



RESILIENCE *AND* RECOVERY: CHANGING PERSPECTIVES AND POLICY IN OHIO

Beginning in the mid-1990s in Ohio, adult mental health consumers began to have an increasing impact on the state's mental health policy. Leadership within the Ohio Department of Mental Health began to work with adult consumers and, at the same time, consumer advocacy networks were strengthening. Adult consumers promoted the idea that services should focus on recovery.

Advocating for children and families, the Ohio Federation for Children's Mental Health had representatives at the table when these initial discussions about recovery were taking place. Family advocates supported the recovery philosophy, but at the same time felt that the recovery concept did not draw attention to some of the issues that are particularly important for children and families. They kept pointing out that children are not just little

adults, that the mental health services and systems for children and adults are very different, and that the philosophy of recovery simply did not connect with some of their central concerns.

One difficulty families had with *recovery* is that the word implies going back to what existed before. For families and children, going back to a time before the mental illness or the mental issue began to impact life is not an option. If your child has been struggling for two or three years and is now six years old, the goal is not to restart the developmental process at age three, but to recoup those years as part of the process of moving ahead. To support this kind of ongoing development—this moving ahead in the light of emotional or behavioral difficulties—mental health services and supports need to be built on the cornerstone of hope, and they need

to focus on using and developing the strengths of the young person and the family so as to build a full life.

Resilience

For family members, the idea of *resilience* captures this vision best. Resilience brings attention to the strengths of the child as protective factors and as assets for the process of positive development. Resilience also draws attention to the family as the most important asset a child can have. Family advocates felt it was essential for the state to place resilience on an equal footing with recovery as a guide for mental health policy and practice. They felt that a resilience orientation would help to bring about changes that were in line with the two central elements of their vision for transforming Ohio's mental health system: the empowerment of families and youth at all

levels of the service system, and the focus on hope and strengths.

Initial attempts to get the state to recognize the importance of the concept of resilience were not particularly successful. Family advocates would use the term resiliency, and providers and policymakers would nod their heads and then just go right back to whatever they had been talking about before. But four or five years ago, things began to change with the gradual shift toward a greater voice for families and youth in various state-level planning and decision making arenas such as the Mental Health Planning Council and the Clinical Quality Council. Family advocates used those venues as opportunities to keep reminding people—adult consumers, mental health providers, and state policymakers—about the issue of resilience.

Then, with the publication of the final report from the President's New Freedom Commission, things finally began to change. The report validated what family advocates had been saying all along about the need to focus on resilience. At about the same time, the Department of Mental Health developed consumer-family partnership teams as a means to increase consumer and family voices in policy decision making. The Department of Mental Health allocated funds so that consumers and families from across the state of Ohio can get support to pay for their transportation and their hotels. This means that they can be at the table when policy is made. The goal is to have 50% consumers and family members and 50% Department people or providers at the table. While attaining this goal is still in the future, it has provided a wonderful opportunity for families to speak out and for youth to be involved. The state is working on policies that require a public arena for family input whenever there is a new initiative in the state that impacts them. These are mechanisms that promote inviting, recruiting,

and supporting families and youth to give their input and opinions.

All along, the Ohio Federation for Children's Mental Health kept using its voice to promote resilience and to pressure the state to get serious about it. Two years ago family advocates developed a proposal asking the Department to fund a series of forums across the state. The forums invited young people and their families to come and talk about resiliency and to describe what had been most important in giving them hope and making their lives better. With state funding, six of these forums were held across the state. Data was compiled and given back to the Department.

What was learned during the forums was wonderful and also surprising. One might expect that folks would give most attention to the service system or the lack of services. They did comment on services, but what was surprising to the facilitators of the forums was how much of what youth and families said could have come straight out of a book on developmental assets. They were talking about the importance of having an adult just to talk to, the importance of supportive relationships in the family, and the need to feel a sense of acceptance and belonging at school and in the community.

The Resiliency Ring

Advocates were determined not to allow the state just to sit on this great information. After about a year, advocates decided they needed to do something independently to draw further attention to the issue of resiliency. To do this, family advocates organized a public relations event in Columbus and called it the *Resiliency Ring*. The event started with a rally at the capitol, with speakers including the head of the Department of Mental Health and a young woman who was a suicide survivor. Several state legislators came, as did Hope Taft, Ohio's first lady. Also present were

families from all over the state and people from a number of advocacy organizations. The highlight of the rally was when attendees held hands in solidarity and formed the Resiliency Ring, encircling the capitol building. After the rally, advocates paid a personal visit to every legislator and provided him or her with a packet of resiliency-focused literature. Advocates spent time with the legislators, providing an overview of findings from resiliency studies and talking about the policies and issues that tie into a resiliency framework.

The Resiliency Ring was a huge success and received quite a bit of attention in the media. The event seems to have had a real impact too. In a budget full of cuts, one bright spot is a carveout for children's mental health that includes increased support for family advocates to work directly with families. What is more, it has become rare to see policies or administrative rules coming from the state that do not use the words resiliency and recovery together. The Federation has been working with the state to develop a definition of resiliency that is workable and that resonates with families and young people.

Of course, there is still much to do in terms of building a mental health system that knows how to foster hope and build strengths. At the same time, progress is obvious. The terminology of resiliency is becoming embedded in Ohio's mental health policies and standards. Advocates continue working to broaden people's understanding of mental health and to help them see that there are many creative ways to promote positive development and wellness.

The image at the beginning of this article is the logo for the Resiliency Ring.

This article was written by **Janet S. Walker**, based on an interview with **Terre Garner**, Director of the Ohio Federation for Children's Mental Health.