

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



The “medical model” and recovery in SMI: Not mutually exclusive

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- AACAP Web editorial board, member
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Overview

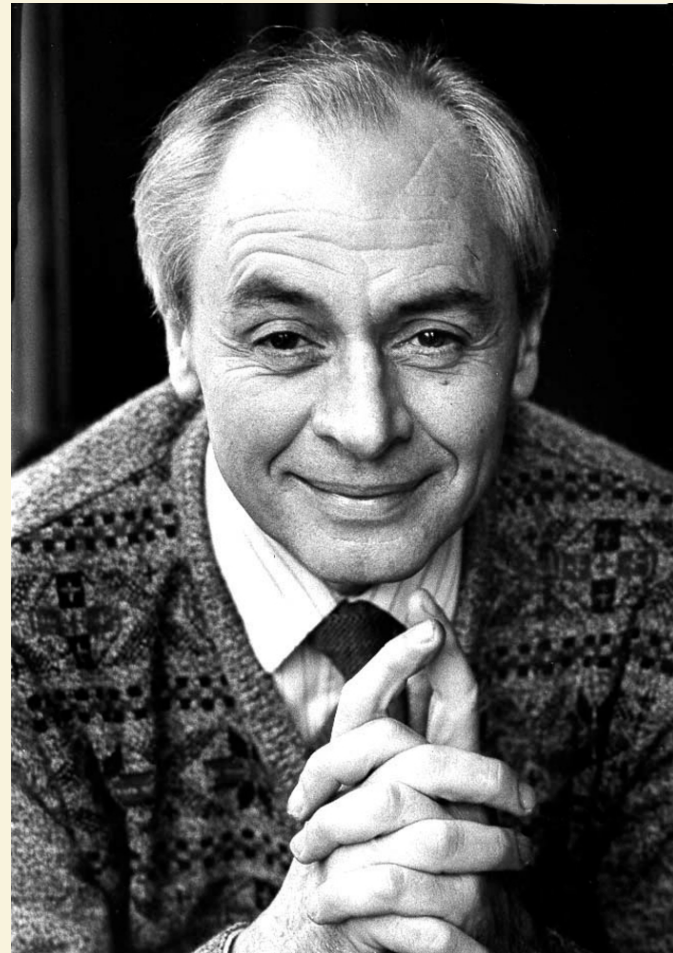
- What is the “medical model?”
- What is the “recovery model?”
- Looking ahead: Recovery can include the biologic models
- Role of clinicians and scientists
- Recovery alive and well – some examples

What is the “medical model”



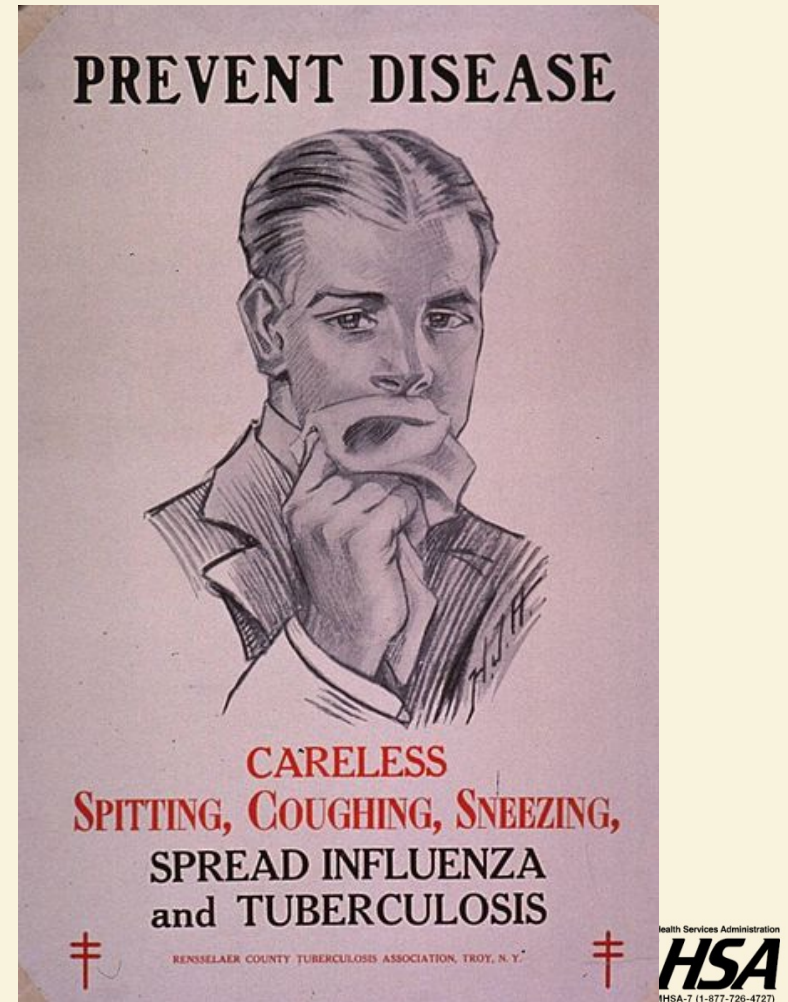
“Medical model”

- No universally accepted definition of “medical model.”
- Term was coined by R.D. Laing (1971)
 - The “set of procedures in which all doctors are trained”
- Often has been used negatively, to imply reductionistic thinking about mental health



Historic connotations of medical model

- Hierarchical physician patient relationship
- To some connotes devaluing of psychological environmental factors
- Emphasizes disorder with physical causes



Medical model

- Other psychiatrists have sought to redefine the term “medical model” to include other non-biologic factors (e.g. Peis, 2017)
- Other definitions include:
 - “A process whereby, informed by the best available evidence, doctors advise on, coordinate or deliver interventions for health improvement.” (Shah and Mountain, 2007)

Medical model

- Other “models” in psychiatry been utilized, including
 - Biopsychosocial model (influenced by Engel and Meyer)
 - Perspectives of Psychiatry (Mchugh & Slavney, 1998)
 - “the real medical model” (Pies, 2017)

Medical model

- No universally accepted definition
- In some circles has a negative connotation, implying reductionistic thinking
- Other psychiatrists have developed new definitions of medical models to include psychosocial, cultural, and spiritual factors

What is the recovery model?



Current definition

- SAMHSA's definition of recovery:

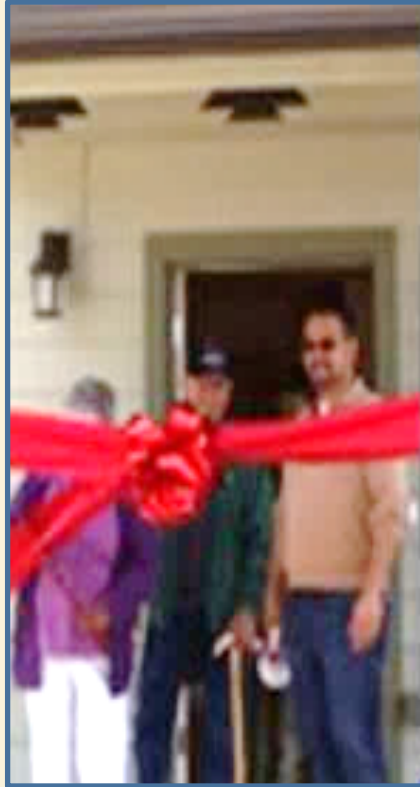
*A **process** of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*

SAMHSA's definition includes both mental health and substance use disorders

Has Four Key Dimensions



Health



Home



Purpose



Community

Health in Recovery



Home in Recovery



**Cooperative Agreements
for the Benefit of Homeless
Individuals for States**



Getting Started
with Evidence-Based
Practices

**Permanent
Supportive
Housing**

Funds treatment
and services for
people placed into
permanent
housing

Housed over 1,700
veterans and
others
experiencing
chronic
homelessness in 2
years

In-depth guidance
on planning,
funding,
implementing and
evaluating
evidence-based
PSH

Purpose in Recovery

“We don’t have to become less symptomatic before returning to work.”



Recovery movement vs. recovery model

Very different from the recovery model

- Can be referred to as “consumer movement” or “survivor movement”
- Some anti-psychiatry voices
- Played a role in highlighting quality gaps and problems
- Earliest efforts largely spearheaded by professionals (1950s)
- Later became more consumer-led (1970s)

Elizabeth Packard



Recovery model at SAMHSA

- 1999 U.S. Surgeon General report discussed importance of recovery
- 2002 President's New Freedom Commission recommended the U.S. move towards a recovery approach
- 2004 DHHS recommended that public mental health organizations adopt a “recovery orientation”

Integrating biologic model into recovery

- Recovery and the biologically-based treatments/interventions are NOT mutually exclusive!
- Recovery involves empowerment of individuals to manage their lives – including their health

Biologic models and recovery

- Medications can be an important recovery tool
- Knowing and understanding one's diagnosis is an important aspect of being informed
- Knowing how physical relates to and is impacted by mental health part of achieving well-being
- Psychiatrists have the potential to partner with individuals receiving services

Physicians and scientists as partners with consumers

- Shared decision-making
- Each partner has important expertise
- Opposition to feeling coerced could lead to premature rejection of important scientific research
 - Important to be aware of this dynamic

A new(ish) era of recovery

- How can the field continue to explore ways to integrate and embed biologic/medical models into recovery models (and vice versa)?
- How can science integrate and use the perspectives of individuals receiving services?
- For clients who have felt coerced or traumatized by past experiences with psychiatry, what might be healing?

Current challenges

- Recovery efforts and biologic/ psychopharmacologic efforts can be silo-ed
- Psychiatrist training in shared decision-making and increased sensitivity to the history of treatment of individuals receiving services
- Better bridging and integration of biologic models with recovery models

Current challenges

- How might recovery differ in different cultures where the physician-patient hierarchical structure may be more entrenched?
- What does the recovery model look like in situations of anosognosia?
- How might history of treatment of different races and ethnicities impact receptivity to biologically-based treatments?
 - E.g. Tuskegee Institute, forced sterilization

Use of recovery model benefits clinicians

- It behooves clinicians to understand the history and to listen closely to those in different stages of recovery:
 - Shared decision making may lead to greater treatment satisfaction
 - Potentially better treatment outcomes
 - Improved therapeutic alliance/treatment engagement
 - Clinicians (and scientists) are consumers too

IT'S JUST BETTER CLINICAL CARE!

Role of scientists in recovery model

- Dissemination of EBPs gets tripped up at implementation stage
 - Consumer experience highly important in implementation stage
- Consumer experience can inform research
 - PCORI, “Learned experience research network”
- Potentially greater investment in the science/research if people feel engaged
- Dismissing recovery principles as “soft” leads to further alienation and dichotimization

Examples of SAMHSA activities

- Recovery to practice
 - Collaboration with APA, AACP, peer support organizations
 - Curriculum to address competencies including
 - Shared decision-making
 - Clozapine training
 - MI
 - Person-centered planning
 - Trauma informed care
 - Recovery-based med management

Shared Decision Making




“In order for healing to occur we must work with our doctor in a partnership.”

*Pat Deegan, Ph.D.,
Personal Medicine and the Healer Within*

Summary

- The biologically-based treatment approaches are easily integrated into recovery models
- Physicians and scientists have important roles to play in the recovery model
 - Improving treatment engagement and experience
 - Training of future psychiatrists
 - Integrating consumer experience into medical research
 - Applying high quality science to the study of peer supports and other recovery-infused programs
 - More effectively disseminating EBPs



**Recovery is alive and
well!**

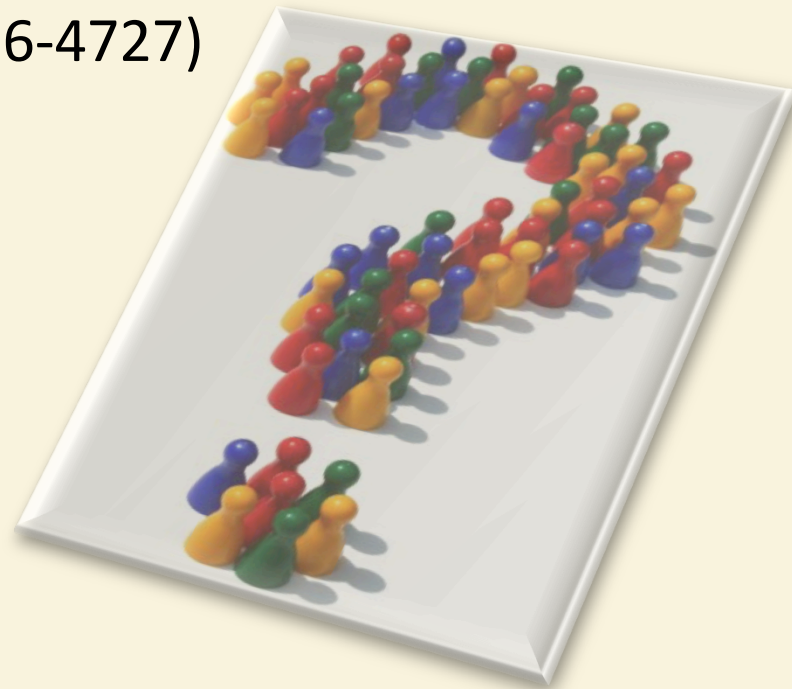
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References

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