



Mental Health Recovery and Homeless Veterans

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Recovery: An overview of the history of Recovery as a Movement

- Modern Recovery Movement began as a social justice movement in 1960s and 1970s
- Development of support networks and a “voice” in mental health care that
 - Rejected the “medical model” of care
 - Rejected strong focus on symptoms
 - Rejected power imbalances between patients and health professionals
 - Used social activism to change the system
- Recovery became more mainstream, less about rejecting or opposing the medical model and more about shifting the focus in mental health care to include strengths, the voice of the healthcare recipient, a holistic approach and recognition of the resilience of the care recipient

The Mainstreaming of Recovery

President's New Freedom Commission on Mental Health (2002)—Six Goals to improve Mental Health Care in US

1. Americans understand that mental health is essential to overall health
2. Mental health care is consumer and family driven
3. Disparities in mental health services are eliminated
4. Early mental health screening, assessment, and referral to services are common practice
5. Excellent mental health care is delivered and research is accelerated
6. Technology is used to access mental health care and information

Uniform Mental Health Services Handbook (2008)

VA's Strategic Plan Refresh (FY 2011-2015)

POLL #1

Which of the following is FALSE when thinking about Mental Health Recovery

- A. The movement was started many, many years ago
- B. Recovery is a “person centered” approach
- C. The Recovery Model can work well with the Medical Model
- D. There are no policies in place to support using a Recovery Model
- E. C and D

So...what is Recovery?

- No agreed upon definition; many (often similar) descriptions
- SAMHSA Definitions of Recovery
 - “Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential.”
- Four dimensions of Recovery:
 1. Health
 2. Home
 3. Purpose
 4. Community

So...what is Recovery?

Ten core principles of recovery-oriented care:

1. Recovery emerges from hope.
2. Recovery is person driven.
3. Recovery occurs via many pathways.
4. Recovery is holistic.
5. Recovery is supported by peers and allies.
6. Recovery is supported through relationship and social networks.
7. Recovery is culturally-based and influenced.
8. Recovery is supported by addressing trauma.
9. Recovery involves individual, family, and community strengths and responsibility.
10. Recovery is based on respect.

POLL #2

What is Mental Health Recovery?

- A. it means someone has gotten over his/her illness or addiction
- B. it means being focused on life and meaning within the context of enduring disability
- C. it is a unique process of changing one's attitudes, values, feelings, goals, skills and/or roles
- D. it 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
- E. A and D
- F. All of the above

ELEMENTS OF RECOVERY



VA STAFF:

- Actively protect patient's rights
- Listen carefully to the patient's concerns
- Assist patients in communicating their needs and hopes
- Provide information to assist in decision making

VETERAN:

- Consider a new path for the future
- Be open to new ideas about therapy
- Develop a support network
- Be an active participant in your care plan

VA STAFF:

- Share information
- Answer questions clearly
- Provide choices and suggestions

VETERAN:

- Ask questions until you understand
- Think about the change you want to make
- Learn new ways to make decisions
- Learn about the resources in your hometown

VA STAFF:

- Encourage individuals to share their experiences
- Search for social support in the community
- Organize group sessions
- Provide NAMI information

VETERAN:

- Listen respectfully to the views of others
- Offer ideas and understanding to each other
- Share your recovery story with others

VA STAFF:

- Maintain a positive approach
- Focus on the person's abilities, not disabilities
- Create service options and support
- Believe in the goals of recovery

VETERAN:

- Talk about your success
- Open up to new possibilities
- Develop a fine-tuned plan to cope with stress
- Believe in the goals of recovery

HOPE

SELF-DIRECTION

EMPOWERMENT

PEER SUPPORT

RESPECT

VA STAFF:

- Use a pleasant, caring voice
- Provide personalized care to each patient and family
- Listen to ideas on how to improve our services
- Set aside labels and assumptions

VETERAN:

- Ask for the information you need
- Make your personal needs known
- Talk about what works for you and what doesn't
- Speak with a pleasant voice

VA STAFF:

- Pay attention to the patient's basic needs
- Share sources of support with patients and families
- Reach out to colleagues in the community to extend care plans

VETERAN:

- Join therapeutic sessions regularly
- Visit with NAMI representatives
- Involve at least one special person in your plans
- Volunteer to help others

HOLISTIC

RESPONSIBILITY

PERSON CENTERED

STRENGTH-BASED

NON-LINEAR

VA STAFF:

- See a hospital stay as a recovery step, not a failure
- Respect the current situation of each patient
- Develop a partnership with patients, families and friends
- Share ideas for next steps

VETERAN:

- Think: "It's important to keep trying."
- Be open to reviewing and revising your care plan
- Learn a new coping skill and share it with a friend

VA STAFF:

- Encourage patients toward greater independence
- Provide models of coping skills and wellness plans
- Assist patients in locating community resources

VETERAN:

- Monitor your symptoms
- Ask for help when needed
- Create wellness and crisis plans
- Take care of good health matters: diet, exercise, sleep, fun

VA STAFF:

- Recognize that the illness is only one facet of a patient
- Learn about each patient as a unique individual
- Learn what patients need most for recovery

VETERAN:

- Share information about yourself
- Think about the change you want to make
- Be open to new possibilities
- Review information about recovery

VA STAFF:

- Ask about personal preferences, interests, and skills
- Include the patient's strengths and talents in their care plan
- Search for community connections to match patient's interests

VETERAN:

- Participate in a variety of therapies: art, music, recreation, etc.
- Look for chances to learn new skills
- Share your experiences and interests with others

Poster originally created by
Psychiatry Department,
University of Iowa
Health Care and adapted by
Mental Health Service Line,
Iowa City VA Medical Center.



Recovery and Homeless Services

Four dimensions of Recovery:

Health—overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being

Home—having a stable and safe place to live

Purpose—conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society

Community—having relationships and social networks that provide support, friendship, love, and hope

Areas of Progress: Attitudes and Approaches

This falls under **Environment of Care:**

- Health promoting
- Safe
- Respectful of privacy
- Comfortable
- Fostering hope

Attitudes: lack of coercion, right to make a “mistake”, consumer choice, recovery –oriented language

Approaches: focus on life goals vs. symptom management, shared decision making, combatting stigma

POLL #3

You just started working with a 58 year-old Veteran who has been housed 4 times in the past 2 years, but has been evicted all 4 times for “partying” and disturbing the peace. You are meeting with him today to discuss housing.

Thinking about Attitudes and Approaches, which of the following is more in alignment with Recovery approach?

- A. You discuss past housing history with him. You explain to him that he cannot rent from the 4 places he has rented from before (none of the previous housing choices will rent to him). You ask him what his goals are for housing and how you can help him.
- B. You discuss past housing history with him. You explain to him that he has burned bridges for himself (none of the previous housing choices will rent to him). You ask him what his goals are for housing and explain to him that it is hard to change behavior at this stage in life.

Areas of Progress: Partnering with Providers and Veterans

Staff are key to promoting recovery –both with attitudes and approaches and also with creating a coordinated, team approach to care—including Veterans

Work with other providers (individually tailored services; diversity of treatment options)

How to include Veterans as a partner (involvement in treatment decisions, recovery education)

POLL #4

Thinking about Partnering, which of the following is more in alignment with Recovery approach?

You hear that a Veteran you are working with who has an opiate addiction wants to babysit his infant daughter.

- A. You tell him that you understand this desire and will help him find temporary housing that will let him spend evening time with his daughter away from the housing. His addiction and daughter is something his therapist works with him about—you note this housing plan in his chart.
- A. You tell him you are concerned about his addiction and his plans for staying safe with his daughter and that you want to support him, so have to consider with him the best approach to housing considering his plans. You suggest a joint conversation with the Veteran and his therapist.

How to incorporate Recovery Approaches: Working with “John”

JOHN

- 40 years old
- Homeless off and on for 8 years
- History of addiction (EtOH and marijuana)
- “No family” (has been estranged for about 10 years)
- Depression diagnosis (misc. others including bipolar disorder and personality disorder)
- Friends are closely associated with addiction
- At risk for diabetes, knee pain, early liver disease/fatty liver, obesity, multiple inpatient detox stays
- High school graduate, a few courses post-high school
- Navy Veteran

POLL #5

From a Recovery-oriented point-of-view, which of the following are important to consider when working with John on housing?

- A. Health concerns
- B. Purpose in life
- C. A feeling of community
- D. Stigma about mental health concerns
- E. A, C, and D
- F. All of the above

Discussion: Serving John



How to incorporate Recovery Approaches: Working with “Shawna”

SHAWNA

- 30 years old
- Homeless for 2 years, staying with friends and occasionally shelters
- Has two children age 6 and 8
- No SUD concerns
- Father of two children is estranged, not financially supportive despite child support ruling
- Nuclear family (father, 3 sisters) live several states from her and her children
- Health problems including heart issues (significant heart murmur, family history of heart disease and stroke), eating disorder, underweight, brittle bones, HIV positive, chronic anemia.
- Long-term smoker
- Diagnosis of bipolar disorder

POLL #6

From a Recovery-oriented point-of-view, Which of the following are important to consider when working with Shawna on housing?

- A. Partnering with her to make decisions that support her parenting goals
- B. Working with her physical health provider around health issues
- C. Partnering with her family to make sure she is a fit mother
- D. Stigma about mental health concerns
- E. A, B, and D
- F. All of the above

Discussion: Serving Shawna



Thank you!

"Alone we can do
so little; together
we can do so
much."

Helen Keller