



## Recovery

The mental health system has changed the expectation for people diagnosed with mental health conditions-- ***from one of chronic illness to one of hope, recovery, resiliency and wellness.***

**The Substance Abuse and Mental Health Services Administration (SAMHSA)** is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA states, “The adoption of recovery by behavioral health systems in recent years has signaled a dramatic shift in the expectation for positive outcomes for individuals who experience mental and/or substance use conditions. Today, when individuals with mental and/or substance use disorders seek help, they are met with the knowledge and belief that anyone can recover and/or manage their conditions successfully. The value of recovery and recovery-oriented behavioral health systems is widely accepted by states, communities, health care providers, peers, families, researchers, and advocates including the [U.S. Surgeon General](#), the [Institute of Medicine](#), and others.”



*Phacelia grandiflora*  
Plant that flourishes after a  
fire.

### History and Research

A psychiatric diagnosis used to be a life sentence of ongoing, chronic mental illness and despair, without any hope of getting better. This view of mental health conditions stems from the western Medical Model, also known as the Biomedical Model which has driven psychiatric services for the past century and longer. The Biomedical Model claims the condition or illness is *within* the person. Psychiatrist Dan Fisher wrote, “For many years, professionals and researchers have described mental illness as a severe form of mental disorder, characterized by a permanent biological defect and a chemical imbalance from which recovery rarely occurs. In the eyes of this group, recovery would occur only if there were a cure. Countless studies have been carried out to

define the supposed biological basis of mental illness. No consistent deficit has been found. It was believed that at best the illness could go into remission, during which the symptoms are managed. This is the maintenance model, which leaves persons who experience distress feeling hopeless.”<sup>i</sup> The Recovery Model supports the notion that the condition is not within the person, but rather can surface as a result of a person’s experience, characteristics, and the environment in which the person lives or has lived. The Recovery Model “views mental health issues as challenges that a person can grow beyond through the assistance of culturally appropriate, trauma-informed services and natural supports in the process of the person building a full and gratifying life in the community of his or her choice”<sup>ii</sup>



**Biomedical versus Recovery Model Chart<sup>iii</sup>**

Elements	Biomedical Model of Disease & Defects	Recovery Model of Competence Paradigm
Nature	Medical, Abnormal Disease	Developmental Health-based
View of the person	Mentally ill	Person with challenge
Focus	Limitations	Strengths & resources
Role of professionals	Practitioners	Partner
Role of consumers	Patients	Collaborators
Assessment based upon	Clinical types, diagnoses	Functioning
Methods	Medication Psychotherapy	Holistic Effective coping
Systemic perspective	Individual & Family	Environment/Ecology
Service model	Authoritarian	Educational

*A psychiatric diagnosis used to be a life sentence of ongoing, chronic mental illness and despair, without any hope of getting better.*

In fact, research has shown that people *can and do* get better, or ‘recover’ from mental health challenges. Two landmark longitudinal studies<sup>iv</sup>, gave rise to the belief that people with severe mental health conditions can and do recover. The 1987 Vermont study followed 269 people diagnosed with schizophrenia who had long-term stays in the ‘back-wards’ of the Vermont State hospital. These Vermont study participants were then exposed to

a model rehabilitative program organized around the goal of self-sufficiency, immediate residential and vocational placements in the community, and long-term continuity of care. Though all the study participants were formerly expected to live out their days in the hospital, at the ten-year study follow up, 70% of participants were out of the hospital, and half to two-thirds were considered improved or recovered. After 32 years, 83% of living study participants were not hospitalized, 45% were symptom free and off medication, 47% were employed, and more than half enjoyed a social life in the past year. The 1995 Maine longitudinal study also followed 269 participants diagnosed with schizophrenia over 36 years, who by contrast to Vermont, only received standard psychiatric care. Recovery and employment results were significantly lower in the Maine study in comparison to Vermont. What distinguished the Vermont legacy, was “a pervasive attitude of hope and optimism about human potential, through the vision that, if given the opportunity, persons with mental illness could become self-sufficient.”<sup>v</sup> This reflects the recovery vision that has carried forward ever since.

**Definition of Recovery**

In 2012, [SAMHSA’s Working Definition of Recovery](#) was released, stating: **Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.**

SAMHSA has delineated four major dimensions that support a life in 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

SAMHSA has also provided 10 GUIDING PRINCIPLES OF RECOVERY

1. Hope
2. Person-Driven
3. Many Pathways
4. Holistic
5. Mutual Peer Support
6. Social Networks
7. Culturally Grounded
8. Trauma-Informed
9. Strengths & Responsibility
10. Respect-Based<sup>vi</sup>



In 2003, the President’s New Freedom Commission on Mental Health stated, “We see a future when everyone with a mental illness will recover.”<sup>vii</sup> This vision inspired many to advocate for recovery-based services and underlies California’s 2005 millionaire’s tax law, the [Mental Health Services Act \(MHSA\)](#), that funds recovery services to transform our behavioral health service system.

<sup>i</sup>Fisher, Daniel M.D., Ph.D. (2011). **The Evolution of the Concept of Recovery**. Recovery to Practice, [http://www.dsgonline.com/rtp/rtp\\_newsletter/Enewsletter\\_Final\\_7\\_22\\_10.html](http://www.dsgonline.com/rtp/rtp_newsletter/Enewsletter_Final_7_22_10.html).

<sup>ii</sup> Ibid.

<sup>iii</sup> Adapted from Hunter, R. & Marsh, D. eds. (1994). **Mining Giftedness**. New Directions in the Psychological Treatment of Serious Mental Illness. Praeger Publishers, Westport, CT.

<sup>iv</sup> Harding, C. et al. (1987). **The Vermont longitudinal study of persons with severe mental illness, I. Methodology, study sample, and overall status 32 years later**. American Journal of Psychiatry, 144:718-728.

<sup>v</sup> DeSisto, et al. (1995). **The Maine and Vermont three decade studies of serious mental illness**. British Medical Journal of Psychiatry, 167: 338-342.

<sup>vi</sup> <https://www.samhsa.gov/recovery>

<sup>vii</sup> The President’s New Freedom Commission on Mental Health. (July 22, 2003). **Achieving the Promise: Transforming Mental Health Care in America**, p.1.



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## Issue Brief

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#### Resource Guide

The President's New Freedom Commission in Mental Health. (2003). **Achieving the Promise: Transforming Mental Health Care in America.**

Anthony, William A, Ph D. (1993). **Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s.** Reprinted from Psychosocial Rehabilitation Journal, 16(4), 11–23.

Anthony, William A, PhD. (2007). **Toward a Vision of Recovery for Mental Health and Psychiatric Rehabilitation Services,** Center for Psychiatric Rehabilitation—Boston University. Center for Psychiatric Rehabilitation, Trustees of Boston University.

**Bringing Recovery Supports to Scale Technical Assistance Center** (2011).

<http://www.samhsa.gov/brss-tacs/about>.

Del Vecchio, Paolo, Acting Lead, Director CMHS. (Updated March 23, 2012). **Recovery Support Strategic Initiative,** SAMHSA Working Definition of Recovery.

<https://blog.samhsa.gov/2012/03/23/definition-of-recovery-updated/#.WDI5afkrIdU>

<https://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf>

Fisher, Daniel, M.D., Ph.D. (Jan. 28, 2011). **The Evolution of the Concept of Recovery.** SAMHSA Recovery to Practice, [http://www.dsgonline.com/rtp/rtp\\_enewsletter/Enewsletter\\_Final\\_7\\_22\\_10.html](http://www.dsgonline.com/rtp/rtp_enewsletter/Enewsletter_Final_7_22_10.html)

Harding, C. et al. (1987). The Vermont longitudinal study of persons with severe mental illness, I. Methodology, study sample, and overall status 32 years later. *American Journal of Psychiatry*, 144:718-728. DeSisto, et al. (1995). The Maine and Vermont three decade studies of serious mental illness. *British Medical Journal of Psychiatry* 167: 338-342.

Hunter, R. & Marsh, D. (1994). **Mining Giftedness.** New Directions in the Psychological Treatment of Serious Mental Illness. Praeger Publishers, Westport, CT.

SAMHSA (2006). **National Consensus Statement on Mental Health Recovery.** Rockville, MD, Center of Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA).

SAMHSA publications and other resources on recovery and recovery support.

<http://www.samhsa.gov/recovery/publications-resources>