

Frequently Asked Questions: Recovery, resilience, and children's mental health.

1. **What is “recovery” in the field of mental health?** According to the President's New Freedom Commission on Mental Health, “recovery is a process by which people who have a mental illness are able to work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms.”¹

Jacobson and Greenley² propose a framework that refers both to **internal conditions** (the attitudes, experiences, and change processes of individuals) and **external conditions** (circumstances, events, policies, and practices) that may facilitate recovery. They suggest that together, internal and external conditions produce the process called recovery.

2. **Isn't “recovery” an adult concept?** Yes, the concept of recovery in the mental health field has been developed to describe a process whereby people with serious mental illnesses can live fulfilling, self-directed lives. These ideas are based on the life stories of people whose positive outcomes contradicted the pessimistic view of serious mental illness as chronic, persistent, and associated with inevitable decline in functioning over time³ Subsequent research has provided additional evidence for the process of recovery for persons with mental illness.⁴ The term, “recovery” is also used in the addictions field.
3. **Why are we talking about recovery in children's mental health?** The Center for Mental Health Services has made recovery a central concept in the strategy for transforming mental health systems across the country. We have been asked to develop a process to consider how the concept of recovery may apply to children, adolescents, and their families. This is of particular interest because as the federal government encourages states to build a “recovery-oriented system,” opportunities for system improvement, including financial resources, may be available to both child and adult-serving systems. In addition, we wanted to examine the possibility that the concept of recovery as used in adult mental health could make a positive contribution to thinking about improving the lives of children, youth, and their families.

¹ New Freedom Commission on Mental Health (2003). *Achieving the promise: Transforming mental health care in America: Final Report* (DHHS Pub. No. SMA-03-3832). Rockville, MD: Author.

² Jacobson, N., & Greenley, D. (2001). What is recovery? A conceptual model and explication. *Psychiatric Services*, 52(4), 482-485.

³ Houghton, JF (1982). First-person account: maintaining mental health in a turbulent world. *Schizophrenia Bulletin* 8:548-552.

⁴ Harding, C.M., Brooks, G.W., Ashikaga, T., et al. (1987). The Vermont longitudinal study of persons with severe mental illness: II. *American Journal of Psychiatry* 144, 727-735.



4. **What process have you used to gather input about the concept of recovery in children’s mental health?** We began in October, 2004 by convening of an ad hoc committee consisting of technical assistance providers, family members, and representatives of grantee (system of care) communities. During November we held a number of in-person and telephone interviews with youth and their families, with service providers, researchers, and state and local agency administrators. Opportunities for input and discussion also included a two-day meeting in December 2004, two open discussions at the Federation of Families annual meeting December 11-12, 2004, presentation and attendance at a December 16-17 CMHS-sponsored conference designed to examine the concept of recovery in adult mental health, and additional phone calls with youth in January, 2005. Open discussions with representatives from grantee communities, technical assistance providers, and state children’s directors are being held at the Grantee SOC meeting in Dallas February 6-12.

5. **What feedback and observations have resulted from this process?** The discussions have addressed several important issues, including (a) differences between adults and children, and the systems designed to serve them; (b) key recovery concepts that had appeal to many of our informants; (c) a number of concerns about the application of the concept of recovery in children’s mental health; and, (d) recommendations for next steps.

6. **What differences between adults and children did participants identify?** A very important difference is the rapid rate of development among children and youth as compared to adults. Other differences include:
 - i. **Population definition.** The group of children covered by the term, “emotional, behavioral or mental disorders,” is very broad and heterogeneous, and represents between 5% (those with the most serious challenges) and 20% (an estimate of the number of children who need mental health services) of all children. There is an emphasis on function (social, emotional, academic, interpersonal) rather than diagnosis. The group of adults with mental illness related to discussion of recovery is often identified by diagnosis (e.g., schizophrenic, bi-polar disorder, major depression) and refers to .05-3% of the population.
 - ii. **Primary service systems.** For children these include education, mental health, child welfare, juvenile justice, and health. Adults are involved with the mental health system, corrections, health, and the public welfare system, including housing, among others.
 - iii. **Major service/rehabilitation goals.** Children’s services emphasize developmentally appropriate experiences, and preparation for adulthood. Focus in adult mental health is often on quality of community life, maximum development, self-determination, and community integration. Issues include housing, and the need for vocational and educational opportunities.
 - iv. **Orientation to family, especially parents and other caregivers.** “Recovery” in adult mental health is very much focused on the individual, although the recovery processes also depends on formal supports from the



mental health and other systems, and informal support from family and friends. Parents and other caregivers of children and youth bear responsibility to provide basic physical, social, and emotional support for the developing child. The focus of mental health services, and the appropriate balance of responsibility between children and their parents change over time, as children develop.

7. What ideas related to the concept of recovery are positively viewed by youth, families, service providers, and researchers? Some participants expressed considerable enthusiasm for the following concepts related to “recovery:”

- i. Full participation in community life;
- v. A hopeful perspective (as opposed to what many report as current pessimistic prognoses);
- vi. Strengths-oriented language and thinking;
- vii. Life planning for youth and family that focuses on quality of life;
- viii. Emphasis on self-determination;
- ix. Changes in self-perception, not seeing self as “sick;”
- x. A positive culture of healing;
- xi. An emphasis on self-monitoring, self-management;
- xii. Promotes support from multiple sources;
- xiii. Has clear implications for system and service design.

8. What drawbacks were identified by participants re: applying the concept of recovery to children and youth? Respondents identified the following concerns:

- i. The term implies illness, medical model;
- ii. Does not apply to a public health approach to thinking about services for children and youth that includes the concept of prevention.
- iii. Confusing terminology, i.e., does this mean, “cure?” How is this related to the concept of recovery in the substance abuse/ addictions field?
- iv. Some felt that the term is most appropriate for those with the most serious problems – should not be applied to all children and youth receiving services;
- v. Not developmentally appropriate;
- vi. Stigmatizing, labeling when applied to children and youth;
- vii. May be at odds with other goals (e.g., in juvenile justice when we want to focus on treatment rather than punishment);
- viii. “Recovery” could be used to cut off services.

9. Why do we need another term? How does “recovery” relate to the concept of resilience, or to the system of care framework that we currently use? Good question, but one that is complex. We have prepared a chart crosswalking the SOC principles with resilience-building and recovery. This exercise was useful in identifying ideas that the three sets of concepts have in common, where they overlap, and where they are different. This helps answer the question, “Is there any added value in applying the language and concepts of recovery to children and families?” The crosswalk chart comparing the concepts of resilience, recovery, and system of care principles is included in Appendix A.



- 10. Do you have recommendations that we can consider?** Yes, following are recommendations for policy, practice, research, training, technical assistance, and professional education.
- a. That CMHS adopt a common language framework with regard to the concepts of recovery and resilience, specifically, using the terms, “resilience and recovery” together:
 - i. For adults, recovery may be the concept that is most understood and accepted in the adult mental health and substance abuse fields, but adult consumer/survivors use the term, “resilience-building,” too, referring to the process by which adults learn coping skills, gain competencies, and increase their resistance to stress;
 - b. For children and adolescents, the concept of recovery needs to be adapted in the following ways:
 - i. Acknowledge that children’s mental health field addresses a broader population
 1. Prevention and early intervention;
 2. Wider range of challenges, disorders, not all of which may be (or should be) termed, “mental illness;”
 3. Focus should be on promoting the positive potential of all children and youth.
 - ii. Must take into account developmental processes in children and youth. The implications for system change are largely transferable, but the intensely personal “internal conditions” identified by Jacobson & Greenley⁵ may only be relevant to youth as they grow and mature into adulthood.
 - iii. Recovery concepts may also be applied to parents and other caregivers, and to entire families (e.g., self-determination, empowerment, life planning).
 - iv. Technical assistance and training will be necessary for (a) those seeking to promote the degree to which their systems promote resilience and recovery, and (b) those preparing to respond to grant announcements for funds related to resilience- and recovery-oriented services.

The following recommendations were made by participants at the December 2-3, 2004 meeting:

- c. Give mental health away – it is a broad community responsibility;
- d. Broaden the definition of recovery and resilience to address all children and youth within a public health perspective;
- e. For youth, the terms resilience and recovery should be used together, but being clear about their meanings. Need work on the definitions of each;
- f. Pay careful attention to how the word “recovery” is used (e.g., “recovery of/for health,” vs. “recovery from illness.”
- g. Outcomes that matter to the system and providers should be defined by youth and families;

⁵ Op cit.



- h. Share strategies for keeping front-line workers supported and engaged. Recovery can happen for workers, too.
- i. Systems should be held accountable for the extent to which they put the values into practice, and achieve those outcomes;
- j. Invest in roles for families that are well-defined and financed;
- k. Focus on building resilience/protective factors/assets;
- l. Move beyond “cultural competence.” The system can learn and grow from many cultural practices.

Following recommendations are from the Federation of Families’ conference conversations with family members and youth December 11 & 12:

- m. Term “recovery” is confusing; find another (many suggestions);
- n. Concepts of resilience and recovery are intertwined.
- o. System changes are needed to reflect orientation to resilience and recovery:
 - i.
 - ii. *Financing* (funding should follow the child, need mental health parity, need funding for comprehensive services and supports, address custody issue, promote choice and cultivate informal services and supports);
 - iii. *System design* (reduce fragmentation, create and support opportunities for youth to engage in regular social roles, experiences)
 - iv. *Workforce development* (Need trained service providers, evaluators, but also ministers, pediatricians, child care workers).

11. Where can we turn to find more resources about resilience and recovery? A list of documents that we have reviewed for this process can be found on our web page (www.rtc.pdx.edu). In addition, many other materials can be located on the web. For example, the American Association of Community Psychiatry has developed guidelines for recovery-oriented services that can be downloaded from www.communitypsychiatry.org.

12. What happens next? We will be gathering additional responses and information during several sessions at the System of Care Community Meeting in Dallas (February 5-11, 2005). Follow-up ideas and responses can be sent to:

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Appendix A: Crosswalk of key concepts related to resilience, system of care principles, and recovery

| Resilience-building | <i>SOC principles (Next generation)</i> | Recovery-oriented | Implications |
|---|---|--|--|
| <p>Definition: A dynamic process encompassing positive adaptation within the context of significant adversity.⁶</p> <p>Characteristics: (Individual: good intellectual functioning, easy-going disposition, self-efficacy, high self-esteem, talents, faith; Family: close relationship to caring parent figure, authoritative parenting: warmth, structure, high expectations, socioeconomic advantage, connections to extended family networks; Extra-familial context: Bonds to prosocial adults, connections to prosocial organizations, attending effective schools.⁷</p> | | <p>Definition: The process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction of complete remission of symptoms.⁸</p> | <p>Adult mental health uses the concept of resilience-building as an important path to recovery.</p> |
| <p>Target Population: Broad; children across the age span into adulthood. Resilience evidence based primarily on those defined as "at risk."</p> | | <p>Target population: Mostly focused on a small number of serious disorders such as schizophrenia, bi-polar disorder, & severe depression.</p> | |
| <p>Not specifically addressed.</p> | <p><i>Comprehensive – address broad array of needs;</i></p> | <p>Implicit in recovery model; people need basic resources, support in all areas of life.</p> | |

⁶ Luthar, S.S., Cicchetti, D., & Becker, B.(2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71, 543-562.

⁷ Masten, A.S., & Coatsworth, J.D. (1998). The development of competence in favorable and unfavorable environments. *American Psychologist*, 53(2), 205-220.

⁸ New Freedom Commission on Mental Health (2003). *Achieving the promise: Transforming mental health care in America: Final Report* (DHHS Pub. No. SMA-03-3832). Rockville, MD: Author.



| Resilience-building | <i>SOC principles (Next generation)</i> | Recovery-oriented | Implications |
|---|---|---|---|
| Emerging; need to know more about how to build resilience in specific children. | <i>Individualized Services, Individualized Planning</i> <ul style="list-style-type: none"> ■ Child, Youth ■ Family | Person-centered planning: <ul style="list-style-type: none"> • self-determination • recovery goals defined by the individual • self-management | Individualization is central to children’s mental health, system of care concepts. We have increasingly solid research information about the individualized planning process. Concepts of self-determination and “recovery goals defined by the individual” appear to parallel “family driven and youth guided” as defined in children’s mental health. Self-management, although probably a component of many planning processes and interventions, has not be heavily emphasized in children’s mental health. |
| Value transcends both resilience and recovery; Research shows that connection to caring adults, family, community important | <i>Community-based</i> | Value transcends both resilience and recovery. Connectedness; creating community; attention to concrete needs, e.g., employment and housing. | In children’s mental health, “community-based” means, “at home, with family, in community,” and “not in out-of-home placement.” Adult recovery literature places emphasis on choice. |
| Value transcends both resilience and recovery; Could include racial socialization (i.e., developing cultural identity, pride; preparing children for racism, discrimination) | <i>Culturally Competent⁹</i> <i>Learn from other cultures, incorporate learning into core practices</i> | Value transcends both resilience and recovery; Healing historical trauma; survivor culture; understanding, surviving oppression | |
| Early resilience research focused on children in at risk situations over time. Much in resilience literature that can be used in prevention, early intervention. | <i>Early Intervention¹⁰</i> | Up for discussion. The concept of recovery as used in adult mental health probably would not include prevention, early intervention. | |

⁹ Emphasized in New Freedom Commission report.

¹⁰ Emphasized in New Freedom Commission report.



| Resilience-building | <i>SOC principles (Next generation)</i> | Recovery-oriented | Implications |
|---|---|--|--------------|
| Resilience as a concept is not necessarily related to services. Does not address participation. | <i>Family Participation</i> <i>Family & Youth Participation</i> <i>Family-centered</i> <i>Family-driven & youth guided</i> ¹¹ | Self-determination; recovery defined by each individual. An issue in children's mental health is "whose self-determination?" For small children, are mostly talking about families and other caregivers. | |
| Neither resilience nor recovery addresses specific services. | <i>Service Coordination</i> | Neither resilience nor recovery addresses specific services, but service coordination helps to achieve comprehensiveness, continuity of services. | |
| Not specifically addressed. | <i>Interagency coordination</i> | Not specifically mentioned. See above. | |
| Not specifically addressed. | <i>Protective of rights</i> | Fundamental, may be expressed as empowerment, self-determination, the right to choose. | |
| Not specifically mentioned. | <i>Transition</i> | Not specifically mentioned; some think that the concept of recovery is most appropriate for adolescents of transition age who have persistent conditions. | |
| | <i>Other Concepts</i> | | |
| Hope, optimism important markers of resilience. | | Hope, optimism | |
| Future orientation important. | <i>May be related to transition planning</i> | Life planning, "having a life." | |
| | | | |

¹¹ Emphasized in New Freedom Commission report.

