

THE CONCEPT OF RECOVERY: “VALUE ADDED” FOR THE CHILDREN’S MENTAL HEALTH FIELD?

What can the concept of *recovery* add to system of care principles and the emphasis on promoting resilience already operating in the children’s mental health field? One answer to this question is “an increased focus on hope, optimism, and a positive orientation to the future.” These features of the concept of recovery have been identified as “value added” by many youth, family members, and service providers in the children’s mental health field. Others, however, are uncomfortable using *recovery* with children and youth, expressing their belief that the term is confusing, that it implies a medical-illness orientation to mental health treatment, and that it lacks a developmental perspective. Both groups agree that the concept of recovery, as developed within the adult mental health field, cannot be imported “as is” into the children’s mental health field.

Background

In September 2004, staff here at the RTC on Family Support and Children’s Mental Health were asked to address the question, “What can the concept of recovery add to current thinking and practice in the field of children’s mental health?” This information was requested by the Child, Adolescent, and Family Branch, which is part of the Center for Mental Health Services (CMHS), which, in turn, is part of the Substance Abuse and Mental Health Administration (SAMHSA), the primary federal funder of programs to improve mental health care nationwide.

This interest in recovery was

motivated in large part by the 2003 report of the President’s New Freedom Commission on Mental Health, which recommended fundamentally transforming how mental health care is delivered in America. According to the report, “Recovery is the goal of a transformed system.” The report also states that, “Care must focus on increasing consumers’ ability to successfully cope with life’s challenges, on facilitating recovery, and on building resilience...”



Federal agencies, including SAMHSA, have been asked to align their work with the recommendations of the New Freedom report. In the field of children’s mental health, we are accustomed to talking about resilience; however, not much attention had previously been paid to the question of how recovery might apply to children and youth. RTC staff thus set out to help SAMHSA answer two related questions: first, What exactly does recovery mean in the context of children’s mental health? and second, How do recovery and resilience mesh with the system of care values that underpin

current transformation efforts for children’s mental health?

During the fall and winter 2004-05, we sought feedback on these questions through a series of telephone and in-person discussions with families and youth, as well as with service providers, researchers, and state and local agency administrators. Additionally, in December 2004, we hosted a two-day meeting at SAMHSA sponsored by the Child, Adolescent, and Family Branch, during which representatives from these same stakeholder groups and SAMHSA staff held extended discussions on this topic.

Discussions began with an introduction of the values associated with the recovery concept. We asked participants to consider whether these values, along with lessons from the resilience field, would add new ideas or dimensions for transformation in children’s mental health. Some participants suggested that *recovery* should apply only to adults, and *resilience* should be reserved for children. We thought it was important to fully explore what both concepts could offer children’s mental health.

Definitions and History

We approached the complex process of thinking about how system of care values and principles, recovery concepts, and resilience knowledge might fit together by looking first at the definitions and main elements of each set of ideas. We developed a “crosswalk” table as a way of looking at where the ideas were similar, and where they were unique (Table 1).

Table 1. Crosswalk: System of Care, Resiliency, and Recovery

Resilience Core Concepts	SOC Principles	Recovery Elements
	1. Comprehensiveness	Holistic (C)
Specification of elements: (V) Reducing risk Enhancing protective factors	2. Individualized services	Individualized and person centered (C) Strengths-based (C)
	3. Community based	(Assumed)
Racial socialization (V) Healing historical trauma (V)	4. Culturally and linguistically competent	Healing historical trauma (V)
Solid basic and applied research base for prevention and early intervention (V)	5. Early intervention	
	6. Family and youth participation Family driven Youth guided, directed	Empowerment Self direction (C)
	7. Service coordination	
	8. Interagency coordination	
	9. Protection of rights	Respect, stigma reduction (V)
	10. Support for transition	Life planning (V)
Future orientation (V) Optimism (V)		Hope, optimism (V)

System of care. A system of care is “a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children [with emotional and behavioral disorders] and their families.” The system of care values and principles (Stroul & Friedman, 1986) specify that the care provided should be comprehensive, coordinated, community-based, individualized, culturally competent, child centered, and family focused.

Recovery. As defined in the New Freedom report, recovery is “The process in which people are able to live, work, learn, and participate fully in their communities.” For some, recovery may mean the complete remission of symptoms. For others, it may mean the ability to live a fulfilling and productive life despite the challenges of an ongoing condition. The concept of recovery was developed in the adult mental

health field to describe a process whereby people with serious mental illnesses build fulfilling, self-directed lives in the community. These ideas developed as it became apparent that the life stories of people with positive outcomes contradicted the prevailing pessimistic view of serious mental illness as resulting in inevitable decline over time (Houghton, 1982; Harding, et al., 1987).

Resilience. Concepts of resilience (literally, the ability to “bounce back”) have been developed through years of research examining how some individuals do well in many areas of their lives despite severe challenges and/or deprivations (Luthar, Cicchetti, & Becker, 2000). Researchers have identified individual, family, and community characteristics that are associated with resilience. For **individuals**, these include good intellectual functioning, easy-going disposition, self-efficacy, high self-esteem, talents, and faith. **Within the family**, having

a close relationship to a caring parent figure, authoritative parenting (characterized by warmth, structure, and high expectations), socioeconomic advantage, and connections to extended family networks have all been shown to be important. **Outside of the family**, factors associated with resilience include bonds to pro-social adults who can serve as good role models, connections to positive community organizations, and attending effective schools (Masten & Coatsworth, 1998). It’s important to note that thinking about resilience has changed from focusing extensively on

the characteristics of individuals to include the importance of family, neighborhood, and community factors in promoting resilience (Masten & Coatsworth, 1998).

Compatibility of Ideas and Value Added

The crosswalk in Table I allows us to examine how resilience, recovery, and system of care concepts complement each other, and to identify their unique contributions or *value added*. In the following paragraphs, key concepts related to recovery and resilience are examined along with system of care principles.

1. Comprehensiveness. This system of care principle calls for addressing all of the important life domains of developing children and youth—their physical, emotional, social, and educational needs. The recovery element *holistic* represents a very similar idea, including all aspects of the person’s mind, body,

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spirit, and community, as well as needs such as housing, employment, education, mental health and health care services, addictions treatment, spirituality, and others. The resilience literature does not directly address the concept of comprehensiveness.

2. Individualized services.

The language related to this system of care principle, and two recovery elements, *individualized* and *person-centered*, and *strengths-based*, are very similar. They recognize the unique needs of each individual and the importance of building on their strengths and assets. The resilience literature makes a unique contribution with its emphasis on reducing risk (e.g., poverty, exposure to toxic substances, and neighborhood or family violence) and enhancing protective factors (e.g., through building competence and coping in individuals, promoting excellent parenting, and increasing community assets such as caring adults, prosocial organizations, and opportunities for youth to contribute positively to the community).

3. Community

based. The principle that children should live at home and in their communities is implicit in the concept of recovery, often with an emphasis on “non-institutional” living situations and full participation in community life.

4. Culturally competent. This value is aligned with the principle of non-discrimination and responsiveness to cultural differences and special needs. The principle focuses on the knowledge and behavior of individual service providers, as well as the appropriateness of services and the process of service delivery. Both the resilience literature and the recovery movement underscore the importance of trauma that may have preceded the emotional or mental illness as well as the traumatic effects of being ill and of re-

ceiving treatment in an imperfect and sometimes oppressive system. In addition, the resilience literature contains many examples of racial socialization, a process that parents use to help their children develop pride in their heritage, and to anticipate and prepare for discrimination and prejudice (Coard, Wallace, Stevenson, & Brotman, 2004). An emphasis on healing historical trauma, as well as building increased competence and targeted coping mechanisms in children of color, constitute *value added* from both resilience and recovery.

5. Early intervention. This principle underlines the importance of dealing proactively with problems or challenges rather than letting them become entrenched and more difficult to address. The concept of early intervention is not explicitly discussed in the recovery literature; however, knowledge about resilience building provides valu-

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able information about strategies that can be used to provide early and effective services. For example, as we understand more about the ways in which poverty increases risk of poor outcomes for children (e.g., increasing parents’ stress, interfering with parents’ ability to provide stable, predictable caregiving, and so on) we can act to counteract these effects (Yates, Egeland, & Sroufe, 2003).

6. Full family participation in planning, implementing, and evaluating services is a core system of care principle that is also emphasized in the New Freedom report. The idea of involvement and participation has recently been updated to “family driven and youth guided” to communicate that families should provide leadership in deci-

sions about services, and that youth can be effective self-advocates and managers of their own lives. Recovery concepts of consumer empowerment and self-direction parallel concepts of family-driven and youth-guided services.

7. Service coordination is emphasized in the system of care principles because families with complex needs may need a broker, or guide, to help navigate the complicated system of services in their communities and gain access to needed services. Neither resilience nor recovery principles directly addresses service coordination.

8. Interagency coordination is emphasized as a system of care principle to reduce service fragmentation so that children and families with complex needs can be better served.

9. Protection of rights is included as a system of care principle to directly address problems related

to coercion, exclusion from decision-making, and other violations. Key elements of recovery, *respect* and *stigma reduction*, are compatible with

system of care values, but have not been sufficiently emphasized in the children’s mental health field. Attention to building societal acceptance of difference and helping young people gain self-acceptance are *value added* strategies.

10. Support for transitions, although a principle of systems of care, is an area that young people and families identify as needing further development and support. Neither resilience nor recovery explicitly addresses transition planning as a service, although life transitions are identified as presenting challenges to individuals in the resilience literature.

Other elements of recovery that are not emphasized in system of care principles include the notion that progress may be non-linear

(i.e., that setbacks may occur), the notion of personal responsibility, and a heavy emphasis on peer support and peer-run programs.

The aspects of recovery that sparked the most interest and excitement on the part of young people and their families were the concepts of hope and optimism and a positive orientation to the future that characterize the recovery process. In our discussions, family members and youth recalled their frustration and sorrow when they received pessimistic messages about their futures. They also expressed concerns that services are often narrowly focused (not comprehensive) and take a very short-term view. The prospect of having support for life planning, an emphasis on self-management and personal responsibility, and having quality of life seen as a legitimate outcome are all possible contributions of the recovery movement to children's mental health.

On the other hand, an exclusive focus on *recovery* is problematic for many individuals and organizations. We suggest the use of the phrase, *resilience and recovery*, rather than *recovery* alone, to describe transformation goals, processes, and funding opportunities. This supports the adaptation of important contributions from both the recovery movement and from knowledge about resilience building, and sidesteps objections and confusion related to the term *recovery*.

Using a resilience and recovery framework, together with system of care principles, has numerous implications for how the transformation of mental health systems should occur. Those implications include the following:

- The outcomes that are important under a resilience and recovery framework are different from those often measured to evaluate either treatment or system effectiveness. For example, outcomes such as optimism or quality of life are rarely measured. Families and youth should be fully engaged in defining

resilience- and recovery-oriented outcomes, both for their own individualized plans and for service systems as a whole.

- Protective factors—including community-level strengths and assets—should receive greater attention in treatment planning. There is a need to expand knowledge about how to create treatment plans that effectively build on strengths and assets.

- Transformation work must also be concerned with reducing community risks (e.g., poverty, neighborhood crime, violence, or biohazards). Although the mental health system cannot tackle these problems alone, collaboration with other systems could do much to bring these issues to public awareness, and to make the conceptual connection between community problems and the physical and mental health of all citizens.

- Stigma reduction deserves increased attention. Youth and family experiences of stigma should be used as a basis for developing strategies to reduce stigma.

- Expanded national and local support should be provided for peer-run, mutual support groups and organizations for youth and families.

Although many of the concepts and principles reviewed here are familiar to the children's mental health field, the value that we found through a review of resilience knowledge and in key elements of recovery suggests that these ideas should have a more central place in our work to transform the mental health system across the life span. The effect, we think, should be to move them out of the background and into the spotlight.

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References

- Coard, S., et al. (2004). Towards culturally relevant preventive interventions: The consideration of racial socialization in parent training with African American families. *Journal of Child & Family Studies, 13*, 277-293.
- Harding, C. M., et al. (1987). The Vermont longitudinal study of persons with severe mental illness: II. *American Journal of Psychiatry, 144*, 727-735.
- Houghton, J. F. (1982). First-person account: maintaining mental health in a turbulent world. *Schizophrenia Bulletin, 8*, 548-552.
- Luthar, S. S., et al. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*, 543-562.
- Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments. *American Psychologist, 53*, 205-220.
- 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.
- Stroul, B. A., & Friedman, R. M. (1986). *A system of care for severely emotionally disturbed children and youth*. Washington, D.C.: Georgetown University, CASSP Technical Assistance Center.
- Yates, T. M., et al. (2003). Rethinking resilience: A developmental process perspective. In S. S. Luthar (ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp.243-266). Cambridge, UK: Cambridge University Press.