
Preface

Individuals with serious mental illness often lose all hope of ever having a fulfilling life. More often than not, it is not the mental illness itself, but the cognitive, medical, psychological, and social sequelae of the illness that grinds them down. This loss of hope for recovery is often compounded by not only iatrogenic effects from the treatments they receive, but also the very professionals that provide such treatments. These professionals can be so focused on relieving the pain from mental illness that they forget the suffering of the individual. They fail to appreciate that the individual has to live with the illness and its consequences, often knowing that relapse may be inevitable, and that the best treatment for the illness may leave that individual devoid of a meaningful life. In short, some clinicians seem to go into an autopilot mode and react to the diagnoses, without either being present for the individual or responding thoughtfully to what would make the person's life better in the here and now. If there is one thing that the clinician can do to make the person's life better, what would that be?

Clinicians tend to struggle with issues of treatment and recovery. These issues take on an added significance in inpatient psychiatric treatment centers and hospitals, particularly those that take longer term admissions or that include forensic patients sent by the courts for specific assessments and treatment. The individuals admitted are often seriously mentally ill and could not be effectively served in the community, or are deemed by the courts to require secure facilities for the benefit of both the patient and the community. For those who have not benefitted from community-based treatment, depend on inpatient psychiatric treatment centers and hospitals as their last hope for treatment and recovery.

It is difficult to argue against the principles of recovery—self-determination and choice, hope, respect, connection to family, significant others and friends, meaningful work, and so on. If life is more than mere existence, and treatment more than a clinician's reflexive response to a diagnostic workup, then recovery-focused care should lead naturally to valued and engaged lives, despite the debilitating ravages of serious mental illness. Such care, regardless of setting, should enable individuals with serious mental illness to have a life of meaning and to fully engage in this life within the changing parameters imposed by their mental illness. Treatment and care aligned with the principles of recovery enable people with mental illness to enhance not only their experiential interests—engage in activities

they find exciting, pleasurable, and rewarding—but also the critical interests that give meaning to their lives. These should not be seen as favors or niceties that clinicians and care staff bestow on patients, but as basic civil rights of the patients that are essentially immutable.

This book points a finger at the moon by providing a pathway through the increasing maze of treatments and care so that astute and mindful clinicians can navigate through this when providing inpatient care to individuals with serious mental illness. Part I begins with a discussion on the idea of recovery and the principles for recovery-oriented care, followed by specific examples of recovery choices with regard to sexuality and sexual health, teaching clinicians effective ways of implementing recovery-focused care, and ways to share decision-making with the patients. Part II begins with an inpatient treatment planning system that is recovery-focused and has been found to be practical and effective. This is followed by chapters that speak to different treatment modalities and services including psychopharmacological treatment, cognitive remediation, psychiatric services, psychological services, mental health nursing services, occupational therapy services, and peer support services. Part III presents chapters on self-advocacy and empowerment, legal advocacy, stigma and recovery, enhancing resilience and sustaining recovery, and change and transformation in inpatient psychiatric services. Taken together, this book presents a blueprint for enhancing and transforming recovery-oriented services in inpatient psychiatry.

A handbook of this nature is only possible with the generosity, hard work and patience of many people. We are truly grateful to our contributors for providing such excellent material for us to work with and for being so accepting of our editorial suggestions. It is their book. We are also grateful to the individuals with mental illness who we have collectively interviewed, assessed and treated, for teaching us what recovery is and the lessons learned by sharing with us their lived experience of recovery in multiple settings. It is also their book. We thank Judy Jones, our senior publishing editor at Springer, for making this book possible. Finally, we thank colleagues, friends, and family members that we neglected while preparing the manuscript for this book.

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