

**MENTAL HEALTH RECOVERY: WHAT HELPS AND WHAT HINDERS?
A NATIONAL RESEARCH PROJECT FOR THE DEVELOPMENT OF RECOVERY
FACILITATING SYSTEM PERFORMANCE INDICATORS**

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Mental Health and SAS

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Plenary: A Recovery Oriented System and its Measurement

The first part of this handout provides tables summarizing the findings of *Phase One Research Report: A National Study of Consumer Perspectives on What Helps and Hinders Recovery*. Please keep in mind that important information, nuances and details get lost in table summaries. These tables need to be viewed hand-in-hand with the text of the Phase One Research Report. To obtain a free copy of *Phase One Research Report: A National Study of Consumer Perspectives on What Helps and Hinders Recovery*, contact:

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A PDF format version of report is also available under the October 2002 listing at <http://www.nasmhpd.org/ntac/reports/index.html>.

The second part of this handout contains the working draft of the consumer self-report data set and administrative data set of recovery orientation system performance indicators. These sets of indicators were generated from the findings and codebook of the Phase One Report and informed by other current recovery-related mental health system performance measurement efforts. The self-report data set is undergoing extensive prototype test and review by the participating states. The prototype test and review will yield data on the survey item responses and item understandability, as well as a rating of item importance. The administrative data set is undergoing extensive review by the MHSIP Mental Health Report Card 2.0 Workgroup and the participating states. The results of all the reviews will be used to refine and reduce the self-report data and the administrative data indicators into more parsimonious sets. *Please keep in mind that these materials are works in progress and are not intended for use at this stage of development.* Thank you.

The materials herein do not necessarily reflect the positions or policies of any of the project sponsors and state research partners. The materials are based on the cumulative perspectives of the 115 focus group participants as analyzed and interpreted by the five member research team.

THE AMERICAN DREAM – *Because I have had a place where I could live and just be and feel safe, it really accelerated my recovery. (CO 259)*

Basic Material Resources

Hinders
Poverty
Unsafe & Unaffordable Housing
Lack of Transportation
Barriers to Benefits & Entitlements
Lack of Communication Services

Helps
Livable Income
Safe & Affordable Housing
Transportation
Information & Advocacy on Services & Benefits/ Insurance Parity
Telephone Service
Resources from Social Networks

CITIZENSHIP – *Often times it's not about pathology, it's just about life. (AZ 739)*

Social Relationships

Hinders
Inadequate Social Network/ Social Isolation
Emotional Withdraw/ Personal Isolation
Lack of Information for Families and Friends
Controlling Family Members
Lack of Social Skills
Stigma, Prejudice, Labeling, Negative Media Portrayals
Disabling Conditions/ Health Problems
Social Status/ Immigrant Status
Trauma Experiences
Substance Abuse

Helps
Extended Networks/ Kinship Ties/ Friendships/ Affinity Groups (faith communities, tribes)
Personal Ties (at least one person)/Intimate Relationships
Openness to New Information, Strategies, Healing/Advocates within Social Networks
Supportive & Accepting Kin
Communication/ Social Contact (e.g. fun)/ Balancing Solitude and Social Togetherness
Volunteerism
Access to Means of Communication (i.e., phone service, Internet)
Social Choices
Mutual Aid/Interdependence

Meaningful Activities

Hinders
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

Helps
Choice among Meaningful Employment Opportunities
Program and Policy Decision Making
Respect Choices/Readiness for Work
Educational Advancement (e.g., formal, self-directed)
Volunteer Work
Understanding & Respective Employers/ Accommodations
Advocacy Group Participation/ Systems Level Advocacy/ Community Organizing

PERSONHOOD – *Live your life, not your diagnoses. (CO 1309)*

Hope, Sense of Meaning & Purpose

Hinders
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

Helps
Developing a Sense of Meaning & Purpose/ Having Goals
Meaningful Service Choices
Staff are Hopeful/ Realistic Optimism
Spirituality Acknowledged
Role Models, Friends & Peers
Positive Personal Attitudes/ Hope, Optimism
Reclaiming & Appreciating Personal Strengthens/ Active Coping
Positive Personal Experiences/ Housing & Sense of Home/ Rejuvenation
Gaining Knowledge and Becoming Educated

Self/Whole Person

Hinders
Negative Beliefs and Attitudes
Not Taking Personal Responsibility
Invalidation and a Lack of Information
A Lack of Discretionary Funds
Disabling Conditions/ Health Problems
Labeling

Helps
Positive Traits and Attitudes
Self Reliance/Personal Resourcefulness/ Dignity of Risk
Information & Education on Disorder
Self Advocacy and Self Determination
Self Care/ Self-Monitoring of Symptoms
Seeing Self as Whole, Complete Person

EMPOWERMENT PROCESS – *It would be nice if a mental health center would say, “These are the services that we should be able to provide to you. We can’t because of funding. But if we could, they might actually be more helpful to your recovery process than what we do have to offer.” Because there’s something that’s really empowering in having at least that knowledge. (OK 856-860)*

Choice

Hinders
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
Limited Treatment Options
Forced Treatment & Coercion
Family & Professional Control
Lack of Skills in Choice Making
Disabling Condition Itself
Stigma/Discrimination/ Self-Stigma

Helps
Meaningful Options
Expansion of Choices regarding Basic Needs
More Job Choices
Educated on Treatment Options & Best Practices/ Self-Directed Planning/ Advanced Directives
Individualized Services & Treatment Planning/ Expanded Options/ Vouchers
The Freedom of Whether and How to Participate in Programs & Services
Self-Determination
Building Skills and Opportunities for Choice Making
Partner with Others in Recovery

Independence

Hinders
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

Helps
Making Own Choices and Decisions/ Increased Consumer Voice in System
Self-Determination/ Advanced Directives
Interdependence & Partnership
Having affordable housing, car, job, etc.
Basic Human and Civil Rights & Freedoms

REFERENT POWER – *Support from others is very important, especially from others who are in the same predicament that you are. They know what you go through. They've been through it, and they survived, which could help you survive. (TX 1258-61)*

Peer Support

Hinders
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
Lack of Transportation

Helps
Adequate Funding for Peer Support
Wide Availability of Peer Support Resources
Diverse Models of Peer Support (e.g., support groups, warm lines, case managers, etc.)
Role Models & Mentors
Exposure to Self-Help/ Self-Help Philosophy
Support Resources run by Consumers
Consumers employed within Traditional/Formal MH Services
Accessing Other Self-Help Supports & Services (e.g., AA, NA)
Sharing Common Experiences

THE FORMAL SYSTEM – *The system should assume that every person that walks through the door has the potential for recovery rather than the opposite – just automatically assume that recovery is possible. (SC 1286)*

Implicitly or explicitly getting the message that you will be sick for the rest of your life, you’ll never get well. You’ll have to take meds the rest of your life. Being told you’ll never work again. The thing that the system has done to hinder and actually damage me the most is tell me I’ll never be well. (AZ 2247)

They use meds as a way to control your behavior – it’s like a pharmaceutical handcuff – a medication straightjacket. (SC #1334)

It’s basically just an ushering in and an ushering out—‘Here’s some meds, we’ll see you in 32 days.’” (CO 2633)

Formal Services

Hinders – Organizational Culture & Structure
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

Helps – Organizational Culture & Structure
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 Consumers Positions on Boards & Committees/ Office of Consumer Affairs/ Ombudsman Program

They bend the people to the program instead of bending the program to the people. (NYC 1152)

Hinders – Programs & Services
Coercion & Forced Treatment
Treatment/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/ Timeliness, 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

Help - Programs & Services
Forced Treatment Avoided
Freedom of Whether & How to Participate in Services & Meds/ Self-Management of Medications
Inpatient Services as Last Resort but Available/ Small Scale/ Alternatives to Hospitalization/ Self-Directed Inpatient Care/ Advanced Directives Respected
Quality Clinical Care/ Consumer-Doctor Partnership/ Up-to-date Treatment Knowledge/ Clean & Modern Program Environments
No Waits/ Flexible
Coordinated Services across Problems, Settings, & Systems/ Effective Case Managers with Low Caseloads & High Pay/ Disengagement or Reductions in Services based on Consumer's Self-Defined Needs
Tailored to Individual/ Wide Range of Choices as to Who Provides, What is Provided & Where Provided
Peer Support Services/ Therapy & Counseling/ Atypical Meds/ Family Services/ Employment Support & Career Development/ Respite Care/ Integrated Dual Diagnosis Services/ Jail Diversion and Community Reintegration Services/ Etc.
Patient Education/ Illness Education/ Information on Meds, Effective Treatments & Services & How to Secure, Rights/ Family Education/ Public Awareness Education (anti-stigma & pro-recovery)
System Navigators/ Extensive Out-reach & Support (multiple languages, 24-7, minority-focused)/ Homeless Outreach/ Safety Net Services
Access to Records/ Can Change Inaccurate Information
Early Intervention & Public Screenings/ Outreach to Churches, Schools, Communities

PARTNERSHIP - *The right staff with patience, time and understanding can help you move along toward recovery. (NYC, 239)*

The most important thing is a sense of partnership...I remember the first time (and it was very recently... within the last year), that a psychiatrist actually sat down and talked to me, actually listened to what I had to say. I was feeling a lot of fear and apprehension about some important tasks I had in front of me. He said ‘We’re going to get through this together, you know, this is a team effort.’ News to me. Twenty years of living with [this disorder] no one ever told me that before...This concept that we were in partnership –both of us doing whatever we could to enhance my recovery, understanding that the primary responsibility is with me for my own recovery, not stepping back from that at all – was such a novel thing. (AZ 2373)

Formal Service System Staff

Hinders
Discontinuity/ Burnout/ Overworked
Low Expectations/Negative Messages
Misunderstanding/Mistrust
Coercion/ Power-Over/ Formal Roles
Paternalism/ No Understanding of Consumer’s Experiences/ Superior/ Disrespectful
Culturally Insensitive/ Devaluing/ Not Much Staff Diversity
Foster Dependency/ Discourage & Undermine Consumer Participation
Inadequate Knowledge & Training (on trauma services, recovery process, effective meds & treatments, etc.)

Helps
Continuity/ One-on-one Relationship/ Availability
Hopeful/ Positive Expectations/ Belief that Recovery is Possible
Understanding, Trustworthy/ Honest/ Open
Partnership & Collaboration/ Treated as Equals/ Provides Practical Support using Multiple Roles
Listened to/ Believed/ Staff are Authentic, Respectful, Supportive, Caring, Responsive, Have Humility
Culturally Sensitive/
Fosters Self-Empowerment
Improved & On-going Training & Education/ Consumers Involved as Trainers

I had a therapist that cared and this was in the public sector. All those people came together one day to an office at a facility and they all sat down with me and talked about how I was going to survive and how they were going to help me survive. We were all going to decide how we were all going to help me get well. Wrap around, where you’re pulling in community, family, faith, work and being holistic. Combining everybody around you who knows about you and everyone being aware of what your symptoms are, how you’re behavior is and then it’s just like a community taking care of you until you’re able to take care of yourself. (Native American describing tribal response, OK 1448-1485)

Recovery Orientation System Performance Indicators: Prototype Consumer Self-Report Data Set

In general during the last six months:

1. I have paid work opportunities that are meaningful to me.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
2. Mental health services helped me get or keep employment.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
3. I have a chance to advance my education if I want to.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
4. Mental health services helped me in advancing my education if I wanted to.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
5. I have housing that I can afford.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
6. Mental health services helped me get housing that I can afford.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
7. I have reliable transportation to get where I need to go.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
8. Mental health services helped me get reliable transportation.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me

In general during the last six months:

9. I have enough income to live on.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
10. Mental health services helped me obtain enough income to live on.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
11. I live in a safe location.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
12. Mental health services helped me get housing in a place I feel safe.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
13. My medical benefits do not meet my needs (for example, no dental care, no eye care, no choice in doctors, limited prescriptions, etc.).	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
14. Mental health services helped me get medical benefits that meet my needs.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me

My mental health services & staff during the last 6 months:

15. There was a consumer peer advocate to turn to when I needed one.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
16. There are consumers working as paid employees in the mental health agency where I receive services.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
17. I found helpful services in consumer run programs that were not available in other mental health services.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
18. Staff supports my right to try new things, take a risk or make a mistake.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
19. I have a say in what happens to me when I am in crisis.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
20. Staff give me complete information in words I understand before I consent to treatment or medication.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
21. Staff encourage me to do things that are meaningful to me.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
22. Staff stood up for me to get the services and resources I needed.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
23. Staff treat me with respect regarding my cultural background (think of race, ethnicity, religion, language, age, sexual orientation, etc).	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
24. Staff believe that I can grow, change and recover.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
25. Staff listen carefully to what I say.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
26. Staff lack up-to-date knowledge on the most effective treatments.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
27. I can have a say in how my service agency operates.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
28. Staff see me as an equal partner in my treatment program.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
29. My treatment plan goals are stated in my own words.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
30. Mental health staff interfere with my personal relationships.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me

31. Mental health staff help me build on my strengths.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
32. Mental health staff support my self-care or wellness.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
33. Staff help me stay out of psychiatric hospitals and avoid involuntary treatment.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
34. My right to refuse treatment is respected.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
35. Treatment or medication was forced on me.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
36. Staff use pressure, threats, or force in my treatment.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
37. Staff respect my wishes about who is and who is not given information about my treatment.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
38. The time I have with my psychiatrist is too brief to be helpful.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
39. There are too many changes in the staff who provide my services.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
40. The doctor worked with me to get on medications that were most helpful for me.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
41. I have information or guidance to get the services and supports I need, both inside and outside my mental health agency.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
42. I can get combined services and supports for both substance abuse and mental illness.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
43. I can see a therapist when I need to.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
44. My family gets the education or supports they need to be helpful to me.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
45. I am given information about medication side effects in words I understand.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
46. I am treated as a psychiatric label rather than as a person.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me

My mental health services & staff during the last 6 months:

47. I have access to other consumers who act as role models.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
48. I am encouraged to use consumer-run programs (for example, support groups, drop-in centers, etc.).	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
49. I do not have enough good service options to choose from.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
50. Service programs restrict my freedom to associate with people of my choice.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
51. I have a place to live that feels like a comfortable home to me.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
52. Staff respect me as a whole person.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
53. Staff treat me as though I will never be able to function well.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
54. Staff do not understand my experience as a person with mental health problems.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
55. I receive support to parent my children.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
56. There is at least one person who believes in me.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
57. I have supports to develop friendships with people outside the mental health system.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
58. I do not have the support I need to function in the roles I want in my community.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
59. I have help in exploring resources for my spiritual growth, when I want such help.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
60. The mental health staff ignore my physical health.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
61. I am afraid that if I do too well I will lose my supports and services.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
62. Complaints or grievances about mental health services were respectfully resolved.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
63. Services are not flexible to meet my changing needs.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me

64. Mental health services have caused me emotional or physical harm.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
65. I have access to services for trauma or abuse as needed.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
66. I cannot get the services I need when I need them.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
67. Staff encourage me to take responsibility for how I live my life.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
68. Services help me develop the skills I need.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
69. I have help in creating a plan for how I want to be treated in the event of a crisis, such as an advance directive.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
70. Mental health services led me to be more dependent, not independent.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
71. Mental health services fed into my negative feelings about myself.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
72. I lack the information or resources I need to uphold my client rights and basic human rights.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
73. I have support for challenging negative stereotypes, stigma and/or discrimination.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me

Section Five Directions: Are there other issues related to how services help or hinder your recovery? Please explain.

Recovery Orientation System Performance Indicators: Draft Administrative Data Set

Seven items seem to fit directly within MHSIP Report Card Version 2.0 proposed indicators. Twenty items seem separate of existing MHSIP Report Card Version 2.0 proposed indicators. These 20 items fit within 12 newly proposed indicators.

Current MHSIP Proposed Indicators

MHSIP's Proposed Indicators On Seclusion And Restraints (Standard Definition Set)

Recovery item *the percent of clients and client service hours regarding the use of restraints and the percent of clients and client service hours regarding the use of seclusion* are already covered by these.

MHSIP's Proposed Indicator On Medication Errors (Standard Definition Set)

Recovery item *the percent of clients whose total dosage of medication exceeds established clinical parameters* falls within this area. What isn't clear is how overmedication errors are going to be detected and reported.

MHSIP's Proposed Indicator On Cultural Competence (Developmental Set)

Recovery item *the proportion of direct care staff race/ethnicity demographic to client race/ethnicity demographic within each local mental health service contractor* falls within this area.

MHSIP's Proposed Indicator On Involvement In The Criminal Justice/Juvenile Justice System (Multiple Definition Set)

Recovery item *the proportion of mental health catchment/service areas that have jail diversion services* falls within this area. The multiple measures listed under the MSHIP performance indicator, however, only report arrests and jail stays. There is no measure reporting the existence of, or access to, jail diversion services if such are needed. A related issue is identifying what constitutes effective jail diversion services for consumers with serious mental illness and measuring fidelity to such models.

MHSIP's Proposed Indicator On Percentage Of Persons Receiving Services In The Least Restrictive Service Setting (Developmental Set)

Recovery item *the proportion of client service hours occurring in natural settings, i.e., out-of-office* falls within this area.

MHSIP's Proposed Indicator On Reduced Substance Abuse Impairment (Developmental Set)

Recovery item *the proportion of mental health catchment/service areas that have integrated substance abuse and mental health services* falls within this area.

New Recovery Project Proposed Indicators

Recovery Domain: Choice

Performance Indicator: Advance Directives

Measure 1: The percentage of local mental health service contractors that have a mechanism to help clients develop advance directives.

Numerator: The number of local mental health service contractors that have a mechanism to help clients develop advance directives.

Denominator: The total number of local mental health service contractors.

Measure 2: The percentage of local mental health service contractors that have a process for utilizing advanced directives.

Numerator: The number of local mental health service contractors that have a process for utilizing advanced directives

Denominator: The total number of local mental health service contractors.

Recovery Domain: Recovery/Choice

Performance Indicator: Involuntary Inpatient Commitments

Measure: The percent of clients under involuntary inpatient commitments.

Numerator: The number of clients who received involuntary inpatient commitments during the reporting period.

Denominator: The total number of clients who received inpatient services during the reporting period.

Recovery Domain: Choice

Performance Indicator: Involuntary Outpatient Commitments

Measure: The percent of clients under involuntary outpatient commitments.

Numerator: The number of clients who received involuntary outpatient commitments during the reporting period.

Denominator: The total number of clients who received outpatient services during the reporting period.

Recovery Domain: Mental Health System Orientation

Performance Indicator: Recovery Oriented Mission Statement

Measure 1: The state mental health authority's mission statement includes a recovery orientation.

Measure 2: The percentage of local mental health service contractors whose mission statements include a recovery orientation.

Numerator: The number of local mental health service contractors whose mission statement includes a recovery orientation.

Denominator: The total number of local mental health service contractors.

Recovery Domain: Mental Health System Orientation

Performance Indicator: Consumer Selected Outcomes

Measure: The proportion of performance contracts that specify consumer selected outcomes.

Numerator: The number of service contracts documenting consumer involvement and selection in service contract outcomes.

Denominator: The total number of service contracts.

Recovery Domain: Mental Health System Orientation

Performance Indicator: Office of Consumer Affairs

Measure 1: There is a State Office of Consumer Affairs that is staffed by former or current consumers.

Numerator: The number State Office of Consumer Affairs staff (unduplicated) who are disclosed consumers (former or current) during the reporting period.

Denominator: The total number of State Office of Consumer Affairs staff (unduplicated) during the reporting period.

Measure 2: The percentage of regional mental health offices/local mental health authorities (or equivalent) that have an Office of Consumer Affairs.

Numerator: The number of regional mental health offices/local mental health authorities (or equivalent) that have an Office of Consumer Affairs during the reporting period.

Denominator: The total number of regional mental health offices/local mental health authorities (or equivalent) during the reporting period.

Measure 3: The proportion of central office administrative budget allocated to the State Office of Consumer Affairs.

Numerator: The amount of funds in central office administrative budget allocated to the State Office of Consumer Affairs during the reporting period.

Denominator: The total amount of funds in central office administrative budget during the reporting period.

Recovery Domain: Mental Health System Orientation

Performance Indicator: Consumer Involvement in Governance and Policy

Measure 1: Participation of primary consumers is mandated for the state mental health authority's governing board. The proportion of the board membership that are primary consumers.

Numerator: The number of primary consumers (unduplicated) who are state board members during the reporting period.

Denominator: The total number state board members (unduplicated) during the reporting period.

Measure 2: The percentage of local mental health service contractors that mandate participation of primary consumers on their governing boards. The proportion of the board membership that are primary consumers.

Numerator: The number of local mental health service contractors that mandate participation of primary consumers on their governing boards.

Denominator: The total number local mental health service contractors with governing boards.

Numerator: The number of primary consumers (unduplicated) who serve on local mental health service contractor boards during the reporting period.

Denominator: The total number local mental health service contractor board members (unduplicated) during the reporting period.

Measure 3: The state mental health authority directly involves primary consumers with policy development and review.

Numerator: The number of polices in the denominator (unduplicated) reviewed by the consumer advisory committee prior to the public comment period.

Denominator: The total number of new polices and current policies with proposed revision (unduplicated) released for public comment during the reporting period.

Measure 4: The percentage of local mental health service contractors that directly involve primary consumers with policy development and review.

Numerator: The number of local mental health service contractors with consumer advisory committees during the reporting period.

Denominator: The total number of local mental health service contractors during the reporting period.

Recovery Domain: Therapeutic Partnership

Performance Indicator: Consumer Employment within Mental Health Systems

Measure 1: The percent of direct care service staff who are former or current disclosed consumers.

Numerator: The number of direct care staff (unduplicated) who are disclosed consumers (former or current) during the reporting period.

Denominator: The total number of direct care staff (unduplicated) during the reporting period.

Measure 2: There are programs/institutes specifically designed to train consumers to become mental health providers.

Recovery Domain: Therapeutic Partnership

Performance Indicator: Direct Care Staff to Client Ratio

Measure: The ratio of direct care staff to clients within each local mental health service contractor.

Numerator: The total number of direct care staff (unduplicated) during the reporting period.

Denominator: The total number of clients (unduplicated) during the reporting period.

Recovery Domain: Peer Support/Peer-Operated Services

Performance Indicator: Peer-Operated Services Funding

Measure: The proportion of budget allocated for peer-operated services.

Numerator: The amount of funds in the state mental health budget allocated for peer-operated services during the reporting period.

Denominator: The total amount of funds in state mental health during the reporting period.

Numerator: The amount of Medicaid reimbursement for services delivered in peer-operated programs during the reporting period.

Denominator: The total amount of Medicaid reimbursement for behavioral health care during the reporting period.

Recovery Domain: Trauma Services

Performance Indicator: Trauma Service Provision

Measure: The proportion of mental health catchment or service areas that have trauma services.

Numerator: The number of persons with severe mental illness receiving trauma services (unduplicated) during the reporting period.

Denominator: The total of persons served in the community, 18 and older, with any serious mental illness (unduplicated) during the reporting period.

Recovery Domain: Stigma and Discrimination

Performance Indicator: General Public Campaigns

Measure: The proportion of funds earmarked for public awareness education, prevention, and/or wellness campaigns.

Numerator: The amount of funds in the mental health/behavioral health budgets allocated for public awareness education, prevention, and/or wellness campaigns during the reporting period.

Denominator: The total amount of funds in mental health/behavioral health budgets during the reporting period.

CHRONICITY COMPARED TO RECOVERY

A recovery-based mental health system strives to implement the ideals of a recovery orientation as compared to the focuses of the old paradigm or chronicity orientation, as detailed in the following table, based on the work of Ridgway (1999).

The Chronicity Paradigm

The Emerging Recovery Paradigm

Diagnostic groupings; “Case”; Lumped and labeled as “chronics”/ SPMI/ CMI	Unique identity; Person orientated; Person First Language
Pessimistic Prognosis; “Broken Brain”	Hope and Realistic Optimism
Pathology/ Deficits; Vulnerabilities are Emphasized; Problem-Oriented	Strengths/ Hardiness/ Resilience; Self-Righting Capacities Emphasized
Fragmented Biological/ Psychosocial/ Oppression Models	Integrated Bio-Psycho-Social-Spiritual Holism; Life-context
Professional Assessment of “Best Interests” and Needs/ Paternalism	Self-Definition of Needs and Goals/ Voice/ Consumer-Driven/ Self-determination
Professional Control/ Expert Services	Self-Help/ Experiential Wisdom/ Mutuality/ Self-Care/ Partnering with Professionals
Power Over/ Coercion/ Force/ Compliance	Empowerment/ Choice
Reliance on Formal Supports or “Independence”	Emphasis on Natural Supports; Interdependency
Social Segregation; Formal Program Settings; Deviancy-Amplifying Artificial Settings	Community Integration; “Real Life” Niches; Access & Reasonable Accommodation to Natural Community Resources/ In Vivo Services and Supports
Maintenance/ Stabilization; Risk-Avoidance	Active Growth/ New Skills & Knowledge/ Dignity of Risk
Patient/ Client/ Consumer Role	Normative Roles/ Natural Life Rhythms
Resource Limitations/ Poverty	Asset building/ Opportunities
Helplessness/ Passivity/ Adaptive Dependency	Self-Efficacy/ Self-Sufficiency/ Self-Reliance

Source: Ridgway, P. (1999). *Deepening the Recovery Paradigm: Defining Implications for Practice. A Report of the Recovery Paradigm Project*. Unpublished Manuscript. Lawrence, KS: University of Kansas, School of Social Welfare, Office of Mental Health Research and Training.