

## **RESEARCH FINDINGS RELATED TO MENTAL HEALTH RECOVERY**

Recovery is not the exception to the rule but is the rule itself. Recovery is not only possible, recovery is probable.

Nine studies have followed up with over 2000 people over a period averaging 20 years found that an average of 66% had recovered to the point that a non-professional person would not be able to discern they had a mental illness (see charts attached.) Characteristics of the “recovered” person included:

- Making their own decisions
- Having a fulfilling network of friends
- Having a major social role other than consumer
- Using emotional distress as an opportunity for growth
- Primary supports outside MH system

### **What does research say about what type of mental health service is helpful?**

Courtney Harding, PhD, compared 2 groups of people who had been diagnosed with severe and persistent mental illness and who were in the back wards of state mental hospitals. One group came from Vermont, which has a progressive program of psychiatric rehabilitation focused on recovery and the other group came from Maine. The people studied in Maine had the same identifying characteristics at the start but then received mental health services as usual, case management and a focus on maintenance and stability.

Vermont:

- 269 patients from back wards of Vermont State Hospital in the 1950's
- 97% of the Vermont group was located and assessed during the follow-up study in the early 1980's

Maine:

- Subjects were matched by age, gender, diagnosis, and chronicity from the back wards of the Augusta State Hospital in Maine
- 94% of the Maine group was located and assessed during the follow-up study in the early 1980's

Dr. Harding's definition of recovery was relatively narrow and has four criteria:

- having a social life indistinguishable from your neighbor
- holding a job for pay or volunteering
- no longer experienced symptoms of mental illness
- no longer taking medication

### **Vermont findings?**

Dr. Harding's data of the recovery oriented system in Vermont pointed to significant improvement in 62% to 68% of people studied. Dr. Harding's data are all the more powerful because she was studying the bottom 19% in the functional hierarchy in a large state hospital. Some of the people in her study had regressed to speaking in animal like sounds. Most had been in the institution for 10 or so years, many had been in and out repeatedly. The Vermont and Maine group was the least functional ever studied in world literature on schizophrenia.

Nevertheless, of this bottom 19%, 62% to 68% fully recovered or significantly improved. Half of the cohort of 62% fully recovered meeting all of Dr. Harding's recovery criteria and half met three out of four criteria, usually continuing to take medications while meeting the other criteria.

### **Maine findings?**

In the companion study to her Vermont study, Dr. Harding studied a system in Maine oriented to maintenance instead of recovery . Patients were considered incapable of accomplishing anything like holding jobs or volunteering. They were expected to be in and out of the hospital for the rest of their lives and basically live as totally disabled. In this system, in spite of the adverse expectations, people recovered or significantly improved at a rate of 47%. Vermont's 62% to 68% recovery rate was significantly better. Those who had been studied in Vermont were significantly more likely to have lower symptoms and to work or volunteer. This endorses the healing effects of meaningful activity, whichever the individual chooses to pursue.

### **Who will fully recover and who will not?**

Multiple analyses have looked for a variable that predicts who will and who will not recover. Significantly, to date, none has been found. Since the mental health system cannot predict who will and who will not recover...each and *every person* must be assumed to be the one who will recover. In the process, all persons will recover a position of authority over their own experience and be accorded the respect to choose their own path of recovery.

## Long-term studies: people can recover from severe mental illness

Study	Sample Size	Follow-Up (in years)	% Significantly Recovered
Bleuler (1972)	208	23	53%-68%
Huber et al. (1979)	502	22	57%
Ciampi & Muller (1976)	289	37	53%
Tsuang et al. (1979)	186	35	46%
Harding et al. (1987)	269	32	62-68%

1. Bleuler (1978). *The Schizophrenic Disorders*. New Haven, Yale Press
2. Huber et al (1975). Long-term followup...*Acta Psychiatrica Scand.* 53:49-57.
3. Ciampi & Muller (1976). *Lebensweg und alter...* Berlin. Verlag Springer.
4. Harding et al. (1987). Vermont longitudinal study...*Am. J. of Psychiatry* 144: 718-735.
5. Tsuang, M. et al (1979). Long-term outcome...*Arch. Gen. Psych.* 36:1295-1301

## Long-term studies: people can recover from severe mental illness

Study	Sample Size	Follow-Up (in years)	% Significantly Recovered
Hinterhuber (Austria)	157	30	75%
Kreditor (Russia)	115	20	84%
Marino (Bulgaria)	280	20	75%
Ogawa (Japan)	140	23	57%
Total of 9 studies	2028	20-37	66%