When you use a recovery perspective, it transforms how you connect with individuals who have serious mental illness (SMI). It engages people in their care plans and helps them become an active part of their own recovery. This guide provides valuable tips and insights on how to embrace and use a recovery perspective. We talked with individuals who are in recovery and work in leadership roles in peer support across the country. We asked them to tell us the most vital things that clinicians should know about people who are in recovery.

Use this guide to enhance your practice and share it with all colleagues on the mental health care team.

1. “When people say a person is ‘suffering’ from a mental health disorder, it sounds as though they are a victim. I live a life of wellness and recovery and never describe myself as suffering.”
   Peer Support Administrator, Southeast

   The language you use is an opportunity to instill positive expectations and hope. When you describe a person as “suffering from SMI,” it focuses on their struggle rather than their recovery. Instead, use person-first language. For example, say that the person “has a history of SMI.” This promotes optimism and supports their pursuit of healing, wellness, progress, and recovery goals.

2. “I wish clinicians would realize that community participation is a means of recovery, not that community participation requires recovery.”
   Peer Support Specialist, Northeast

   It is key to involve people in mainstream community activities in a range of life domains. This helps them identify with valued social roles and align with “personhood” instead of “patient-hood.” In this sense, we define community as relationships and social networks that offer love, hope, connection, support, and friendship. It is a critical dimension of a life in recovery.
"It is helpful for the care team to know what people with lived experience are capable of."
Peer Support Administrator, South

Take a moment to consider how to use a strengths-based approach. It lets you identify an individual’s unique assets and abilities rather than deficits and failures. This approach aligns with the expectation that recovery is possible. It shifts the focus on what is strong rather than what is wrong. It also provides a foundation to transcend shame and stigma. Instead, it reinforces a person’s ability to successfully navigate a meaningful life in recovery.

"I wish that the care team knew about all avenues of recovery and more organizations in the community to help promote wellness."
Peer Support Specialist, Northeast

Clinical services alone are not enough to support long-term recovery. Evidence-based recovery support services are important too. These services help a person build a life of recovery and wellness in a community setting. This includes peer-operated services, supported employment, supported education, and independent housing. It is key for people to have access to a broad range of recovery support services. It allows them to choose recovery pathways that align with their preferences, goals, and cultural values.

"I wish that doctors would make space in the relationship with the person to allow them to work through concerns and questions about medication."
Peer Support Educator, Northeast

Collaborative communication between a clinician and individual is critical. This approach is well suited to the complex decision-making that is needed to consider medication for SMI. It helps to identify treatment options that are evidence-based and align with a person’s preferences and values. Older models of medication management focused on compliance for individuals who have SMI. Today, a partnership model is an important part of person-centered care.

“I want a care team that is more than just my cheerleader. Have the difficult conversations, challenge me, help me grow into my full potential.”
Peer Support Educator, Southeast

Just like any growth opportunity, the pursuit of valued adult roles in recovery carries inherent risk. Person-centered planning draws upon an individual’s strengths and also collaboratively manages risk. Autonomy and self-determination are essential to meaningful growth for a life in recovery.

“The turning points in my recovery story are not about my meds.”
Peer Support Administrator, Northeast

The social determinants of health refer to the conditions in which people are born, live, grow, work, and age. For individuals who have SMI, screening and intervention is key to address unmet social needs. The goal of this approach is to improve their conditions of daily living, so it leads to better outcomes. There are often important markers of progress in many first-person accounts of recovery from SMI. This includes accomplishments such as obtaining integrated employment or a safe place to live.
“Sometimes people don’t even know that they have experienced trauma and it’s not your job to tell them that it’s trauma, but it is your job to see people through that lens of trauma informed care.”
Peer Support Specialist, Pacific Northwest

“I need to heal my body, mind, and soul. I am actively working on all three.”
Peer Support Specialist, Pacific Northwest

A hallmark of trauma-informed care is the question “what’s happened to you?” This replaces the traditional question “what’s wrong with you?” When you implement trauma-informed care, you recognize that behaviors stem from traumatic response. People who have SMI and also have a trauma history say that a strength-based approach enhances their recovery from trauma. It promotes autonomy, choice, and resilience within the context of a collaborative relationship with their clinicians.

“Sometimes people don’t even know that they have experienced trauma and it’s not your job to tell them that it’s trauma, but it is your job to see people through that lens of trauma informed care.”
Peer Support Specialist, Pacific Northwest

It is so important for individuals who have SMI to develop proficient self-management skills. This allows them to enhance their physical health through the use of evidence-based health and resiliency factors. It also lets them grow more confident in their ability to pursue and maintain emotional wellness and actively participate in their health care. Evidence suggests that supported self-management leads to better health outcomes, more satisfaction, and lower health costs.

“Sometimes people don’t even know that they have experienced trauma and it’s not your job to tell them that it’s trauma, but it is your job to see people through that lens of trauma informed care.”
Peer Support Specialist, Pacific Northwest

Mental health clinicians who practice in a humane way from foundation of trust can have a life-changing impact. This is a common theme in seminal memoirs and qualitative studies about recovery from SMI. One example of this impact centers on medication management. For people who have SMI, it is often approached in terms of how to maximize compliance. However, experiential accounts of recovery highlight the important alliance between individuals and their care teams. Today, shared decision making is a best practice. It recognizes the expertise of both clinicians and individuals in treatment planning. For example, individuals can use clear and objective clinical information to make informed treatment decisions. These choices may reflect their personal preferences. Friends and family, who have seen the person at their best, can play an important role to enhance this process.

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