recovery upon each person's strengths, motivations, and learning from suffering rather than upon the competence of professionals and medications to reduce or eliminate the burden of their illnesses –***Needed to Graduate***



# Key Recovery Tools for Psychiatrists

1. Person-Centered Formulations instead of Illness-Centered Diagnoses
2. Relationship based services
3. Trauma informed care
4. Goal driven medications and treatment
5. Shared decision making
6. Activated patients promoting their own recoveries – using medications instead of taking medications
7. Building resilience so they can handle the next relapse with less support from us

# Consumer Inclusion

- 1) Including people more actively in their own services –** client driven, shared decision making, choice, collaboration, promoting self help and coping – *Are they complying with our treatment plan or are we assisting them with their life plan?*
- 2) Including people with lived experiences of mental illnesses within our system including as providers of services -** “Consumer movement” recovery values presentations / personal stories of recovery, Consumer councils, Including consumers in planning groups, Consumer volunteers, Hiring consumers, Consumer leadership – *Is there really an “us” and a “them”?*

# Taking personal action: 14 paths to recovery

1. Talk to other people instead of isolating
2. Actively build security in your life – money to survive on, safe housing, connections with family, friends, and spirituality
3. Actually feel feelings and emotions instead of deadening them, medicating them, avoiding them, or getting high.
4. Learn some emotional coping skills
5. Learn to “use” medications instead of just “taking” medications
6. Engage (or re-engage) in activities that make you more fun and interesting
7. Take responsibility for your own life and make some changes in yourself.
8. Go to work even when you’re not feeling well.
9. Do things outside of being a mental patient and outside the mental health system
- 10.. Improve physical health and wellness
11. Love other people – family, partners, kids
12. Work on acceptance and forgiveness instead of blaming and vengeance
13. Give back by helping others
14. Find meaning and blessings in suffering and reconnect with God and spirituality.

# Building resilience by finding strengths in struggles

*Sometimes the process of struggling helps us discover and develop strengths inside of us we didn't know we had, receive gifts from our wounds, and figure out what's really important in life.*

## ***Strengths found in struggles include:***

- **Internal qualities** like determination, hopefulness, self awareness, self responsibility, pride, a strong work ethic, family values, and spiritual faith
- **External resources** like money, family, community, stable and safe housing, mentors and friends
- **Meaning making** like becoming the person I was meant to be, connecting to God's purpose for me, not taking mental health for granted, realizing what a gift life is
- **Enhanced connectedness and belonging** like becoming more compassionate and understanding of others, more patient, realizing we're all human

# THANK YOU!

To get a copy of my book *A Road to Recovery*  
download at [www.mhavillage.squarespace.com](http://www.mhavillage.squarespace.com)  
and click on "dr. mark's writings"  
...where you will find more of my articles on recovery,  
or contact me at  
Mark Ragins, MD  
[mrugins@mhala.org](mailto:mrugins@mhala.org)

for more recovery oriented training, consultation and workforce development opportunities  
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