

## **Things Supporting Progress Toward Recovery**

To learn more about consumers' perceptions of what things support their recovery, the following question was added to the LCO survey in the most recent wave of data collection (1997/98): "For you, what things have been most helpful in your recovery?" Recovery was defined as "the ways that people have learned to adapt and live with their illnesses and then go forward with their lives."

### **Analysis**

Consumers' responses to this question were analyzed using qualitative techniques developed by Glaser and Strauss (1967) and Crabtree and Miller (1992). Ten different categories of responses emerged from the analysis. In order to assess the reliability of the findings, data analysis was conducted by two independent raters. In addition, feedback about the categories and their rank ordering was sought from family members of persons with serious mental illness (Carstens, Crane-Ross & Roth, 2000). Finally, the categories were compared to those identified by similar studies in the recovery literature (Boone, 1996) and outcome models identified by the LCO study (Crane-Ross, Roth & Lauber, 2000; Crane-Ross & Lutz, 1999).

### **"Medication helps a lot. Can't make it without it. I've tried."**

The most frequent response to the recovery question was "Medication." Thirty-one percent of all answers indicated medication was a major facilitator of recovery.

- Imitrex gave me my life back. Zoloft has helped a lot. Not down in the dumps all the time anymore. Nerve medication (helps).

Most respondents mentioned medication in combination with other agents of recovery. There were many references to ownership of medication and the feeling that the prescribed medication is the correct medication for their unique problem.

- My wife, the case manager, and the doctor worked with me to get me on the right medicine. They used to just push pills on me (and) not care how I felt, but Doctor (Name) ain't that way.

### **Self-Initiated Activities: "Exercising and keeping my mind busy"**

The second largest response category (26 %) was "Self-Initiated Activities." This category included things that respondents did for themselves without requiring outside assistance, such as strategies to limit or prevent exacerbation of symptoms, cognitive restructuring, and developing and using a social support network for assistance in coping. Respondents talked about becoming more accepting and less judgmental, staying busy and productive, keeping in touch with feelings, and finding a trusted significant other.

- Being left alone to work things out on my own...
- I've learned to chose wisely what I do, accept limitations and work around them. Doing crafts keeps my mind off my problems.
- My activities: sewing, listening to records, doing crafts, painting, designing doll clothes, spending time with my boyfriend, going to swap meets...

### **Family, Friends and Significant Others: “My friends, family, and church had a lot to do with it.”**

Family was indicated in 22 % of responses, while friends and significant others occurred in 14 % of answers to the recovery question. The importance of this category cannot be overstated, given the social isolation typically experienced by persons with chronic mental illness (Estroff, 1985).

- My mom will call and check on me. My dad taking me places (helps).
- My family for one accepts me for what I am and the group downtown at (the agency).

Mention of friends and significant others formed a continuum of naturally occurring social supports with family members. Whether related by biological origin or generated by social proximity, the network of social relationships was consistently related to progress toward recovery (Boone, 1996).

- Being happy, going out with women, being able to travel, meeting other people, family and friends.
- My whole family--mother, sister, brother, and daughter. I like to do shopping. That takes my mind off of things. My boyfriend and people living (in the apartment complex). If I needed anything...people here would give it to me.

### **Spirituality: “...I believe in God. I must keep my head up because I am a lady.”**

Fourteen percent of responses referenced spiritual life as instrumental to recovery. Spirituality was coded broadly when there was mention of religion, church, minister or God. As the following examples suggest, this category also represents a fusion of self-initiated activity and naturally occurring social networks such as family and friends:

- Going to church and learning about the Lord. Seeing it done and believing you can. Having friends and family to support you.
- My church is helpful, the prayer groups; Alanon, at times the children's opinions, and friends help.
- Exercise, go to church, keeping the faith...

### **Therapeutic Relationships: “My doctor has helped me quite a bit to see inside me.”**

This category is comprised of five subcategories: medical personnel, agencies, case managers, counselors, and “talking”. In categories characterized as clinical relationships, medical personnel were mentioned in 15% of responses, agencies and/or services in 15%, case managers in 9%, and counselors or therapists in 8%. Topor, Svensson, Borg, Bjerke, & Kufas (1998) found that when professionals were mentioned in their study, it was related to how the person had gone beyond their traditional work roles. In the following examples, our respondents recognize and appreciate the basics of good practice:

- When I had a problem (the doctor and case manager) would sit down with me and listen to me and not shame me inside and that meant a lot.
- Talking to the nurse has done me a lot of good. She tells me when I should go to the hospital, or she'll talk to the doctor for me. Talking to my brother-in-law helps me out. Talking really helps.
- Mostly the way the doctors have handled me. They have been very considerate.

In the agencies subcategory, the mental health provider was typically named and staff were seen as a source of hope and acceptance. A number of respondents named their therapist or case manager directly as being helpful in their recovery from mental illness. Topor et al (1998) found that professionals who did not maintain a professional distance and formed a reciprocal relationship with their client were instrumental in facilitating recovery:

- My case manager that I've had for four years, she shares stuff from her life.
- Having people like my therapist, case manager, all the people at (the agency), from receptionist to secretary. They are people who want you to get better. They really reached out and played a very positive part in the last four years of my life.
- One on one counseling, respect and the right to be believed, medication, and continuing care of a case manager so I do not have to repeat myself.

“Talking” was the only process subcategory and represents nine percent of responses. Most of the references to talking include a person as well. These examples convey the idea that communicating is a means of transcending the isolation of mental illness:

- Being able to talk to people and not keeping it bottled up all the time.
- People listening to me. You don't know what's going on in people's minds unless they tell you. It's important to have a good listener, and one that doesn't blab everything.
- Time, talking it out. Many times, my family (mother, father, sister, brother) don't understand that I need to talk.
- Talking about the problems I've had and to have someone who actually cares.

### **No Recovery/Getting Worse: “Can’t get better—I’m getting worse by the minute.”**

Less than two percent of those responding to the recovery question said they had had no recovery or were getting worse. Seven percent of our respondents said they “Don’t know.”

### **Discussion**

Consumers’ reports suggest that the factors most important in their progress toward recovery include medication, the ability to participate in self-initiated activities, relationships with family members, friends, and the community, spirituality, and empowering service relationships. Many of the basic services (e.g., medication, counseling, rehabilitation services, housing) currently provided by ODMH-funded agencies are conducive to recovery. However, consumers identified development of an enhanced sense of self through self-initiated activities as an essential feature of

recovery. To facilitate this sense of self, services focused on improvement of functional skills--such as goal oriented counseling and employment skills training--are needed to address various levels of disability imposed by social constraints on persons with serious mental illness.

The contribution of significant others such as friends and family cannot be ignored. Services that bolster family support could take the form of educational opportunities, support groups, respite, and liaison services between ODMH and the family. Services that facilitate development of social skills and engagement with the broader community are indicated as well. Community-based education that addresses stigmatizing attitudes toward consumers would be a necessary element in the array of supportive services.

## References

- Boone, E.C. (1996). A qualitative investigation of the process of recovery in people experiencing schizophrenia. (Doctoral dissertation, University of Toledo, 1996) Dissertation Abstracts International 57, (05).
- Carstens, C., Crane-Ross, D. & Roth, D. (2000). NAMI Ohio Feedback: A Research Dissemination Study. Ohio Department of Mental Health, Office of Program Evaluation and Research, Columbus, OH.
- Crabtree, B. & Miller, W. (1992). Primary Care Research: A multi-method typology and qualitative road map. In B. Crabtree & W. Miller (Eds.) Doing Qualitative Research (3-28). Thousand Oaks, CA: Sage.
- Crane-Ross, D., Roth, D. & Lauber, B.G. (2000). Consumers' and Case Managers' Perceptions of Mental Health and Community Support Service Needs. Community Mental Health Journal, 36:2. (pp. 161-178).
- Crane-Ross, D., & Lutz, W.J. (1999). Evaluating a Medication Management Model for Consumers in a Public Mental Health System. Paper presented at the Sixth Annual Florida Conference on Behavioral Healthcare Evaluation, Orlando, FL., Dec. 9, 1999.
- Estroff, S.E. (1985). Making It Crazy: An ethnography of clients in an American community. Berkeley: University of California Press.
- Glaser, B. & Strauss, A. (1967). The Discovery of Grounded Theory. Chicago: Aldine.
- Hatfield, A. B. & Lefley, H. P. (1993). Surviving Mental Illness: Stress, Coping, and Adaptation. New York: The Guilford Press.
- Topor, A., Svensson, J. Borg, M., Bjerke, C. & Kufas, E. (1998). Recovery from severe mental disorders: A study of turning points. (N. Bickham, Trans.) FoU-enheten/psykiatri: Vastra Stockholms Sjukvardsomrade.