



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Recovering Citizenship III: *Boundary Crossings: Systems, Communities, and Expertise*

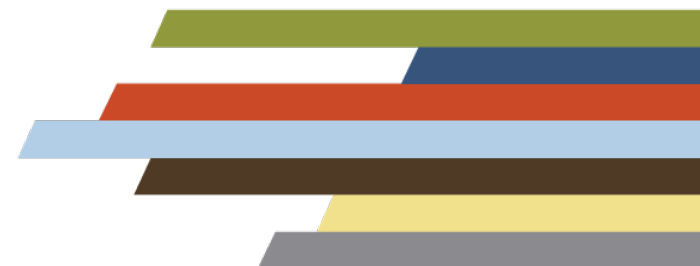
May 13-16, 2019

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Directors of the Program for Recovery & Community Health

Yale School Medicine, Department of Psychiatry

New Haven, Connecticut



**This presentation was part of the
2019 International Recovery and
Citizenship Collective (IRCC)
Symposium**

**Hosted by
Yale Program for Recovery &
Community Health (PRCH) and
Connecticut Mental Health Center**

**Sponsored by
The Connecticut Department of
Mental Health & Addiction Services
& The Mental Health Technology
Transfer Center of New England
(NEMHTTC)**



International Recovery & Citizenship Collective

yale
program
for
recovery
and
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health



Objectives

- Where did (personal) recovery come from and what is it?
- Where did citizenship come from and what is it?
- What is recovering citizenship and why link the two?

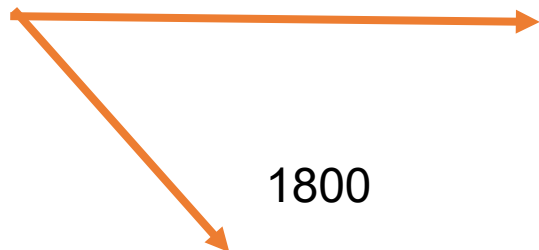


The First Eclipsing of Recovery

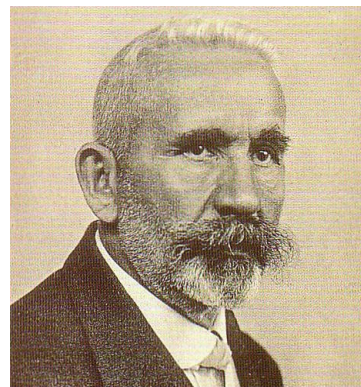


Philippe Pinel

Mental illness is an illness. It rarely takes over the entirety of the person, and recovery is not only possible, but likely.



1900



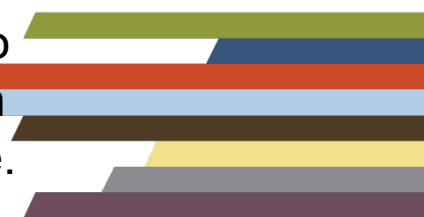
Emile Kraepelin

Schizophrenia is a progressive, degenerative disease, from which recovery is impossible.



The Tukes

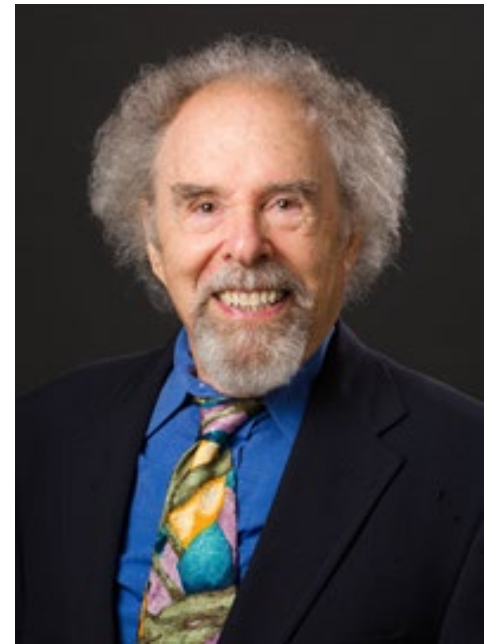
People with mental illnesses are like wayward children, who need to be brought back to reason through moral discipline.



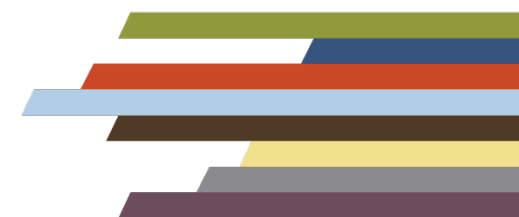
The possibility of ‘clinical’ recovery

WHO International Pilot Study and other Longitudinal Outcome Research on serious mental illness demonstrated that partial to full *recovery* (in the clinical sense) is just as common, if not more so, than a chronic, downward, progressive, or deteriorating course and enduring disability

(contrary to Kraepelin’s legacy)



John Strauss, M.D.

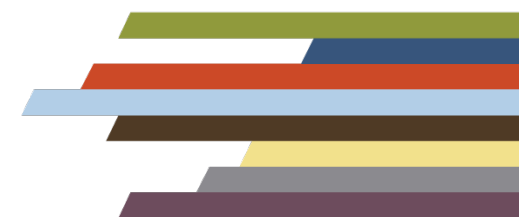


The possibility of 'personal' recovery

“Recovery refers to the lived or real life experience of people as they accept and overcome the challenge of the disability ... they experience themselves as *recovering* a new sense of self and of purpose within and beyond the limits of the disability”



Pat Deegan, Ph.D.

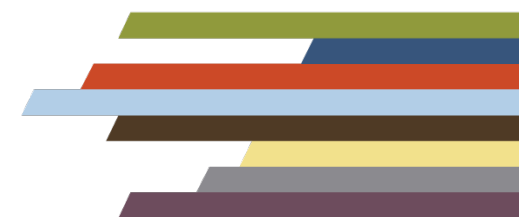


Two possible paths

- This form of "recovery" applies to anyone and everyone (e.g., "we're all recovering from something") ... and as a result, loses any particular relevance or power for persons with serious mental illnesses
- This form of "recovery" refers to persons with serious mental illnesses, which are reconceptualized (legally & in practice) as "psychiatric disabilities" (as under the 1990 Americans with Disabilities Act)

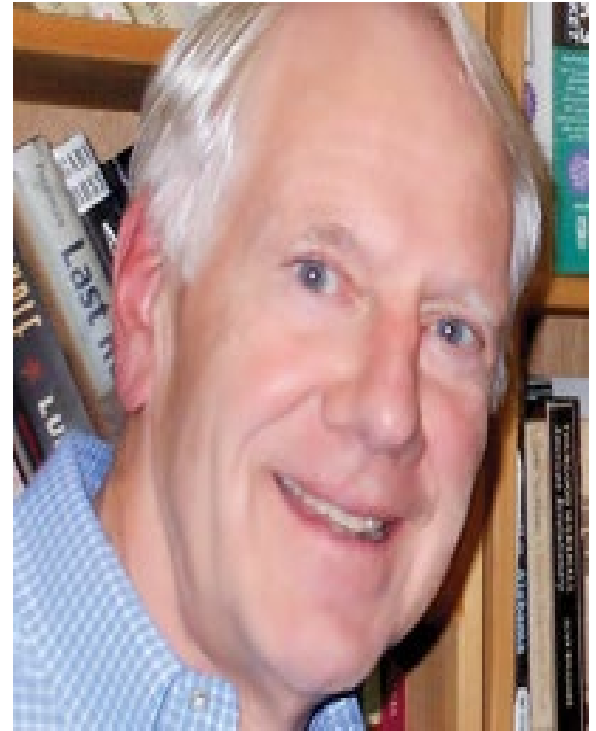


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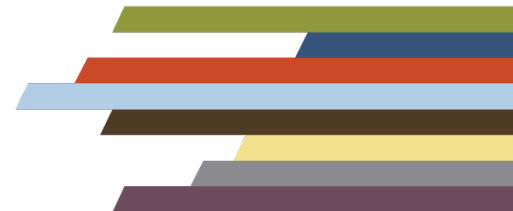


The need for a disability model

No one would be considered “too blind” to learn Braille.



Bill Anthony, Ph.D.



What progress has been made?

People are no longer kept in institutions for prolonged periods of time (for the most part)

Community-based systems of care have been created to offer treatment and rehabilitation in the person's local community

Young people are no longer being told to abandon all hope on first diagnosis and are encouraged to learn how to manage their condition should it become prolonged (**very important**)

The terms “recovery” and “recovery-oriented practice” have made their way into numerous government documents and policy statements, mandating a “transformation” of systems of care

Some new supports are being developed to promote community inclusion (e.g., supported employment, supported education)

What progress has been made?

Psychiatry is beginning to follow the rest of medicine in adopting collaborative relationships and shared decision-making within the context of “patient-centered care”

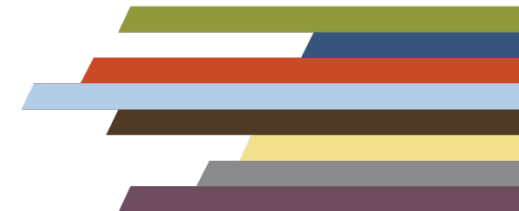
The recovery community has begun to develop self-help tools (e.g., Wellness Recovery Action Planning) and innovative programs (e.g., Recovery Colleges) to put people in the driver’s seat of their care and recovery

More and more people are being trained and hired to provide peer support, which instills hope and offers a tangible role model of what recovery can look like

Families have moved beyond the “broken brain” model and are supporting empowerment and inclusion

**All of this
has been
great, but ...**

- There is increasing confusion regarding the implications of adopting the “recovery model”
- There is increasing criticism coming (perhaps unexpectedly) from the service user movement which gave birth to recovery in the first place
- The criticisms mainly concern 1) the “co-optation” of the concept of recovery by conventional clinical providers and 2) neoliberal governments using recovery as justification for cutting funding



Co- optation by clinical world


“The Uses and Abuses of Recovery” (Slade et al.)

“But what if he won’t cooperate with his own recovery?”


Peer support being described “as a low cost way to get people to take their medications”

Day hospitals being renamed “recovery centers” (without changing much else)

Involuntary/mandated interventions being renamed (e.g., “assisted outpatient treatment”) and couched in recovery language (e.g., “she needs the structure to initiate her recovery”)

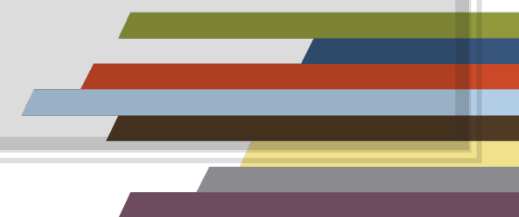


Political Backlash against “Recovery”

- “the recovery model is used as an excuse to discharge prematurely or deny people access to mental health services”
 - Recovery In The Bin: “We believe the growing development of this form of the 'Recovery Model' is a symptom of neoliberalism, and capitalism is the crisis! Many of us will never be able to 'recover' living under these intolerable social and economic conditions, due to the effects of social and economic circumstances such as poor housing, poverty, stigma, racism, sexism, unreasonable work expectations, and countless other barriers.”
- 

What to do?

- Acknowledge, and bring to the fore, the crucial role of social, cultural, & political determinants of mental health
- Re-emphasize the importance of *rights* and viewing recovery as the person's own journey (i.e., personal and political empowerment, self-determination, autonomy, decision-making) which leads to ...
- Distinguish between recovery as “fitting in” and recovery as being “let in” as one is (e.g., pizza parlor)
- Reposition recovery as a social movement that is oriented toward “recovering citizenship” ...



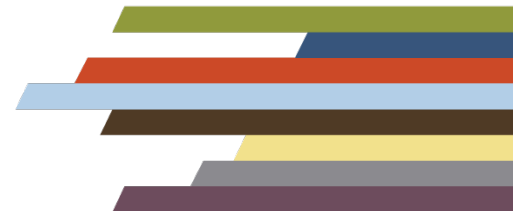
Citizenship?

Why talk about citizenship in relation to recovery and mental health when:

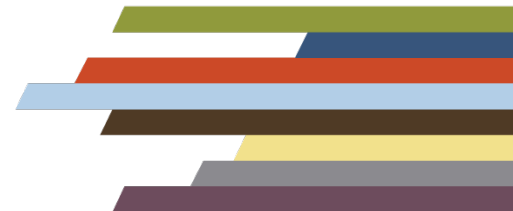
- most people think of citizenship as having, or not having, legal citizenship
- It makes them think especially about undocumented immigrants and about refugees seeking citizenship
- thus, linking citizenship with mental health is just confusing and besides,
- most people receiving mental health services are legal citizens. So . . . why citizenship?

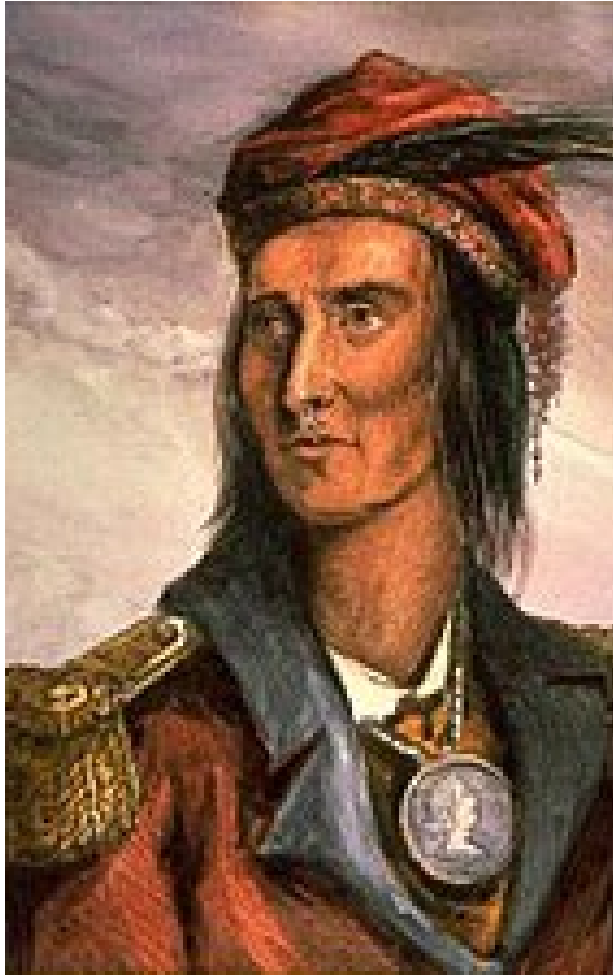
So let's talk about legal citizenship

The signing of the U.S. Constitution (What citizenship looked like in 1789)

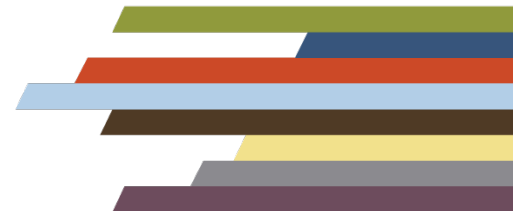


**Not like
this
(no
vote)**



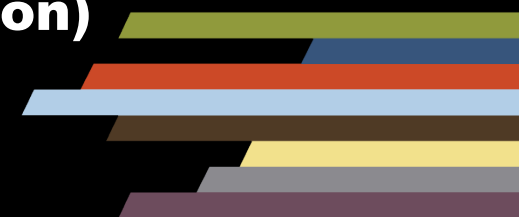


**Or this
(no
citizenship,
period)**



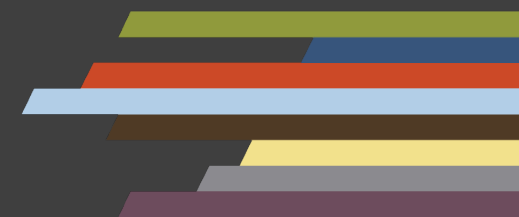


Or this (if this photo had been taken before 1868 and the 14th Amendment to the Constitution)



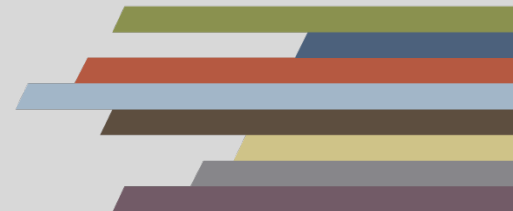


The 19th Amendment (1920): Women get the Vote (marred by many white advocates' racism toward black women)



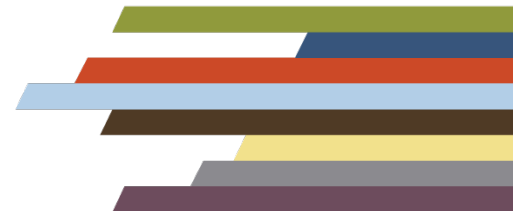


Native Americans and full citizenship

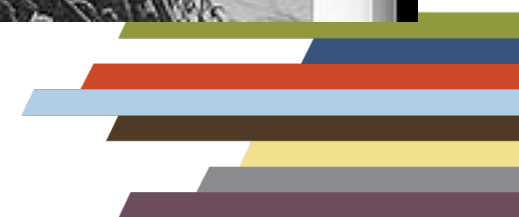




America: Land of Immigrants

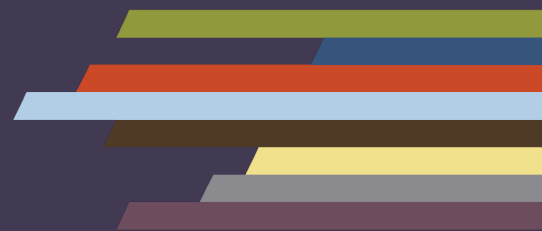


Immigration from Europe, early 1900s





Seeking Refuge: U.S.- Mexico Border, 2018

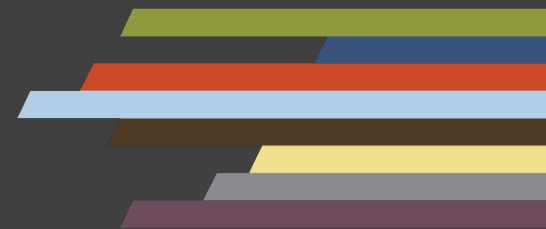




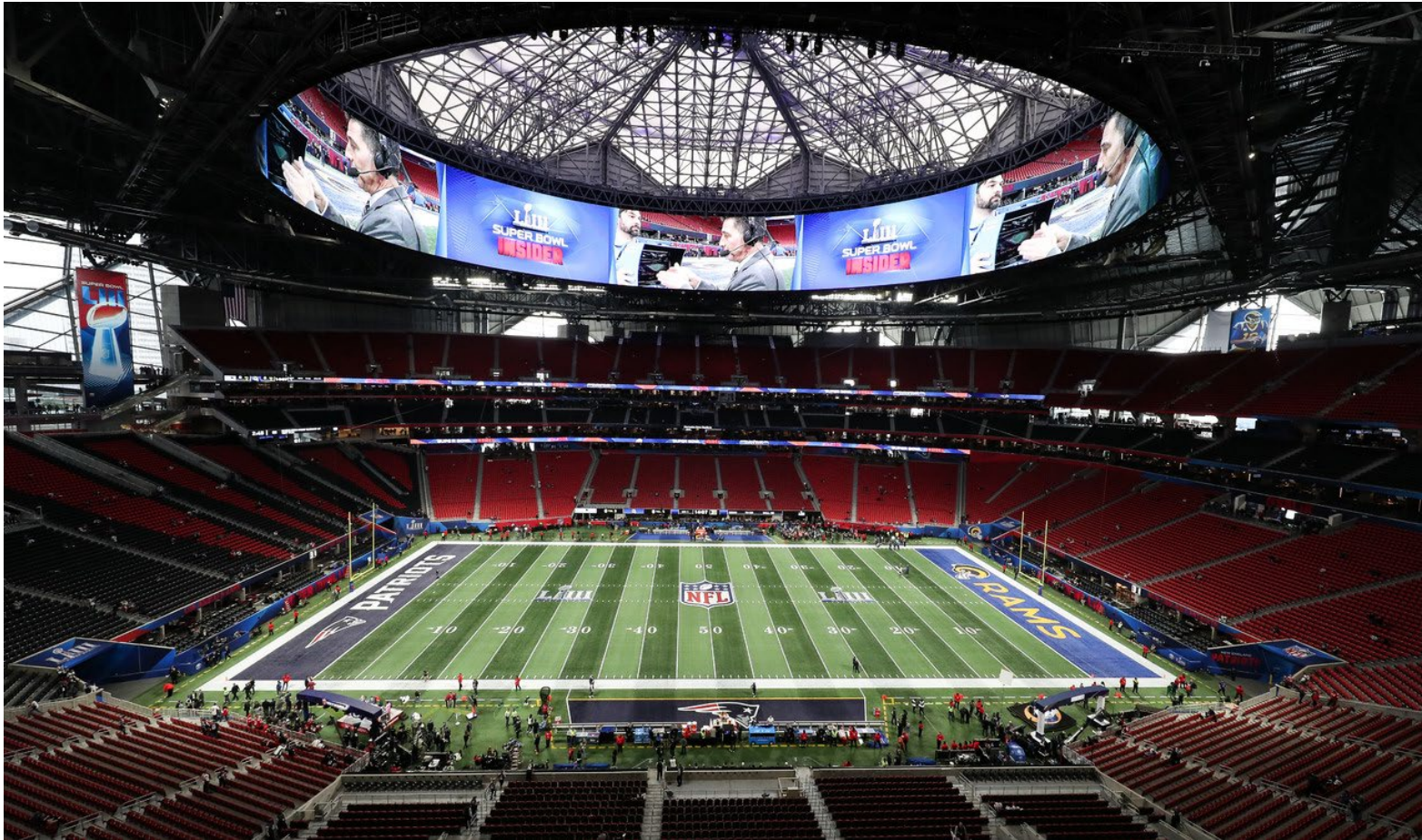
Immigrants on an Atlantic Liner.



So citizenship is about legal citizenship—having or not having it—right?



But what do these people, and people with mental health problems, want from legal citizenship?



They want full citizenship

- Which we define as:
- A person's or group's strong connection to the 5 Rs of *rights, responsibilities, roles, resources, and relationships* that society makes available to its members
- and
- A sense of belonging that is validated by others.
- Note: Citizenship is citizenship, not psychiatric citizenship



How do you help people with mental health problems achieve full citizenship?

Recognition of them as citizens

Peer-to-peer support

Peer staff support and leadership

The Citizens Project: 5 Rs-based classes; valued role projects; student-led “What’s up?” group; wraparound peer support

How do you help people with mental health problems achieve full citizenship?

Citizenship 'tools'—individual measure of citizenship; tool for applying the 5 R's to mental health care

Community connections (Project Connect) & Collective citizenship and advocacy (FACE)

Financial support and empowerment; Financial advocacy and policy-making



What can recovery offer citizenship?

- Roots in self-help, psychiatric survivor, and Civil Rights movements
- Direct response/alternative approaches and tools for psychiatric care
- Radical hope, the value of the person, human rights and flourishing

THE CIVIL RIGHT MOVEMENT



A Newspaper in Education Supplement to the Washington Post

What can citizenship offer recovery?

A sociological view of mental health systems of care and beyond

Community-based interventions and connection making

The 'logic of citizenship': radical boundary crossings—social, political, individual, collective



Recovering Citizenship

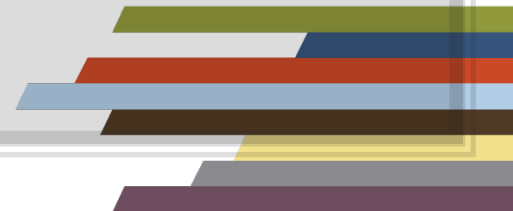
- Personal and collective recovery,
- Renewal, and empowerment
- in the context of full citizenship



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The DMHAS system of care

- A Recovery-based system of care
- transitioning to
- A Recovering Citizenship-based system
- of care



Thank You!

Visit: <http://www.mhttcnetwork.org/newengland>

E-mail: newengland@mhttcnetwork.org

Visit: <https://medicine.yale.edu/psychiatry/prch/>

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