Recovery in the Community: Can We Do Better?

Ralph Aquila, MD
Medical Director of the Fountain House
New York, NY

Robert Davis, MD
Medical Director of Family Services of Western Pennsylvania
Pittsburgh, PA
Ralph Aquila, MD

**Position:** Dr. Aquila is the Medical Director of the Fountain House in New York, NY.

**Education:** Dr. Aquila earned his MD from the University of Bologna (Bologna Italy). He completed his residency at St. Luke’s/Roosevelt Hospital Center (New York, NY) and a fellowship in Public Psychiatry at Columbia College of Physicians and Surgeons at the Psychiatric Institute/Presbyterian Hospital (New York, NY).

Robert Davis, MD

**Position:** Dr. Davis is the Medical Director of Family Services of Western Pennsylvania in Pittsburgh, PA.

**Education:** Dr. Davis earned his MD from Pennsylvania State University, College of Medicine (Hershey, PA), and he completed his residency at Thomas Jefferson University Hospital (Philadelphia, PA).
This program was developed with the support of Otsuka Pharmaceutical Development & Commercialization, Inc. and Lundbeck, LLC. The speakers are compensated contractors of Otsuka Pharmaceutical Development & Commercialization, Inc.
PsychU Virtual Forum Rules of Engagement:

Otsuka Pharmaceutical Development and Commercialization, Inc. (OPDC) and Lundbeck, LLC. have entered into collaboration with Open Minds, LLC. to explore new ways of bringing/increasing awareness around serious mental illness.

OPDC/Lundbeck’s interaction with Open Minds is through PsychU, an online, non-branded portal dedicated to providing information and resources on important disease state and care delivery topics related to mental illness. One of the methods employed for the sharing of information will be the hosting of virtual fora. Virtual fora conducted by OPDC/Lundbeck are based on the following parameters:

When conducting medical dialogue, whether by presentation or debate, OPDC/Lundbeck and/or its paid consultants aim to provide the viewer with information that is accurate, not misleading, scientifically rigorous, and does not promote OPDC/Lundbeck products.

OPDC/Lundbeck and/or their paid consultants do not expect to be able to answer every question or comment during a PsychU Virtual Forum; however, they will do their best to address important topics and themes that arise.

OPDC/Lundbeck and/or their paid consultants are not able to provide clinical advice or answer questions relating to specific patient’s condition.

Otsuka and Lundbeck employees and contractors should not participate in this program (e.g., submit questions or comments) unless they have received express approval to do so from Otsuka Legal Affairs.

OPDC and Lundbeck operate in a highly regulated and scrutinized industry. Therefore, we may not be able to discuss every issue or topic that you are interested in, but we will do our best to communicate openly and directly. The lack of response to certain questions or comments should not be taken as an agreement with the view posed or an admission of any kind.
Objectives

• Discuss the evolving definition of recovery in mental illness, including schizophrenia
• Understand the components of recovery in mental illness, and factors associated with it
• Explore current recovery models in mental illness
What Is Recovery?
Polling Question 1

• What barriers to recovery most commonly affect your patients with mental illness?
  A. Impact of substance abuse/comorbidities
  B. Lack of treatment adherence
  C. Lack of family/caregiver support and/or transportation
  D. Insurance issues
Definition of Recovery

• Definition of recovery in schizophrenia is evolving:
  – From: symptom remission + independent psychosocial functioning¹
  – To: symptom reduction + optimal psychosocial functioning

• Recovery ≠ Cure¹

• Recovery is the goal of all patients with mental illness

Multiple definitions of recovery exist in the mental health literature.

Definition of Recovery

Recovery from schizophrenia$^1$

\[ = \]

Symptom Remission

+ Independent* Psychosocial Functioning

Recovery from schizophrenia$^1$ ≠ Cure

“Hope for recovery should be reflected in all treatments, services, and supports … The recovery journey is unique for each individual … recovery is a process, not an event.”$^2$

*Patient does not need to be living on their own to meet criteria; may include being productive at work/school, social relations, family life, and recreational activities.$^1$

Recovery

• Recovery does **NOT** mean complete wellness and remission for every person immediately.\(^1,2\) However, it is a recognition that:

  – More people than historically appreciated do achieve complete recovery and remission\(^2\)

  – Regardless of the seriousness of the illness, a recovery-oriented approach encourages a meaningful and good life for each person despite living with an illness or disability\(^2\)

  – The core concept of recovery is hope and expectations for better outcomes on behalf of the person, his or her family, and his or her healthcare professional\(^2\)

---


Components of Recovery

- Consumers have a personal responsibility for their own self-care and journeys of recovery.
- Mutual support, including the sharing of experiential knowledge and skills and social learning, plays an invaluable role in recovery.
- Consumers have the authority to choose from a range of options and to participate in all decisions.
- Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience.

1. Substance Abuse and Mental Health Services Administration. Available at: http://store.samhsa.gov/shin/content/SMA05-4129/SMA05-4129.pdf.
Factors Associated With Recovery in Schizophrenia*

- Supportive family and/or caregivers
- Absence of substance abuse
- Shorter duration of untreated psychosis
- Good initial response to antipsychotics
- Adherence to treatment
- Supportive therapy with a collaborative therapeutic alliance/rehabilitation alliance
- Good neurocognitive functioning
- Absence of deficit syndrome
- Good premorbid history
- Access to comprehensive, coordinated, and continuous care

*Factors identified by literature review.
Recovery Models in Mental Illness
Polling Question 2

• What components do you use in your practice to support patient recovery from mental illness?
  A. Wellness Recovery Action Plan (WRAP) model
  B. Shared-decision making
  C. Peer support
  D. Technology/computer apps
  E. All of the above
Fountain House / Clubhouse Model

- One of the oldest approaches to psychosocial rehabilitation
- >300 Clubhouses in >30 countries
- Provides the following types of support programs:
  - Social
  - Health
  - Educational
  - Employment

Fountain House / Clubhouse Model (cont)

• Members follow the “work ordered day”
  – Take lead roles in all aspects of running the Clubhouse
  – Work alongside paid staff

• This approach builds confidence, friendships, and skills

• Members encouraged to pursue educational/employment goals in the wider society

• Transitional Employment Programs:
  – Clubhouse programs tailored to support members seeking work in the competitive job market

Family Services of Western PA: Psychiatric Rehabilitation

• Geared towards persons with severe and persistent mental illness looking to gain/regain a valued role

• Process involves progressing through a cohort of established groups of individuals in similar stages of recovery

• Members work towards attainment of goals in the areas of:
  – Living (eg, new housing environments)
  – Learning (eg, education, community resources/participation)
  – Working (eg, obtaining employment or a volunteer position)
  – Social (eg, obtaining a valued role in the community)

http://fswp.org/services/psychiatric-social-rehabilitation.
Family Services of Western PA: Social Rehabilitation

- Geared towards persons with a primary diagnosis of mental illness (e.g., depression, anxiety, phobias, schizophrenia) who are in need of structure and social supports/skills.
- A group setting allows members to gain confidence, comfort and supports that will be transferable in their communities.

http://fswp.org/services/psychiatric-social-rehabilitation.
Discussion
Questions
Questions