VA Recovery Transformation
& Local Recovery Coordinators

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VA Is Committed to Recovery

► The New Freedom Commission envisioned “a recovery-oriented system of care.”

► Several Federal Departments and agencies, including the VA, met to draft a follow-up plan.

► Transforming Mental Health Care in America, Federal Action Agenda: First Steps, recovery is identified as the single most important goal for the mental health service delivery system.

► The VA’s Recovery Transformation Work Group drafted action items that were approved by the Under Secretary and incorporated into the Mental Health Strategic Plan and the Uniform Services Package.
VA / New Freedom Goals

Goal 1  To help veterans and the VA system understand that mental health is essential to overall health.

Goal 2  To create a MH system that is veteran and family driven.

Goal 3  To eliminate any disparities, stigma, or discrimination associated with mental illness.

Goal 4  To promote full access to recovery-oriented services at every VA location and at every point of contact with veterans.

Goal 5  To ensure that excellent recovery-oriented care is delivered and that the VA system builds the body of knowledge about recovery.

Goal 6  To learn how technology can be used by veterans and family members to access resources and support the journey of recovery.
Something old, something new...?
Common misperceptions about recovery

► “This is nothing new.”
► “It may be a fine idea for some, but...”
► “Is this an outpatient or inpatient program and how many staff come with it?”
► “OK, tell us what we have to do; let’s get this wrapped up by the end of the year.”
What is Recovery?

► A fundamental right or a specific practice?
► Something for which the consumer or the provider bears responsibility?
► An evidence-based practice or a value-based, driving attitude?
► An outcome that is operationally defined by the scientific community or by consumer groups?
► Is it an outcome at all, or is it a process?

(Answer: It’s all of the above and more)
What do we know?

► Anthony, W., 1993. Recovery is not only possible, but it must become the driving force of the MH service system.

► Lehman A. et al., 1998. Schizophrenia Patient Outcomes Research Team (PORT). In addition to psychopharm, the evidence based literature recommends family treatments, vocational rehab, assertive community treatment, and psychological interventions (esp. skills training), and left the door open for more.

► Harding, C., 2005. 10 studies with 20-30 years of follow-up data. Half to two-thirds of persons with schizophrenia achieve significant improvement and/or recover.
“Recovery occurs when people with mental illness discover, or rediscover, their strengths and abilities for pursuing personal goals and develop a sense of identity that allows them to grow beyond their mental illness.”

Recovery Defined

► **Recovery**: a process of restoring or developing a meaningful sense of belonging to one’s community and a positive sense of identity apart from one’s condition while rebuilding a life despite or within the limitations imposed by that condition.

► **Recovery oriented system of care**: identifies and builds upon each individual’s strengths and areas of competence to support a sense of mastery over his or her condition while regaining a meaningful, constructive, sense of membership in the broader community.

Connecticut Dept of MH and Addiction Services

http://www.ct.gov/dmhas/site/default.asp
Basic Components of Recovery In Serious Mental Illness, and...

1. Being supported by others
2. Renewing hope & commitment
3. Being involved in meaningful activities
4. Redefining self
5. Incorporating illness
6. Overcoming stigma
7. Managing symptoms
8. Assuming control
9. Becoming empowered & exercising citizenship

Davidson et al. (2005)
…Their Implication for Recovery Oriented Health Care Systems

1. Primacy of participation
2. Promoting access & engagement
3. Ensuring continuity of care
4. Employing strengths-based assessment
5. Offering individualized recovery planning
6. Functioning as recovery guide
7. Identify & address barriers to recovery
8. Identify, map, & develop community resources

Davidson et al. (2007)
If recovery is the goal, then it must be:

► embraced throughout the organization (veterans, providers, leadership, and management)
► used as a guide in workforce development (hiring, competency development, performance evaluation)
► represented in performance and outcome measurement
► allowed to effect changes in clinical and business practices as needed

Farkas et al. (2005)
“Mental Health Recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.” (SAMHSA, 2006)

- It is a belief, an attitude, a set of principles, a group of behaviors, and a lived-experience supported widely by peers, professionals, family members, friends, and society.

http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/
Ten Fundamental Components of Recovery (SAMHSA)

- **Self-direction**
  - consumer lead
- **Individualized and Person-centered**
  - multiple pathways
- **Empowerment**
  - consumer guided choice & resource allocation
- **Holistic**
  - all aspects of life are included
- **Non-Linear**
  - continual growth, not pass/fail or stepwise

- **Strengths-based**
  - builds upon skills and resilience
- **Peer Support**
  - mutual support and a sense of belonging have an essential role
- **Respect**
  - the protection of rights, the promotion of self-acceptance, and the elimination of stigma
- **Responsibility**
  - supports and requires personal accountability
- **Hope**
  - a better future, new opportunity, another chance
Recovery Fits with Other VA Initiatives

- Personal Mastery
- Technical Skills
- Interpersonal Effectiveness
- Customer Service
- Flexibility/Adaptability
- Creative Thinking
- Systems Thinking
- Organizational Stewardship

- Strengths-based and self-directed
- Empowerment
- Peer support
- Respect
- Non-linear
- Individualized
- Responsibility
- Hope/Holistic
Consequences of SMI

The Loss of:

- Self
- Family and other supportive relationships
- Stable housing
- Employment / financial stability
- Health
- Multiple opportunities (education, leisure,…)

Often leading to a downward spiral of negative beliefs and the loss of hope.
The Power of Beliefs

What people believe about themselves because of a diagnosis of a mental illness can often be more disabling than the illness itself....
Overcoming negative beliefs depends on the core elements of Recovery

HOPE
- For a full & meaningful life
- Strengths based
- See the possibilities

HEALING
- Self is defined apart from illness
- Resilience

EMPOWERMENT
- Person-centered goals
- Partnership in all aspects of the care delivery system

CONNECTION
- Community membership
- Culturally respectful and responsive
- Peers are critical partners

What is Recovery? Psychiatric Services 52(4), 482-485.
Typical approaches are often focused on:

- Deficits
- Doing for
- Individual provider’s skills
- Compliance with treatment, programs, & guidelines
- Clinic based sessions
- Applying knowledge
- Avoiding undesired outcomes

A recovery approach builds upon EBP clinical treatments and includes:

- Strength based assessment
- Doing with
- Veteran, family, & provider partnership
- Pursuing the veteran’s goals with varying levels of service
- Services / supports are provided wherever needed
- Using knowledge to help veterans achieve their personal goals
- Achieving veteran determined outcomes
In the words of Home Depot,

“You can do it; we can help!”

► Recovery is what the person with a mental illness experiences – learning how to live with, manage, and have a whole life despite the illness.

► The mental health system and its providers must offer the hope, partnership, services, and opportunities that make it attainable.
Local Recovery Coordinators (LRC)

- Full-time position authorized at 156 medical centers
- Reports to MH care-line leader or equivalent
- 139 positions are currently filled; 58 psychologists, 15 nurses, 4 psychiatrists, and 62 social workers
- Twice monthly conference calls; LRC Point of Contact appointed in each VISN
- National LRC training conference, Feb 2008, with follow-up meeting at July national conference
LRC Duties

1. Facilitate the integration of recovery principles into all MH programs
2. Educate/consult with leadership, staff, veterans, and families
3. Assist with access to PSR&R services
4. Guide policy development related to recovery
5. Promote activities to eliminate stigma associated with mental illness
6. Develop and guide a multi-year, local recovery transformation plan in partnership with all key stakeholders
7. Ensure that veterans with SMI have opportunity to pursue personal goals and to have input into program design and evaluation
8. Provide direct, recovery-oriented clinical services up to 25% of time
9. Participate in national conference calls and training programs, and work with the other LRC's in the VISN
Examples of What LRC’s Have Done

- Facilitated the establishment of consumer councils
- Coordinated the hiring of peer counselors
- Organized recovery implementation teams and collaborated with system redesign efforts
- Educated/ trained/ spoke at…
- Obtained support and published a quarterly recovery newsletter
- Formed workgroups to study key recovery components and develop a personal toolkit
- Integrated recovery services within facilities and with community partners
- Educated/ trained/ spoke at…
Challenges Ahead

► Is it recovery implementation or transformation?
► Management direction and support are essential and are present, but not sufficient
► “Hi, I’m the new LRC, and I’m here to help you implement the recovery model…”
► Whatever we do, it is only a means to the end which is recovery for individual veterans

In the words of Lowe’s

“Let’s build something together”
Final Thoughts

1. Seek and share the stories of recovery.

2. Commit to the mission – every veteran with a mental illness can experience recovery.

3. Mental illness must not be a source of embarrassment or discrimination.

4. Build a non-punitive culture of partnership, respect, and trust that supports recovery.

5. Educate/engage veterans, families, providers, and other stakeholders to create a shared vision for the future.

6. Work with your LRC and get to know the resources within VA and the community that support recovery.
References


References


http://www.mirecc.va.gov/Recovery_Resources.asp
http://vaww.mentalhealth.va.gov/files/recovery/MIRECCrecreading.doc