

RECOVERY

RECOVERY
From Mental Illness is Possible

**RECOVERY is for Us, Our Families,
Our System of Care**



County of San Diego Mental Health Department



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1

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Recovery is for Us, Our Families, Our System of Care

As recovery becomes the goal of mental health care, everyone involved needs to shift their

ideas about possibilities, outcomes, goals, and our ways of being with each other in the process. Each individual in recovery, each supporter, and each clinical care provider can develop new ways of being together as we go about our work. Each day we need to shift away from goals of stabilization, to goals of recovery and full lives. Making this shift presents challenges for all of us, and also possibilities for marvelous joyful success. For people who are recovering, this shift is of critical importance.

Usually, when we talk about recovery from mental illness, it is often a discussion about what we, as people with mental illness, need to do to change our way of being, our level of wellness, our methods of self-care etc. It is all about what we need to do to fix ourselves. It is important that the recovery process be an adventure that people in recovery as well as our supporters and our system undertake together.



As we begin to understand that we can, in fact, recover from mental illness, our supporters also need to understand and believe this fact. While the personal responsibility (Copeland, 1997) of recovery lies with us, our families and support teams also have a responsibility to encourage our journey. For many of us, our supporters have been engaged in a supportive role with us for

a long time, sometimes decades. We've taken on the role of the person who is not quite right, who is a patient, who needs help. Our supporters have often taken on a role that engages with us, according to our identity as a person who is a mental illness (Deegan, 2003).

I choose the words "a mental illness" with intention. Patricia Deegan (2003, Speech at Recovery Conference, Phoenix, AZ), identifies this as the moment when people begin "to relate to us in an 'I disease' model rather than an 'I thou' model as Martin Buber might say." We even begin to relate to ourselves as an illness. Over the past nine years, I have met thousands of people while working that even when we are with each other we often introduce ourselves in classes and meetings in this way, "I am so and so, and I am bipolar" or "I am schizophrenic and my name is so and so." Our diagnosis becomes who we are in many ways. Often,

when we go through our alone time (the system calls this isolation), when we are in grief or fear, often the only people we see are the people who manage us as a “case” in their “caseload.” Our life seems taken over by the diagnosis we have received. Everyone around us supports us in creating our life in such a way that taking our medication, keeping appointments, and things like taking a shower or making our bed become our important goals if not our only goals.

This life of low expectations comes from a heartfelt concern for us, we realize that. It comes from our system of care as a means to keep us safe. But, it comes to us at the expense of losing sight of who we are, used to be, or could become. It is as if we begin to engage in a dance and all of us know the steps, and so we dance on until one day

we begin to understand that we can do much more than dance. We want to change our life. We want to try a different medication. We want to try to work again. We want to see if we can titrate our medication down to a level where we are not sleepy, or we don’t shake all the time, or we do not feel so dizzy, or our sexuality is not impaired.

It is at this time, that our families, friends, support teams, and doctors must support us as we try. It takes tremendous courage to even try to believe our life can change for the better. It takes courage to ask about work when it took so long to be able to get help from SSI or SSDI. It takes courage to imagine that we might try again to achieve our hopes and dreams. Hopes and dreams can replace our goals of taking medication, keep-

ing appointments and making our beds.

It is a little scary for us and those who love us, when we begin to have hopes and dreams. Often, we have been through long periods of time where the only important goal we had was stabilization. Now, we want more. We want a full and

complete life. A life with joy, sadness, dashed hopes and hopes achieved. We want the opportunity to make mistakes and learn from them. We are strong and amazing. We have endured many hardships. Often we have lived through terrible trauma. Sometimes we have lived on the streets, been cold

and alone in the bushes at night. Some of us found if we became numb enough through substance abuse, we could get through another day. Others of us found that if we could give ourselves visible pain we could care for the injuries rather than be unable to comfort the terrible pain in our souls. Yet, with courage, we want to try again to re-enter our lives. It may seem a small thing to re-enter one’s life, but the simple act of daring to dream once more, or have hope, or risk making a choice takes tremendous courage.

So, when it comes time for us to change the dance, to step off the dance floor, or to put on tap shoes rather than do the



waltz...help us. Help us by believing in us. Help us by stepping aside to let us do our own dance. Or, better yet, join in our new dance. Let us make mistakes, try new things, attempt what calls to our hearts.

For many of us, one of the most important things that happens and helps us understand that we can dare to dream again is the experience of meeting a Peer Support Specialist. A peer is a person who has traveled a similar path. Through their ability to share their story, they create hope. No matter what title these individuals have in a particular system of care, they inspire us to hope and embrace possibilities. For people who have experienced challenges with substance abuse, many have known about peer support for decades in organizations like Alcoholics Anonymous, Narcotics

Anonymous, and SMART Recovery. Peer support is widely used in health care settings. Support groups for people with diabetes, multiple sclerosis, heart disease, and cancer are common and have been a source of hope for people challenged with these illnesses. In the same way that a person who has recovered from cancer can support a person who has just been diagnosed, so it goes with Peer Support Specialists. Seeing someone who has walked a similar path and recovered creates the idea in us, "If he/she can do it, so can I!"

For family members, this time of growth can be scary. It may have taken years to support

your loved one long enough that they came back into a relationship with you. Now, you feel strongly that you just want them safe, with you and on their medications. Know that we can be safe, continue our relationship with you, take medication and still be recovering. Recovery does not mean we will never hit a bump, or that we will never take

medications again. It means we will have the chance to experience our life in a BIG way and our illness will get to be something we manage. It may be that for years our illness has been our life and the things we enjoy, hope for, love, and that give our life meaning have been things we barely thought of if we did at all. As challenging as it is, as scary as it might feel, dare

to dream with us. Hope that we find our whole life again. Support us to have our children back with us. Believe that we might find someone to love and share our life with. Trust that we have learned hard lessons about the things and people we need to stay away from.

How can we begin this journey back to hope? At Recovery Innovations of California, (RICA), we employ Peer Support Specialists to facilitate classes that teach about wellness using tools like WRAP (Wellness Recovery Action Plan (Copeland, 1997), WELL (Wellness and Empowerment



in Life and Living (Holder, 2007), and Medication for Success (St. George, 2006), Peer Employment Training (Zeeb, Ashcraft, Martin, Johnson, 2005), Transformational Advocacy (St. George, 2009), Advocacy for Positive Outcomes (St. George, 2009) and many others. In our San Diego Adult and Older Adult Mental Health System, tools like Roadmap to Recovery, DBT, Peer to Peer (NAMI), In Our Own Voice (NAMI) and Skills Training are available. In addition, clubhouses provide opportunities for fun, making friends, and learning how to use computers, or working towards finding a job etc. Additionally, there are supported employment programs for people who wish to develop a plan to return to work. These services are available in our system of care, but many other opportunities for fun and friendship exist in our community. Lots of information is available to you on the County Website at www.sdcounty.ca.gov at Network of Care.

It is time to reach for the stars, to hope, to dream, and to create your wellness lifestyle.
All of us who are on that journey of recovery are cheering you on! Recovery...it's for YOU!

JOIN OUR MONTHLY MEETINGS IN YOUR COMMUNITY!

- North Inland
1st Monday of Month
1:00 pm-3:00pm
Escondido Clubhouse
474 W. Vermont Ave,
Escondido 92025
- North Coastal
2nd Thursday of Month
2:30pm-4:30 pm
No. Coastal MH Center
1701 Mission Ave, Ste A,
Oceanside 92058
- Central
4th Thursday of Month
2:00 pm-4:00pm
Mission Valley Library
2123 Fenton Pkwy,
San Diego, 92108
- East County
4th Tuesday of Month
1:00 pm-3:00pm
El Cajon Library
201 E. Douglas,
El Cajon, 92020
- East Rural
4th Friday of Month
1:00 pm-3:00 pm
First Baptist Church of Willows
3520 Alpine Blvd, Alpine 91901
- South Bay
3rd Thursday of Month
1:00 pm-3pm
Chula Vista Library-Civic Ctr.
365 F. St., Chula Vista, 91910
- Countywide Regional 3rd Monday of Month 1:00 pm-3:00 pm
Health and Human Services - Coronado Room- 3851 Rosecrans St., San Diego, 92110



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The content of this article was reviewed by Dr. Piedad Garcia, Ed.D. LCSW, Assistant Deputy Director, County of San Diego, Mental Health Services, is in the public domain and may be reproduced without permission from MHS.

This article was written by Lisa St. George, MSW, Regional Vice President for Recovery Innovations of California (RICA). RI California provides classes, employment education and coordination, as well as peer liaison services and advocacy acting as a two way conduit of information from people to the County and from the County to the people it serves. For more information, please contact Lisa St. George 619-542-1660 , e-mail address lisas@recoveryinnovations.org