Our Human Community

Mental Health & Addiction Recovery in Ashland County, Ohio

Infants, Children & Parents

Youth & Adolescents

Young Adults & Adults

Older Adults & Elders

Supporting and promoting attitudes and services that do no harm.

- Trauma-Informed Care
- Resilience & Recovery
- Medication Optimization

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Our Human Community
Our Human Experience

- You deserve the best quality of life possible—no matter how old you are or where you live or what you are experiencing right now in your life journey.
- You are an important and complex person.

• You have a body with many systems that work together.	Biological self
• You have an active mental and emotional life.	Psychological self
• You have a rich social life of relationships with family, friends, neighbors, co-workers, and maybe a faith community.	Social self

- All parts of you interact all the time. This includes your biological self (body), your psychological self (mind), and your social self (relationships). Each part influences the other.
- Not everyone sees this or believes this.
- Modern society and modern systems of care have become so highly specialized and focused on technology that many professionals and other people can only see what they've been trained to see.
- They might not make the time or have the ability to understand all the experiences that make you who you are—and make all of us human.
- We want to make sure there are individuals, organizations, and institutions in our community that understand the wholeness (and completeness) of you and the human experience.
- We want our community to help you take care of yourself and your loved ones across the lifespan.
- We want our community to help you and your loved ones live a full life.

"I don't believe in 'mental illness.' My thoughts, moods, feelings, and emotions are not a disease, disorder, or an illness. They are me. They are the essence of my being and what makes me a unique human being."

—Patrick Risser, mental health advocate from Ashland County

Mental Health & Addiction Recovery

Welcome to *Our Human Community*, a public information and education philosophy of the Mental Health and Recovery Board (MHRB) of Ashland County, Ohio. The purpose of this booklet is to introduce you (or re-introduce you) to the work we do to support and promote attitudes and services for mental health and addiction recovery that *do no harm* to people who live and work in Ashland County. This booklet focuses on the following:

- Who We Are & What We Do
- How We Support Our Community
- Importance of Local Planning & Governance
- Our Philosophy & Framework | Three Legs of the Stool
  - Trauma-Informed Care
  - Resilience & Recovery
  - Medication Optimization

WHY HUMAN COMMUNITY?

The MHRB has chosen the words *Our Human Community* for this public information and education initiative to remind ourselves and everyone else in Ashland County that the foundation of community is *people*—individual human beings, including infants, children, adolescents, young adults, adults, older adults—and their families. All of us have important feelings, thoughts, and perceptions about our experiences that inform the stories we tell ourselves and others about who we are.

The Board has also chosen the words *Our Human Community* because we are relational beings. Each of us is always *in relationship* with others. In fact, our feelings, thoughts, and perceptions about ourselves, each other, and the world around us are influenced and shaped by relationships. This happens throughout our lifespan—from birth to old age.

This never-ending *process of relationships* is what we call community. We are always in a human community, because we are always in relationships. There are people around us in the outside (social) world, and there are representations of people inside our (psychological) world of emotions, thoughts, and memories. We carry people with us all the time—even when they are not near us or are no longer with us. This is the power of the human mind and experience.

Daily Choices

Each of us has an important choice to make every day about our attitudes and behavior. Do we want relationships within our families, schools, neighborhoods, organizations, institutions, and community to hurt? Or do we want those relationships to acknowledge us, to support us, to protect us and help us flourish, thrive, and reach our goals?

WHO WE ARE & WHAT WE DO

The Mental Health and Recovery Board (MHRB) of Ashland County is a branch of county government which oversees the planning, funding, and provision of public services for mental health and addiction recovery. These services help individuals and families in Ashland County address mental and emotional suffering and addiction to alcohol, tobacco, opiates/opioids, and other drugs. The Board works to ensure services are available for all individuals and families:

- Infants, Children & Parents
- Youth & Adolescents
- Young Adults & Adults
- Older Adults & Elders

Guidance & Oversight

The Board does not provide services directly to individuals and families. Instead, it contracts for services from local community agencies and other organizations that provide the help. The Board is responsible for the following:

- Develop a philosophy (framework) to guide attitudes about and services for mental health and addiction recovery
- Assess and determine service needs in the community

- Develop a community service plan and education plan
- Establish service and education priorities
- Direct financial and human resources to identified needs
- Monitor and evaluate outcomes of services and education initiatives

PHILOSOPHY & FRAMEWORK

A philosophy (or framework) is an important first step. It is an organizing principle—an approach to our work, a game plan. It answers an important question. What do we value most?

At the Ashland County MHRB, our first principle is this: *Do no harm!* We borrow this phrase from the Hippocratic Oath pledged by every physician who practices the art and science of medicine and healing. This philosophy and pledge is simple, clear, and direct. Everybody understands what it means.

Some professionals and other people might use different words to describe what the MHRB does. They might say we help people with mental illness, mental disorders, and substance abuse disorders (addictions). However, in Ashland County, we try not to use the words *illness* and *disorders*, because we believe this language can be harmful. These words brand human beings as deficient. These words essentially say the following:

- "There is something *wrong* with you." / "What is *wrong* with you?"
- "There is something *wrong* with them." / "What is *wrong* with them?"
- "There is something wrong with me." / "What is *wrong* with me?"

We disagree. We acknowledge that mental and emotional challenges and addiction are a part of the human experience. They arise from and/or impact the biological self (body), the psychological self (mind), and the social self (relationships with others). In other words, there are conditions and circumstances which contribute to the emergence of suffering and addiction—and to the frequency, intensity, and duration of problems. It is important to note, however, that this understanding of human suffering does not excuse harmful behavior. Individuals are always responsible and accountable for how they act.

Acknowledge & Respect Personal Stories

In Ashland County, we encourage professionals and other people to suspend their judgement of individuals who experience and express pain and suffering. We encourage you to *be curious*. We invite you to listen to each other's personal stories. Start by taking the time to ask very simple, clear, direct, and non-threatening questions, such as the following:

- "What happened to you?"
- "What happened to them?"
- "What happened to me?"

In Ashland County, we choose our words (our language) carefully, because it is always our intention to be as respectful as possible to fellow human beings who are experiencing difficulties and challenges.

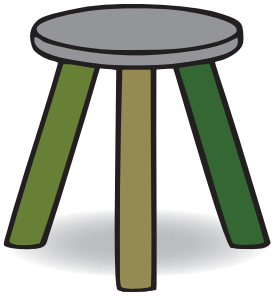
For more information, see "A Word about Words" on page 28.

Recovery

"The guiding principle of recovery is restoring a sense of power and control in the victim."

— Judith Herman

Introduction, *continued*



Three Legs of the Stool

In 2014, the Mental Health and Recovery Board (MHRB) of Ashland County wrote, published, and adopted an integrated and cohesive philosophy of values and principles and described it in a document titled *Three Legs of the Stool: A Framework for Community Mental Health Services*.

We chose three legs as a metaphor to organize three core values and principles that we use to prioritize, develop, and evaluate services for mental health and addiction recovery for people of Ashland County, Ohio. We chose three legs of the stool as a metaphor because three legs are the minimum necessary for a stool to support us when we sit or stand on it to work. Three legs are necessary to give us strength and utility.

Today, we continue to use three legs—three core values and principles—to inform our approach to supporting and promoting helpful *attitudes about and services for* mental and emotional suffering and addiction recovery. These three core values and principles are

- Trauma-Informed Care (see page 8)
- Resilience & Recovery (see page 14)
- Medication Optimization (see page 22)

HOW WE SUPPORT OUR COMMUNITY | THE STRUCTURE

Some professionals and other people might call the Mental Health and Recovery Board (MHRB) of Ashland County a *public institution* or a *government agency*. However, we look at our organization differently. To us, the Board is primarily a *group of people* from Ashland County who dedicate their time, attention, energy, talent, and expertise to ensure the following:

- Philosophy (framework) of services and community education that promotes and supports attitudes and actions that ***do no harm*** to people who experience mental and emotional challenges and addiction
- Adequate funding of services and education that meets the needs of residents of Ashland County
- Provision and delivery of high-quality services that meet the needs of residents

Volunteers

The MHRB of Ashland County is governed by 18 citizen volunteers who represent the community. They come from diverse backgrounds and are comprised of the following:

- Mental health and addiction professionals
- People who have received or are receiving services
- Family members and other caregivers of people who have received or are receiving services
- Advocates of attitudes and services that eliminate negative attitudes (stigma)
- Other community members who wish to support and promote mental health and addiction services that are supportive of residents of Ashland County

Staff

The Board employs an executive director and small staff who run the day-to-day operations of the Board. For more information about current staff, visit our website.

HOW WE SUPPORT OUR COMMUNITY | THE FINANCES

As briefly noted above, the Ashland County MHRB (like other county boards in Ohio) does not *provide* clinical services for mental health and addiction recovery. Instead, we contract (or pay) for services that are provided by local community agencies and other organizations. The money to pay for services comes from public sources.

State & Federal Funds

The Ashland County Board (like other county boards in Ohio) receives the majority of public funding from the state and federal government that is made available for mental health and addiction services in our county.

Local Funds

In addition, the Ashland Board (like all county boards in Ohio) is authorized by the Ohio Revised Code 5705.221 (state law) to leverage a property tax—with approval from the county commissioners and Ashland County voters. The tax levy provides *local* revenue from *local* residents for *local* services. Like most counties in Ohio, Ashland County has such a levy.

Ashland Voters

For many years, residents of Ashland County have supported each other by voting for a renewal of the property tax levy which helps pay for clinical and recovery services that help individuals and families of Ashland County. For this we are grateful and thankful. Your support enables us to do our work to support and promote attitudes and recovery services for your loved ones, friends, co-workers, neighbors, and members of your faith community.

IMPORTANCE OF LOCAL PLANNING & GOVERNANCE

All counties in Ohio have a mental health and recovery board like ours. County boards serve an important purpose. They understand the needs of *their* communities, whether they are urban, suburban, rural, or a combination of these. Each county board develops priorities that meet the needs of their communities. They oversee the philosophy, funding, and provision of services that help individuals and families who live and work in their communities.

A Local Voice for State and Federal Initiatives

County boards collaborate with departments and agencies of the State of Ohio, Federal government, and national health and behavioral health research and policy initiatives. This is important, because we are able to represent and give voice to the conditions and needs of Ashland County. Legislators and other people who work for the State and Federal government may wish to establish a one-size-fits-all approach to mental health and addiction services to simplify the *administration of funding* for those services. When this is done, however, something important gets lost. People who do not live or work in our community likely do not understand the social, cultural, political, and economic conditions and history of our region.

A Focus on Our Local Community

The staff and volunteers of the Ashland County MHRB understand our community. And we promise to do everything we can to support and promote attitudes and services that respond to the needs of people in our community. We direct our attention and resources to residents and support a number of nonprofit organizations that provide community-centered services.

Collaboration with Community Partners & Stakeholders

The Board collaborates with many individuals, organizations, and institutions (community stakeholders) in and around Ashland County as a way *to maximize* the impact and effectiveness of positive attitudes and supportive services for our residents. Staff of the Board also participate on committees, coalitions, and workgroups of nonprofit, for profit, and government organizations and agencies that often interact with and provide services to residents of Ashland County.

Collaboration with Other Communities

We also collaborate with organizations and institutions in neighboring counties that provide services to our residents.

For a list of these organizations, visit our website:

- www.ashlandmhrb.org

Your Support

For many years, residents of Ashland County have made a commitment to each other by voting for a renewal of the property tax levy which helps pay for clinical and support services that help individuals and families in the county who experience mental and emotional challenges and addiction. For this we are grateful to you.

Trauma-Informed Care

- **Trauma** is the experience of not having control over your safety. It is an experience of severe shock and injury. It may also be a *threat* of severe shock and injury.
- Trauma may occur to one or several parts of yourself at the same time and cause injury to
  - Body (biological self)
  - Emotions and thoughts (psychological self)
  - Relationships (social self)
- The words *trauma* and *violence* and *abuse* are often used to mean the same thing. Trauma and abuse can also be described as *assault* and *neglect*.
- Trauma can happen to anyone at any stage of life—including infants, children, adolescents, young adults, adults, and elders.
- **Traumatic events** may occur in many forms. Some examples include the following:

▪ Natural disasters	(e.g., fires, floods, tsunamis, earthquakes, tornadoes, hurricanes)
▪ Armed violence and conflicts	(e.g., active shooters, police raids, riots, gang fights, war, genocide)
▪ Harmful interpersonal relationships	(e.g., family violence, family neglect, school violence, neighborhood violence, school bullying, workplace bullying, sexual harassment, sexual assault, and rape)
▪ Harmful group relationships	(e.g., racism, sexism, ageism, classism, homophobia, and employer and employee conflicts)
▪ Harmful institutional policies and procedures	(e.g., forced restraints in psychiatric hospitals and children's residential programs; forced restraints in hospital emergency rooms and surgery suites; forced restraints during arrest, incarceration, and in jails and prisons)

WHY TRAUMA-INFORMED CARE?

The Mental Health and Recovery Board (MHRB) of Ashland County has chosen trauma-informed care as the first principle in its *Three-Legs of the Stool* philosophy and framework (see page 6) to guide policies and programs because violence, abuse, and neglect have a long-term negative impact upon individuals, families, and communities.

Trauma has emerged as one of the most serious public health concerns in the United States because of its long-term adverse effects. Many people have experienced traumatic events in their homes, neighborhoods, schools, and in institutions like jails, prisons, and hospitals, where forced restraints and isolation are often used. Also, it is well known that active duty military personnel and veterans experience high rates of trauma as a result of their military service.

Research shows that unacknowledged and untreated trauma contributes to chronic health and mental health conditions, emotional suffering, and substance abuse and addiction problems across the lifespan. In other words, if people experience trauma as an infant, child, or adolescent, there's a greater chance they will experience health problems, mental and emotional suffering, addiction, and other social problems later in life.

TRAUMA-INFORMED COMMUNITY

It is well established that most individuals who seek and acquire mental health services and/or addiction treatment have histories of adverse experiences. In addition, it appears that incidents of violence, abuse, severe neglect, and other forms of trauma have been increasing throughout the United States in recent decades. Sociologists and trauma researchers are beginning to describe violence as being a *contagious* social phenomenon—easily passed from one person to another the way germs can be passed from person to person and infect entire communities.

The MHRB of Ashland County is committed to reducing and eliminating experiences of trauma, the impact of trauma, and the contagious transmission of trauma for generations to come. To make this happen, the Board stresses in its policies and programs that individuals, families, schools, organizations, and institutions must commit themselves to trauma-informed care and attitudes, language, and behaviors that stop the cycle of harm.

Ashland County's Principles of Trauma-Informed Care

To change the course of history, the Board is encouraging our community to focus its attention on creating and maintaining social environments that are safe and respectful of individuals, their experiences, and their personal stories. We aim to eliminate adverse

"Adverse childhood experiences are the most basic and long-lasting cause of health-risk behaviors, mental illness, social malfunction, disease, disability, death, and healthcare costs."

— Vincent J. Felitti, MD, co-investigator of the ACE Study

Sociologists and trauma researchers are beginning to describe violence as a contagious social phenomenon—easily passed from person to person the way germs can be passed from person to person and infect entire communities.

experiences and the inter-generational transmission of trauma. We focus on the following:

Emphasize Safety
- Insist upon the safety of infants, children, and adolescents in our community
- Insist upon the safety of young adults, adults, and elders in our community
- Encourage adults and older adults to acknowledge, talk about, and recover from their own childhood experiences of trauma as a way to prevent trauma from being passed to the next generation (*intergenerational transmission* of trauma)

Exercise Empathy
- Consider that conventional health problems (such as smoking, obesity, substance abuse, and others) are often solutions to trauma chosen by individuals as a way to cope with adverse (traumatic) experiences, especially those that occurred in childhood

Support Personal Choice
- Be sensitive to dynamics of power and control
- Avoid the use of coercion and force and promote individual choice and safety

Use Language Carefully
- Avoid the use of diagnostic labels and other labels
  - Avoid using bio-medical language (such as *mental illness, mental disorders, brain disease, substance use disorders,* and *chemical imbalance*) to describe mental and emotional challenges and addiction
- Avoid and eliminate language that is dismissive of and dehumanizing to victims of abuse

Always Ask Kind Questions
- Change the question "What's wrong with you/me/them?" to "What happened to you/me/them?"

Ashland County's Commitment to Action

The Ashland County Board is committed to helping individuals, organizations, institutions, and systems of care increase their capacity to establish and maintain programs and services that address the effects of violence, abuse, neglect, and other forms of trauma across the lifespan.

In other words, the Board strives to embed and integrate trauma-informed care into every aspect of our community: it must inform the way we think, act, interact, and conduct business with one another. The Board encourages, supports, and promotes initiatives aimed at reducing and preventing the incidence of violence, abuse, and neglect. To support this goal, the Board promotes the use of several resources and toolkits that assist communities in this way, for example:
- Safe, Stable Nurturing Relationships (SSNRs) from the Center for Disease Control and Prevention
- Strengthening Families: A Protective Factors Framework, Center for the Study of Social Policy at the University of Chicago

A FOCUS ON CHILDHOOD

The Board's commitment to trauma-informed care is informed by national research initiatives like The Adverse Childhood Experience (ACE) Study, which has made significant contributions to discussions of and responses to the impact of trauma.

The ACE Study is an ongoing collaboration between Kaiser Permanente of San Diego and the U.S. Center for Disease Control and Prevention. The study began in 1995 and continues today. It is being replicated by health departments in 21 states and by the World Health Organization in 14 countries.

The study includes a comprehensive medical questionnaire; detailed physical examinations; extensive laboratory testing with biomedical measurements; and a questionnaire that includes 10 categories of adverse (traumatic) childhood experiences (ACE). The study continues to reveal a strong relationship between a person's ACE and their experiences later in life of chronic health problems, mental challenges, and other conditions like substance abuse and addiction. In other words, adverse (traumatic) experiences in childhood are a significant risk factor for health and mental health problems in adolescence and adulthood.

For more detailed information about the ACE Study, see page 12.

Our Commitment to Change

In spite of the potential for negative outcomes, there is also clear evidence that children and families who have experienced traumatic events can heal, recover, and reclaim their lives in communities that have the knowledge, commitment, skills, and resources to support them.

The MHRB uses a collaborative model to support children and families. We work to infuse an understanding of childhood trauma into the policies and practices of all child-serving systems (e.g., mental health, child welfare, juvenile justice, law enforcement, health, education). We also do this with programs for natural support systems (e.g., families and caregivers) and programs for adults.

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has challenged local communities like ours to direct financial and human resources to implement and support a comprehensive strategy that will

- Reduce the incidence of preventable childhood trauma
- Reduce the negative impact that results from trauma
- Provide adequate trauma screening and assessment
- Provide access to a continuum of trauma-informed services and resources

For more information, see "Adverse Childhood Experiences (ACE)" section on page 12.

TRAUMA-INFORMED ORGANIZATIONS

Many professionals and other people in organizations, institutions, and businesses who provide services to individuals and families often have their own trauma histories. They also may experience the effects of secondary (or vicarious) trauma from the behavior, stories, and struggles of people they encounter. Individuals who are not aware of their own trauma histories may unconsciously (without awareness) lash out at others who are speaking and behaving in ways that remind them of their own traumatic past.

Our first principle at the Ashland County Board is always *do no harm*! Therefore, we work to promote and support trauma-informed care among organizations and institutions in our community. It is our goal to help them identify and eliminate policies and practices that create toxic stress and are likely to traumatize or re-traumatize their employees and people from our community with whom they interact.

The Board encourages organizations to develop policies and practices that promote safety, trust, transparency, collaboration, mutuality, empowerment, and choice among staff members and people receiving services. Organizations achieve this through a careful process that includes input from a range of stakeholders, including people who have survived trauma in their lives. These organizations also become mindful of events that might activate conscious and unconscious memories of and defenses against trauma.

A RETURN TO PERSONAL STORIES

In the early 1990's, a new Trauma-Informed Care (TIC) initiative emerged in the State of Ohio. This marked an important shift in the way policymakers and other professionals conceived community mental health care. This began a movement back toward an appreciation for the importance of each person's past and present experiences and how one's personal circumstances and history contribute to how they feel and function.

The emphasis on the importance of personal stories (narratives) is much different from the short-term, problem-focused interventions promoted by managed care organizations (and other health insurance providers), beginning in the 1980s. The short-term approach tends to focus on symptoms of addiction and mental and emotional challenges. It tends to minimize the impact of past experiences (history) upon individuals, including the impact of adverse experiences, even though research shows that most people seek mental health care because of adverse experiences and other challenges of living.

Trauma-Informed Care, *continued*

The Ashland County MHRB continues to embrace and participate in Ohio's TIC initiative. The Board strongly believes that managed care organizations, other health insurance payers, and service organizations that rely on income from insurance payments place too much attention on fixing "what's wrong" with people. As stated earlier, the Board prefers to promote attitudes, language, and services that shift the question "what's wrong with you?" to a more curious, humane, and open-hearted question: "what happened to you?"

For related information, see "Acknowledge & Respect Personal Stories" section on page 5.

OHIO'S TRAUMA INITIATIVE

The Board continues to participate in the statewide TIC initiative of the Ohio Department of Mental Health and Addiction Services (OhioMHAS), which trains numerous health and behavioral healthcare providers about trauma-informed approaches. In each of Ohio's six regions, people from a variety of stakeholder groups have been trained in the basics of TIC. The Ashland County Board collaborates with policymakers in Columbus (the state capital) and with trainers in its region of the state.

Learn more at OhioMHAS website:

- http://mha.ohio.gov/Initiatives/Trauma-Informed-Care

NATIONAL TRAUMA INITIATIVES

The Ashland County MHRB participates in national initiatives set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. It also participates in initiatives of the Academy on Violence and Abuse, an international organization of physicians, healthcare researchers, and other professionals dedicated to understanding, treating, and reducing the impact of adverse childhood experiences. The Academy on Violence and Abuse is also dedicated to promoting systems of care that integrate (combine) primary healthcare with services for mental health and addiction recovery.

The Ashland County MHRB utilizes the six core principles of Trauma-Informed Care (TIC) as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) to inform its work with health and behavioral healthcare systems and organizations.

Six Core Principles

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical, and Gender Issues

Source: SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014), p10. Pub ID#: SMA14-4884. https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

ADVERSE CHILDHOOD EXPERIENCES (ACE)

The Adverse Childhood Experience (ACE) Study is sometimes referred to as "the largest and most important public health study you've never heard of." As noted on page 10, it is an ongoing collaboration between Kaiser Permanente of San Diego and the U.S. Center for Disease Control and Prevention. The study began in 1995-1997 as a retrospective analysis of the health status of 17,337 middle-class-adult men and women. These individuals are now being followed prospectively in their eighteenth year. The ACE Study is currently being replicated by health departments in 21 states and by the World Health Organization in 14 countries.

Adverse Experiences | Traumatic Events

The original ACE Study included a standardized but unusually comprehensive medical questionnaire, detailed physical examination, and extensive laboratory testing with biomedical measurements. Ten categories of adverse childhood experience (ACE) were included in a separate four-page questionnaire. These categories included the following:

- Physical, emotional, and contact sexual abuse
- Emotional and physical neglect
- Growing up in a household without both

biological parents
- Growing up in a household where
  - Mother was treated violently
  - One member of the household was addicted to alcohol or other drugs
  - One member was chronically depressed or mentally ill
  - One member was imprisoned

Results

The ACE Study is the largest epidemiological analysis of its kind ever conducted, having examined and correlated multiple risk factors and various outcomes. The first results of the ACE Study were published in 1998. Ongoing analysis has produced over 80 publications thus far. A few examples of the original findings include the following:

- Over 60 percent of patients had experienced one or more of the 10 adverse childhood experiences (ACEs)
- Of those who experienced at least one ACE, 87 percent reported at least one other ACE and 70 percent reported two or more ACEs
- A strong and direct correlation among one's ACE Score (number of adverse childhood experiences/categories reported) and biomedical health, mental health, and substance abuse problems in adulthood, including chronic health conditions, such as obesity, diabetes, heart disease, hepatitis, and cancer, among others.

Implications of ACE Study

- Adverse (traumatic) experiences are risk factors for chronic health, mental health, and substance abuse and addiction later in life
- Health data from this study informs the need for
  - Trauma-informed care
  - Integrated primary healthcare and behavioral healthcare
  - Public policy and prevention practices

The Future

The ACE Study is having an important impact. It will continue to

- Inform and improve policy and practice in healthcare organizations and communities
- Inspire collaboration among systems of care and integration of services for children, adolescents, adults, elders, and families (e.g., health, mental health, substance abuse, child welfare, education, criminal justice, among others)

The MHRB of Ashland County strives to embed and integrate trauma-informed care into every aspect of our community. It must inform the way we think, act, interact, and conduct business with one another.

Resilience & Recovery

- **Resilience** is the ability to overcome *serious hardship*.
- Examples of *serious hardship* include adverse/traumatic experiences, emotional and mental suffering, and addiction to alcohol, tobacco, opioids/opiates, and other drugs. Serious hardship may also include severe and chronic physical illness and pain.
- Resilience is very important when *serious hardship* produces an intensity of feeling in the body and mind that seems life-threatening—as if you are going to lose control of yourself, your identity, your dignity, your life, or your attachment (connection) to loved ones.
- Resilience is an ability that all people can develop and recover at any stage of life.
- Resilience is the ability to
  - Notice and regulate strong emotions, impulses, and urges.
  - Interrupt and control the urge to yell, slap, hit, punch, or commit other acts of verbal and physical assault and abuse.
  - Interrupt and control the urge to ignore, walk away from, or completely abandon someone in need, or commit other acts of verbal and physical neglect.
  - Convert strong emotions, impulses, and urges into
    - Words and a tone of voice that communicates what you want and need without hurting someone else.
    - Behavior that enables you to take positive action to get what you want and need without hurting someone else.
- Researchers have identified *core components* for developing, maintaining, and recovering resilience:
  - At least one safe, stable, committed, and trusting relationship with another person in your family or community.
  - For infants, children, and adolescents, this person will be an adult who can model (or demonstrate) self-regulation of emotions, impulses, and urges.

- **Recovery** is the ability to develop and/or return to a state of personal stability (homeostasis).
- It is a concept that applies to physical health (body), mental and emotional health (mind), and social well-being (relationships). It also applies to abstinence and to managing cravings for and addiction to alcohol, tobacco, opiates/opioids, and other drugs.
- Recovery includes the ability to reclaim a sense of self and self-determination. It includes reclaiming your identity as an important person with feelings, thoughts, perceptions, value, and a personal history and story (narrative) that shapes who you are.
- Recovery is closely linked to resilience. The two go hand-in-hand. They are intertwined.
- Resilience will help you overcome *serious hardships*, and recovery will help you reclaim your sense of self and self-determination as an independent person despite the hardship.
- People do not seek suffering but are deeply affected when it occurs. However, experiences of suffering may inspire our resilience and teach us about our own capacities to protect and heal the self.
- Recovery is always possible. It is an individual process. There are many different paths that each person might take.
- Recovery is an ability that all people can develop and maintain at any stage of life.
  - Like resilience, a core component of recovery is the presence of at least one safe, stable, committed, and trusting relationship with another person in your family or community. For infants, children, and adolescents, this person will be an adult who can model (or demonstrate) self-regulation of emotions, impulses, and urges.

Adults who develop and maintain their own resilience and recovery skills can better model healthy behavior for infants, children, and adolescents and, therefore, enhance the resilience and recovery of a family, group, or community for the next generation—and seven generations to come.

WHY RESILIENCE & RECOVERY?

The Mental Health and Recovery Board (MHRB) of Ashland County has chosen resilience and recovery as the second principle in its *Three-Legs of the Stool* philosophy and framework (see page 6) to guide policies and programs, because these are essential tools that individuals, families, and communities need to reduce the negative impact of trauma, mental and emotional suffering, and addiction to alcohol, tobacco, opioids/opiates, and other drugs.

Resilience and recovery have emerged as important public health initiatives throughout the United States because people with mental health and addiction problems have taught us that they have the right to make decisions for themselves. They also have the right to receive help that will protect them (and keep them safe) while they are in crisis and need assistance from others.

The Ashland County MHRB strongly believes—in fact, we insist—that every individual has the fundamental right to make choices and decisions that *they determine* to be in their best interest. It is the role of professionals and other people in our community to provide honest and accurate information to those who are struggling and suffering, so they may understand their conditions and options for help. It is our belief that people who struggle and suffer should be given the option to choose interventions that *do no harm* to their body, mind, and ability to have safe and trusting relationships with others. Honest and accurate information will help people make informed choices for themselves and their loved ones.

RESILIENCE- & RECOVERY-INFORMED COMMUNITY

The concepts of resilience and recovery are an optimistic alternative to harmful attitudes about mental and emotional suffering and addiction that have crept into (and taken over) modern society and systems of care. Today, many people view mental health and addiction problems as chronic brain diseases, caused by imbalances of brain chemistry and a malfunctioning of neurons. As a result, they believe this so-called brain disease and its symptoms must be managed with medication. They are quick to prescribe medication and insist that people take these pills for a long time—sometimes for the rest of their lives. This tends to reinforce the misguided belief that suffering should be medicated and avoided and that we should seek simple solutions to complex challenges.

The Ashland County MHRB is skeptical and hesitant about this illness-based medical model because it can make individuals and families dependent upon medications and the people who prescribe them. Medications can be very expensive and have negative effects that produce health problems, such as extreme weight gain, diabetes, insomnia, lethargy, involuntary trembles and shakes, and much more. We acknowledge that medication, when used carefully and properly, can be useful to some people, especially those in crisis, but we prefer that professionals be very cautious and careful about the use of medication and make sure it does no harm (see "Medication Optimization" section on page 22).

We strongly believe that *resilience and recovery* must become the focus of services, because the positive attitudes contained within resilience and recovery provide safety to people who experience mental health and addiction problems. Resilience and recovery emphasize the importance of human relationships. Resilience and recovery are more likely to take place when individuals have at least one safe, trusting, and reciprocating relationship with another person in their family or community.

Relationships that support resilience and recovery are what the MHRB of Ashland County strives for in its policies, programs, and collaborations with individuals, advocates, families, schools, organizations, and institutions. Think about it. Safe, trusting, and reciprocating relationships (of give, receive, and give back) are the foundation of all positive, constructive things we do in our human community!

For related information about attitudes and relationships that are protective and safe, see "Why Human Community?" section on page 4.

Ashland County's Principles of Resilience

At the Ashland County MHRB, we believe that resilience and recovery are closely linked and intertwined. Yet, we focus on *resilience* here separately (for a moment) to emphasize its importance. As stated in the introduction of this section of the booklet, resilience is the ability to overcome *serious hardship* (see page 14). Our principles of resilience and recovery are informed by national initiatives such as the Center on the Developing Child at Harvard University and the National Scientific Council on the Developing Child. In an effort to support and promote resilience in our community, the Ashland County MHRB encourages individuals, families, organizations, businesses, and institutions to adopt some core principles and practices and ensure that all individuals across the lifespan have access to the following:

Safe & Trusting Relationships

- At least one safe, stable, committed, and trusting relationship (attachment) with another person in the family or community.

Meaning & Purpose

- At least one meaningful activity that gives one's life a sense of meaning and purpose.

Health & Wellness

- Regular physical activity and exercise.

Mindfulness Activities

- Stress-reducing practices and programs that help people build awareness of and skills for regulating strong emotions, impulses, and urges.

Constructive Communication

- Opportunities to improve verbal communication in an effort to constructively express emotions, impulses, and urges and maintain safe, trusting, and reciprocating relationships (of give, receive, and give back) with others.

For more detailed information about core components of resilience, see page 14.

The body records and remembers violence, abuse, and neglect. The mind tries to cope. It creates rituals, routines, and habits that may feel like protective solutions but often result in poor health outcomes and chronic health conditions.

Ashland County's Principles of Recovery

We focus on *recovery* here separate from resilience to emphasize its importance as well. Recovery is the ability to return to a state of personal stability (homeostasis) during or after a hardship. Recovery will help you reclaim your sense of self and self-determination as an independent person despite the hardship (see page 15).

In 2006, the Ashland County MHRB adopted the *Consensus Statement on Mental Health Recovery* that was issued by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). The statement embraces 10 components of recovery, which the Board views as essential for community mental health and addiction services. The 10 core components are commonly referred to as The Recovery Model (see page 29).

In an effort to support and promote recovery in our community, we encourage individuals, families, organizations, businesses, and institutions to adopt principles and practices of The Recovery Model to ensure that all individuals across the lifespan are provided recovery support. The Recovery Model is different from traditional mental health services in several ways:

- The Recovery Model is strengths-based and not illness-based.
  - It acknowledges the personal strengths of individuals who struggle with mental health and addiction issues and helps them use those strengths during a crisis to recover a sense of self and personal stability (homeostasis).
- Each person who experiences mental health and addiction challenges defines the goals of treatment and other interventions.
  - The individual is an active participant in treatment, not a passive recipient.
  - Professionals and other people do not control the course of treatment and do not make decisions for the person.
- The Recovery Model acknowledges that disability results from a disconnect in the relationship between the person and the community.
  - Disability is not merely a problem within the individual.
- Professionals and other people in the community commit to providing safe, stable, and trusting relationships (attachments) to each person who struggles with mental health and addiction.
  - Examples include friendships, peer support, and case-management services that emphasize the importance of relationships.

- *For more detailed information about core components of recovery, see page 15.*
- *For more detailed information about "SAMHSA's 10 Components of Recovery," see page 29.*

Ashland County's Commitment to Action

The Ashland County Board is committed to helping individuals, organizations, institutions, and systems of care increase their capacity to establish and maintain programs and services that promote and support resilience and recovery across the lifespan. The Board strives to embed and integrate resilience and recovery into every aspect of our community, so these ideas inform the way we think, act, interact, and conduct business with one another.

We begin by encouraging attitudes and services that do not use the medical language of *illness, disorder,* and *disease*. We also encourage attitudes and services that do not assign a specific cause to mental health and addiction problems. It is not as simple as the pharmaceutical industry (producers of medication) would like you to believe. Instead, we view them as resulting from a complex combination of factors that are unique to each individual. Factors may include the following:

- Body (biological self)
- Mind (psychological self)
- Relationships (social self)
- Personal history
- Family history
- Cultural history
- Childhood development experiences
- Adverse childhood experiences (see pages 10 & 12)
- Exposure to violence and toxic stress
- Other trauma experiences (such as physical or sexual abuse, war, natural disasters)

In addition, a resilience-and-recovery-oriented approach looks beyond symptoms of mental and emotional suffering and beyond symptoms of addiction to view people holistically—in the context of their life circumstances and experiences. It is important to establish hope and to make people aware that individuals who experience severe emotional and mental distress and/or severe addiction can and do recover and move beyond disability.

A Network of Integrated Services

The Ashland County MHRB recognizes that a wide range of services and support programs are necessary in our community to respond to the unique needs of each individual. The Board works to support the creation, maintenance, and enhancement of services that seek to promote the greatest degree of resilience, recovery, and independence and the highest quality of life possible. Examples include the following:

- Individual counseling
- Group counseling
- Peer support
- Mentoring support
- Educational support
- Vocational support
- Personal narrative/story experiences
- Other psychosocial approaches

A FOCUS ON CHILDHOOD

The Board's commitment to resilience and recovery across the lifespan is informed by national research and dissemination initiatives, such as those from the American Psychological Association, The National Child Traumatic Stress Network, The National Scientific Council on the Developing Child, and The Center on the Developing Child at Harvard University.

We take a particular interest in the experiences of infants, toddlers, children, and adolescents because research shows that resilience (the ability to overcome serious hardship and adverse experiences) begins in infancy and childhood and continues throughout life. *Resilience and recovery* in infants, toddlers, children and adolescents are an important—and essential—foundation for a hopeful future.

The ability to feel emotions, organize creative and rational thoughts, communicate effectively, and interact with others socially are closely connected and intertwined. Everyone needs these abilities to maximize self-control, self-determination, self-assertiveness, self-accomplishment, cooperation with others, and quality of life. All of these abilities emerge and develop in infants, toddlers,

"In the context of everyday medical practice, we came to recognize that the earliest years of infancy and childhood are not lost but, like a child's footprints in wet cement, are often lifelong."

— Vincent J. Felitti, MD, and Robert F. Anda, MD, co-investigators of The Adverse Childhood Experiences (ACE) Study

children, and adolescents, but they do not emerge alone. They emerge from the young person's interaction with his or her social environment—in other words, from interaction with caring adults in the family and community. With the developmental support of caring adults, resilience and recovery abilities emerge in the early years and are important factors for success in school, the workplace, and the community at-large.

The Next Generation

Research shows that low-to-moderate levels of stress are an important part of healthy development. However, constant intense stress (toxic stress) weakens the architecture of the developing brain and developing relationships, which can lead to lifelong problems in learning, behavior, and physical and mental health. In other words, a person's resilience and recovery skills, self-determination, and ability to cooperate with others as an adult and older adult begins at birth. Therefore, the future of our healthy human community relies on caring, attentive adults to interact with and demonstrate these abilities to infants, toddlers, children, and adolescents.

Adults who develop and maintain their own resilience skills can better model healthy behavior for infants, children, and adolescents and, therefore, enhance the resilience of a family, group, and community for the next generation—and seven generations to come.

Our Commitment to Change

The MHRB of Ashland County is committed to helping adults in our community develop, maintain, and/or recover their ability to teach children and adolescents essential resilience and recovery skills.

The MHRB uses a collaborative model to support children and families. We work to infuse an understanding of healthy childhood development and trauma into the policies and practices of all child-serving systems (e.g., mental health, child welfare, juvenile justice, law enforcement, health, education). We also do this with programs for natural support systems (e.g., families, caregivers, peers) and programs for adults.

RESILIENCE & RECOVERY-INFORMED ORGANIZATIONS

Many professionals and other people in organizations, institutions, and businesses who provide services to individuals and families may or may not have developed their own resilience and recovery abilities. Those who are not aware of their own histories may unconsciously (without awareness) speak and behave in ways that inhibit or prohibit the development of resilience and recovery in others.

The Ashland County Board works to promote and support resilience and recovery among organizations and institutions in our community. It is our goal to help them identify and eliminate policies and practices that create dependence upon them and inhibit or prohibit resilience and recovery in their employees and the people from our community with whom they interact.

The Board encourages organizations to develop policies and practices that promote the core components of resilience and recovery (see pages 14-15) among staff members and people receiving services. Organizations achieve this through a careful process that includes input from a range of stakeholders, including people who continue to survive mental health challenges and addiction.

IMPORTANCE OF PERSONAL STORIES

The stories that each of us tells ourselves and others about our life experiences shapes our sense of self—a sense of who we are, where we come from, and who the important people are to us. Personal stories (narratives) are essential to resilience and recovery, because the narratives help us acknowledge the serious hardships we have endured and our ability to recover—to return to state of stability (homeostasis).

For related information, see the following:
- *"Acknowledge & Respect Personal Stories" in the Introduction section on page 5.*
- *"A Return to Personal Stories" in the Trauma-Informed Care section on page 11.*

OHIO'S RECOVERY INITIATIVE

The Ashland County MHRB continues to participate in the statewide recovery initiative of the Bureau of Recovery Supports at the Ohio Department of Mental Health and Addiction Services (OhioMHAS), which trains numerous health and behavioral healthcare providers about approaches to recovery and resilience. The Board collaborates with policymakers in Columbus to ensure that residents of Ashland County benefit from state initiatives. The Bureau of Recovery Supports at OhioMHAS consists of four sections:

- Housing and homelessness
- Employment and benefits planning
- Peer support and peer-run organizations
- Community transitions

Learn more at OhioMHAS website:

- http://mha.ohio.gov/Supports/About-Recovery-Supports
- http://mha.ohio.gov/Supports/Principles-of-Recovery

NATIONAL RESILIENCE INITIATIVES

As noted above, the Ashland Board's commitment to resilience and recovery across the lifespan is informed by national research and dissemination initiatives, such as those from the following:

- American Psychological Association
- The National Child Traumatic Stress Network
- The National Scientific Council on the Developing Child
- The Center on the Developing Child at Harvard University

NATIONAL RECOVERY INITIATIVES

The Board also embraces and/or participates in national initiatives set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services, including the following:

- National Empowerment Center
- Consensus Statement on Mental Health Recovery (2006)

For more information, see "SAMHSA's 10 Components of Recovery" on page 29.

Serve & Return Relationships

"Serve and return interactions shape brain architecture. When an infant or young child babbles, gestures, or cries, and an adult responds appropriately with eye contact, words, or a hug, neural connections are built and strengthened in the child's brain that support the development of communication and social skills. Much like a lively game of tennis, volleyball, or Ping-Pong, this back-and-forth is both fun and capacity-building."

- Source: The Center on the Developing Child at Harvard University https://developingchild.harvard.edu/science/key-concepts/serve-and-return/

Medication Optimization

- **Medication optimization** is a philosophy for prescription drug use that takes a cautious approach to medication for mental health and addiction challenges.
- Medication can be useful for some people who experience mental and emotional suffering and addiction to alcohol, tobacco, opiates/opioids, and other drugs.
- Medication is often most useful—for limited amounts of time—when people experience a mental health crisis, like a psychotic episode, or an addiction crisis, like overdose.
- Medication can be useful but it can also be dangerous, especially when taken for many years. It can cause negative effects and chronic health problems.
- Some people are prescribed a number of medications to take at the same time (also called *polypharmacy* or *drug cocktails*). The mix of chemistry and multiple effects and side effects can be very dangerous to a person's health.
- Medication optimization emphasizes that people have the right to make decisions for themselves about how they will use medication, if at all.

WHY EMPHASIZE MEDICATION?

The Mental Health and Recovery Board (MHRB) of Ashland County has chosen medication optimization as the third principle in its *Three-Legs of the Stool* philosophy and framework (see page 6) to guide policies and programs, because we want to ensure that medications for mental and emotional conditions and addiction do not harm people who are being prescribed the medications.

There is evidence to suggest that some people benefit from short-term, selective use of medications to manage severe emotional or psychological distress during a crisis. In addition, there is a subset of individuals who may benefit from long-term medication use—if it is properly prescribed and closely monitored. However, there has been a great deal of discussion and controversy regarding the benefits and risks of using psychiatric medications in mental health care, especially for long-term care.

Medication optimization is a philosophy of drug treatment that takes a cautious approach to the use of medication for mental health and addiction challenges. Medication optimization is beginning to emerge as an important public health initiative throughout the United States because more and more evidence is emerging about the harmful effects of medications. The evidence can be found in medical studies and in the personal stories of people who take the medication. The scientific evidence and personal narratives are teaching us that medications often have negative short-term and long-term impacts and cause chronic health problems, such as the following:

- Insomnia
- Lethargy
- Involuntary trembles and shakes
- Inability to concentrate
- Extreme weight gain
- Obesity
- Diabetes
- Heart disease (cardiovascular disease)
- Immune system problems
- Much more

In addition, medications can be very expensive and make people dependent upon those who prescribe them.

WHAT IS MEDICATION OPTIMIZATION?

Medication optimization is a thoughtful, recovery-focused approach to prescribing medications for mental and emotional suffering and addiction to alcohol, tobacco, opiates/opioids, and other drugs. It promotes a careful (judicious) use *or non-use* of psychotropic medications, based on valid evidence-based research findings. The primary purpose of Medication Optimization is to ensure that people minimize the risks that are associated with medication use.

The MHRB does not accept the idea that medications correct chemical imbalances in the brain, because there is no credible evidence to support this theory. We do not see medication as an essential component of long-term recovery for many people.

Medication Optimization, *continued*

The primary purpose of Medication Optimization is to ensure that people minimize the risks that are associated with medication use.

Medication optimization also promotes the simultaneous use of other effective, recovery-based services and supports, such as the following:

- Case management support services that emphasize the importance of safe, trusting, and reciprocating relationships
- Individual and group counseling
- Peer support
- Vocational services and support
- Educational services and support

Medication optimization emphasizes that people have the right to make decisions for themselves about how they will use medication.

Principles & Practices

The principles of medication optimization were developed by a group of physicians, consumers, policymakers, and professionals during a symposium organized and hosted by health and science journalist Robert Whitaker in Portland, Oregon, in 2012. The goal of medication optimization is to improve and maximize the self-determination, functioning, and quality and meaning of life of people who experience mental health and addiction challenges. It includes the following:

Treatment Optimization Guidelines for Reducing Psychiatric Medications

- Delay (or postpone) the introduction of medications
  - Try other interventions, namely recovery-based psychosocial supports and services (e.g., individual and group counseling; safe and trusting relationships with case managers, peers, family members, friends)
- Use a minimal dose
  - Start low and work up (American prescribers typically prescribe medications at much higher doses than those in other countries)
  - Closely monitor and address side effects
- Use a minimum number of medications at the same time
  - Avoid combining medications (also called *polypharmacy* or *drug cocktails*) because the mix of chemistry and side effects can be very dangerous to one's physical health
  - Closely monitor and address side effects
- Use medication for the shortest duration possible
  - Treatment goals should include an exit strategy or a tapering that includes withdrawal guidelines
  - Treatment goals should not be open-ended or include the long-term use of medication

Person-Centered Guidelines for Using Psychiatric Medication

- The person with mental health or addiction challenges is the focus (or center) of all discussions and decisions and is given the support for
  - Self-determination
  - Shared decision-making
- The person has the right to make treatment decisions for themselves.
- Prescribers collaborate with the people who experience mental health and addiction issues and
  - Provide complete, accurate, and truthful information about the effects and side effects of all medications
  - Provide regular reassessment of recovery status to guide shared-decision making to adjust medication treatment
  - Empower individuals to make informed choices for themselves and their loved ones
  - Uphold individual rights
  - Maintain a strengths-based approach conducive to empowerment and recovery for each person in treatment

Alternatives to Medication

Many people have found alternatives for psychiatric medications that can be just as effective and less risky for managing mental health challenges. Examples include the following:

- Relaxation techniques
- Breathing exercises
- Mindfulness practice
- Exercise
- Healthy nutrition
- Healthy social relationships
- Engagement in meaningful activities
- Creative arts

For more information about alternatives to medication, visit this page of our website:
www.ashlandmhrb.org/resources/recovery

MEDICATION-INFORMED COMMUNITY

As noted earlier, the Ashland County MHRB strongly believes that every individual has the fundamental right to make choices and decisions that *they determine* to be in their best interest. Therefore, we encourage professionals and other people, organizations, institutions, and systems of care in our community to provide honest and accurate information about the effects and side effects of medications to those who are struggling and suffering. We encourage our community to educate people in need (and their families) so they may understand their conditions and options for treatment.

It is our belief that people should be given the option to choose interventions that protect their body, mind, and ability to have safe and trusting relationships with others as long as they have good information. Honest and accurate information will help people make informed choices for themselves and their loved ones.

Ashland County's Principles of Medication Optimization

The Ashland County MHRB has adopted the guidelines described above as the core principles and practices of medication optimization.

Ashland County's Commitment to Action

The Ashland County MHRB has also adopted the guidelines for medication optimization described above to inform its policies, programs, and collaborations with stakeholders throughout our county and neighboring counties.

A FOCUS ON CHILDHOOD

We are alarmed by the rate at which children are being prescribed psychiatric medication, especially since there is no scientific evidence about the long-term effects upon their health and well-being. The Board is also alarmed that antipsychotic medications and major tranquilizers are being prescribed to children "off label," which means the medications have not been tested (or studied) for use with children.

We work to infuse an understanding of healthy childhood development into the policies and practices of all child-serving systems (e.g., mental health, child welfare, juvenile justice, law enforcement, health, education). We also do this with programs for natural support systems (e.g., families, caregivers, peers) and programs for adults.

For related information, see "A Focus on Childhood" in the Trauma-Informed Care section on page 10 and in the Resilience & Recovery section on page 19.

Medication optimization is a philosophy of drug treatment that takes a cautious approach to the use of medication for mental health and addiction challenges.

We encourage professionals and other people, organizations, institutions, and systems of care in our community to provide honest and accurate information about the effects and side effects of medications to those who are struggling and suffering.

MEDICATION-INFORMED SYSTEMS OF CARE

The Ashland County MHRB is dedicated to educating professionals and other people in our community about medication optimization. We aim to change prescription practices by encouraging professionals to adopt the guidelines for medication optimization described above. It is our goal to see systems of care become less focused on medication and more focused on the healing effects of recovery-based and relationships-based interventions and approaches.

Why Change Systems of Care?

There are many social, political, and economic factors that influence the overuse of medication in mental health and addiction treatment. For instance, psychiatrists are generally trained to prescribe medications quickly and at relatively high doses. They are also trained to prescribe multiple drug combinations (often referred to as *polypharmacy* or *drug cocktails*), even though much remains unknown about the chemical interactions of multiple drugs.

In addition, most pharmaceutical (drug) companies market and advertise medication directly to consumers. This practice was permitted by the Federal Communications Commission in 1997. Also, managed care companies and government-based insurance programs like Medicaid and Medicare provide financial incentives (reimbursements) for medication-focused treatment because this is seen as a quick and relatively inexpensive fix for complex human problems. Today, it is true to say that medications are the primary—and usually the only—treatment provided to people diagnosed with a mental illness.

The time has come to engage in a dialogue about the best use of medications to promote optimal recovery from mental health and addiction challenges. Medication optimization is an important way to begin and frame the conversation.

Not a Disease of the Brain

As noted earlier in this booklet, the medical model (perspective) defines mental health and addiction problems as a brain-based, organic illness that requires medical intervention as the primary treatment. The medical model focuses on identifying and managing symptoms and often advocates for life-long use of medication. The medical model often utilizes a case-management approach to treatment that relies heavily and often exclusively on medication. Case managers are encouraged to make sure that patients remain compliant with their prescriptions and take the pills. The medical model is the dominant approach in contemporary mental health care, and it consumes the majority of resources. Its effectiveness is questionable.

The MHRB does not accept the idea that medications correct chemical imbalances in the brain, because there is no credible evidence to support this theory. We do not see medication as an essential component of long-term recovery for many people. We approach drug treatment with caution and a bias toward conservative medication use.

IMPORTANCE OF PERSONAL STORIES

Personal stories are essential to the recovery-focused approach of medication optimization, because personal narratives help individuals, families, advocacy groups, and communities acknowledge the negative and positive effects of medication. Personal stories are an important part of the recovery process. We encourage people to tell their complete story about their use of medication as a way to inform others of the benefits and limitations.

For related information, see the following:
- *"Acknowledge & Respect Personal Stories" in the Introduction on page 5.*
- *"A Return to Personal Stories" in the Trauma-Informed Care section on page 11.*
- *"Importance of Personal Stories" in the Resilience & Recovery section on page 20.*

NATIONAL MEDICATION INITIATIVES

The Board embraces and participates in national initiatives for the ongoing development and advancement of medication optimization. For instance, we attended a two-day symposium in Portland, Oregon, in 2012 for the purpose of writing policy briefs and clinical protocols based on alternative, evidence-based approaches to medication use.

The event was hosted by health and science journalist Robert Whitaker and was attended by 54 experts from around the United States, including 23 psychiatrists, administrators, state and federal policymakers, mental health service users, and advocates. This symposium created the guidelines for medication optimization.

Members of this group continue to collaborate and advocate for the expanded use of medication optimization throughout the United States and other countries.

For more information, see the following:

- *"Principles & Practices" section on page 24.*
- *https://www.madinamerica.com/author/rwhitaker*
- *https://www.madinamerica.com/2011/03/*

It is our goal to have systems of care become less focused on medication and more focused on the healing effects of recovery-based and relationship-based interventions and approaches.

Appendix

A WORD ABOUT WORDS

Some professionals and other people might use different words to describe mental and emotional suffering and addiction. They might say people have *mental illness*, *mental disorders*, *substance abuse disorders*, a *brain disease*, a *chemical imbalance*.

These words come from the field of medicine. They represent a "medical model" or a "medical approach" to human suffering. In Ashland County, we try not to use words from the *medical model*, because we strongly believe this language does harm. We offer some alternatives below in the right column.

Medical Model Approach & Illness Language

- Mental illness
- Mental disorders
- Substance use disorders
- Substance abuse disorders
- Brain disease
- Chemical imbalance

Questions inspired by language of illness and medical model

- "What is *wrong* with you?"
- "What is *wrong* with them?"
- "What is *wrong* with me?"

Consequence

- This language may do harm.
- These words encourage people to be judgmental.
- These words brand human beings as deficient.

Impact of medical illness language

- We perceive suffering and addiction as being separate from us.
- We perceive people as being separate from us.
- Our perceptions transform people into an *other*, which may exclude them from the community.

- Diagnosis used as a label/brand
- Lack of hope and optimism

Human Experience Approach & Human Language

- Emotional suffering/distress
- Mental suffering/distress
- Substance abuse
- Addiction
- Challenges
- Struggles
- Suffering
- Mental health
- Recovery
- Health & well being

Questions inspired by language of human experience

- "What happened to you?"
- "What happened to them?"
- "What happened to me?"

Consequence

- This language will do no harm.
- These words encourage you to *be curious*.
- These words encourage you to listen to each other's personal stories.

Impact of human language

- We acknowledge that suffering and addiction are a part of the human experience and potentially a part of our own experience and our family's experience.
- We acknowledge there are events, circumstances, and conditions that contribute to suffering and addition.
- We suggest that events, circumstances, and conditions can be changed to reduce and eliminate suffering.

- Diagnosis is used because it is required to obtain reimbursement for services from public and private insurance companies.
- Presence of hope and optimism

SAMHSA's 10 COMPONENTS OF RECOVERY

In 2006, the Mental Health and Recovery Board formally adopted the *Consensus Statement on Mental Health Recovery* that was issued by the federal government's Substance Abuse and Mental Health Services Administration (SAMHSA). The consensus statement embraces 10 principles of recovery. These components are viewed by the Mental Health and Recovery Board as essential principles for community mental health and addiction programs.

1.) Self-Direction
Consumers determine their own path of recovery with their autonomy, independence, and control of resources.

2.) Individualized and Person-Centered
There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background.

3.) Empowerment
Consumers have the authority to participate in all decisions that will affect their lives and are educated and supported in this process.

4.) Holistic
Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and family supports as determined by the person.

5.) Non-Linear
Recovery is not a step-by step process but one based on continual growth, occasional setbacks, and learning from experience.

6.) Strengths-Based
Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

7.) Peer Support
Mutual support plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging.

8.) Respect
Eliminating discrimination and stigma are crucial in achieving recovery. Consumers encourage and engage others in recovery and provide each other with a sense of belonging.

9.) Responsibility
Consumers have a personal responsibility for their own self care and journey of recovery. Taking steps towards their goals may require great courage. Consumers identify coping strategies and healing processes to promote their own wellness.

10.) Hope
Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.

Source: SAMHSA's Consensus Statement on Mental Health and Recovery (2006).

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Supporting and promoting attitudes and services that do no harm.

1 Trauma-Informed Care

2 Resilience & Recovery

3 Medication Optimization

Our Human Community is a public information and education philosophy of the Mental Health and Recovery Board (MHRB) of Ashland County, Ohio. The purpose of this booklet is to introduce you to the work we do to support and promote attitudes and services for mental health and addiction recovery that do no harm to people who live and work in Ashland County. This booklet focuses on the following:

- Who We Are & What We Do
- How We Support Our Community
- Importance of Local Planning & Governance
- Our Philosophy & Framework | Three Legs of the Stool
  - Trauma-Informed Care
  - Resilience & Recovery
  - Medication Optimization

For a free PDF of this booklet, visit our website: www.ashlandmhrb.org/ourhumancommunity.pdf

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ABOUT US

The Mental Health and Recovery Board (MHRB) of Ashland County is a branch of county government which oversees the planning, funding, and provision of services for mental health and addiction recovery. These services help individuals and families in Ashland County address mental and emotional suffering and addiction to alcohol, tobacco, opiates/opioids, and other drugs. The Board works to ensure services are available for individuals and families across the lifespan:

- Infants, Children & Parents
- Youth & Adolescents
- Young Adults & Adults
- Older Adults & Elders

We invite and encourage you to keep this booklet in your home and office and on electronic devices. Return to it from time to time as a reminder that our human community in Ashland County relies on people like you to support attitudes and services for mental and emotional suffering and addiction that do no harm to our family members, friends, neighbors, and members of our faith communities.

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