

**COLLABORATION BETWEEN MUTUAL-HELP
RECOVERY NETWORKS AND PROFESSIONAL
MENTAL HEALTH PROGRAMS: THE WELLNESS
RECOVERY CENTER APPROACH**

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ABSTRACT

The use of Social Model principles of recovery for persons diagnosed with mental illness represents an exciting development in mental health, as various models of recovery are being created nationwide. This article overviews The Wellness Recovery Center's partnership with a network of peers who are in recovery themselves and are sharing their recovery with others. This article discusses the nature of recovery as a personal and spiritual journey. It distinguishes the phenomenon of recovery from the provision of rehabilitation services. The role providers of services can play in a person's recovery process is also examined.

**THE PROGRAM AND OUR PARTNERSHIP WITH
OUR RECOVERING PEERS**

The Wellness Recovery Center, located in Modesto, California, provides recovery/support services and medication for individuals who have been diagnosed with a mental illness. The program utilizes a Social Model recovery approach. Our program is "long on peers and short on staff." The use of peer support/recovery groups and activities, allows for a small complement of staff providing services to a large group of clients. The program provides medication and recovery supports to approximately 360 clients. This is accomplished with a line staff of one full-time case manager, a full-time nurse, a full-time peer recovery specialist, and eighteen hours of psychiatrist time a week. Currently there are

about eight to ten peer volunteers donating their time as our partners at the Wellness Recovery Center. Our peer volunteers have an on-site workspace and receive weekly support, education, and supervision.

Despite the shift in mental health to social rehabilitation, the culture of mental health care remains a product and manifestation of the medical model. Concepts and language such as “compliance and non-compliance,” “decompensation,” and other terms emphasize disability and a hierarchical relationship between providers and the persons they serve. A Social Model approach promotes peer-to-peer relationships, models personal responsibility, has as a practice taking a regular inventory of one’s life, and not only accepts but actively supports spiritual development.

Such an approach operates on the premise that experiential learning is the path to recovery. We offer people the opportunity to experience recovery through hearing their peers share about their recovery and by giving them the chance to share about their lives with others. Our peer volunteers, through listening and sharing their own experience, demonstrate that recovery and being well are possible. Because recovery “lives” in peer relationships, we consider the relationship between Wellness Recovery clients and our volunteers to be of *equal importance* to our clients’ relationship with staff.

The Peer Recovery Model is comprised of a peer network of people in recovery, who are our partners in making recovery available and accessible to their peers, both those receiving services from us and those who do not. Our peers provide outreach to our psychiatric hospital and other residential facilities, facilitate mutual-aid groups, and provide transition supports for people returning to the community or experiencing other life changes. Our volunteers operate under the axiom, “to keep your own recovery, you have to give it away.”

THE NATURE OF RECOVERY

Recovery includes an expansion of the spirit. It gives people access to “something greater than themselves” and expands what is possible for them. It is something that a person generates for themselves, not something that is done to them. Recovery occurs through speaking and listening with those who have had a shared experience. This includes sharing issues and concerns that need resolution or need to be worked on. For a myriad of reasons, mental health treatment is disempowering in nature. This disempowerment makes a person feel smaller, less able, and more dependent on others, especially care providers. Issues and concerns commonly worked on in recovery:

- Trauma, abuse, and/or loss(es) from childhood, adolescence, and adulthood.
- The experience of being stigmatized or inappropriately labeled due to being diagnosed as mentally ill.
- Having to manage serious and/or persistent symptoms.
- Addiction and/or the addictive process.

DISTINGUISHING RECOVERY AND REHABILITATION

Recovery is primarily a phenomenon that exists between people who have a shared experience. Rehabilitation is the delivery of a service or services, and exists between a provider and a client. A recovery network that supports others, independent of a service delivery system, is critical. Without such a network, the rehabilitation program remains a sole reference point for people with mental health needs. This situation is particularly problematic for individuals who have persistent symptoms to manage or need more than short-term supports. It tends to foster dependency on the system as the only viable avenue for coping or making life changes. A network provides the opportunity for a person to grow outside of and beyond both the services they receive and the provider relationships they develop. Recovery puts into a proper perspective the utmost importance and yet limited role that rehabilitation plays for a person becoming well or staying well.

Since recovery exists separately from any provision of mental health services, the question is: What role does rehabilitation play in a person's recovery?

- Rehabilitation services (counseling, case management services, having a representative payee, assisting a person with employment or housing, etc.) are services that are time limited and, when done well, assist an individual to adapt to a disability and/or to gain the necessary skills or supports to acquire a sense of balance or stability.
- Providers must believe and share with their clients that recovery is possible for them. It must be the context from which services are delivered.
- Providers need to encourage and invite recipients of their services to participate in peer activities and groups.
- Services need to be correlated to support a person new to recovery or to sustain their recovery.

THE ROLE OF PEERS IN RECOVERY

Our efforts to reach individuals with dual diagnosis problems led to a recovery model for anyone who is psychiatrically disabled or been diagnosed as mentally ill. The network of recovering peers has developed over a period of about seven years. Mental health clients, including those with dual diagnosis, participated in peer-led groups and later became group facilitators themselves.

Within our recovery model our recovering peers have no spoken opinion about what others should or should not do. They have no opinion of whether someone should take medication, see a therapist, confront a family member, or make a patient rights complaint. Our peers generously provide their listening and attention and are free to share their own experience, as appropriate. Our peers, like our staff, do not want others to feel the need to either comply with us or resist what we think about their situation. Our peers are free to share what works for them in their recovery (i.e., "this is what I have done," or "this is what works for me"). In

speaking and listening, in sharing with others, people are invited to look for themselves at what they need. This sorting out of one's concerns and issues with others, in an accepting and supportive environment, allows people to "process" whatever is there for themselves, that which they deem as important, at their own pace.

We at the Wellness Recovery Center continue to explore and discuss various ways to implement a social model approach to recovery. Our expectation for ourselves and the people we serve is the same: we strive for progress, not perfection.

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