

Taking Flight

A Briefing from Project GREAT
Georgia Recovery-Based Educational Approach to Treatment

A RECOVERY STORY

By Sam Harris

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At the age of 14, I started having serious hallucinations and blackouts. I'm half African American and half Native American, and I didn't try to get help because, in both communities, they called that "going to the white man." But I became an outcast, because my symptoms got so bad that none of my friends wanted anything to do with me. Instead, I lived with these symptoms for four years.

My mental illness got so bad that I couldn't cope with school and they asked me to leave. I went to Miami to live with my father, but he threw me out, and from the age of 15 until I was 18 I lived on the streets of Miami, with constant hallucinations and delusions.

At 19, I joined the military. But I was still sick and, after basic training, they gave me an honorable discharge and directed me to get mental health treatment, so I did.

After taking medication and seeing therapists, I went back to work two years later, as a cook. Four years after that, I got an associate's degree and became a chef.

I worked as a chef for about 15 years. But there was a lot of stigma around mental illness in the restaurant business. Every restaurant I worked at, I saw other people disclose about themselves and they wound up being

badly harassed and losing their jobs. So I hid my illness.

In 1995 I started working part time for a mental health Consumer Center. Ten years later I'm still at the Center, now as its director. Until I started working here, I felt like no one really cared.

LEARNING POINTS

Today we have abundant stories like Sam Harris' and a new generation of research that demonstrate that no model that posits a uniform sequence of stages – either up or down – can capture the reality of the lived experience of recovery in mental illness. Therefore we must adjust our expectations to match this reality.

Providers working with consumers need to convey realistically that the course of recovery has its ups and downs, good days and bad days. No one can precisely predict how someone else's future will evolve. Yet, it is the fundamental tenet of the recovery model of mental health care that recovery of a life of purpose and meaning can occur even though symptoms reoccur.

A recovery based model of mental health care recognizes that people don't stay frozen in time; therefore, mental health care assists them as they move through this very personal process of growth and development.