MYTH VS FACT
on Serious Mental Illness

RECOVERY

There are many myths around serious mental illness (SMI) that are not accurate. Let's take a look at common myths around recovery and individuals who have SMI.

MYTH	FACT
Individuals Who Have SMI Cannot Reach and Maintain Recovery	Historically, recovery from SMI was not considered likely or even possible. However, a range of evidence over the last two decades indicates that around 65% of people with SMI experience partial to full recovery over time.[1] Recovery does not necessarily mean the absence of symptoms. Recovery from SMI is defined in both objective and subjective ways.[2,3,4,5] This incorporates concepts that go beyond just having stable symptoms. It includes well-being, quality of life, functioning, and a sense of hope and optimism.[6,7,8,9] Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. The four major dimensions that support recovery are health, home, purpose, and community.[10,11] ✔ Health – overcome or manage one's disease(s) or symptoms, and make informed, healthy choices that support physical and emotional well-being ✔ Home – have a stable and safe place to live ✔ Purpose – conduct meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society ✔ Community – have relationships and social networks that provide support, friendship, love, and hope Individuals should identify their recovery goals and receive support for them in their treatment plans.

MYTH	FACT
People Who Have SMI Cannot Obtain Competitive Employment or Complete Education	Employment and education provide a sense of purpose that is a critical aspect of life in recovery.[10] In fact, most people who have SMI do want to work and see work as an essential part of their recovery.[6,7] Between 40% and 60% of people who enroll in supported employment obtain competitive employment.[12] There is ample evidence that employment is not "too stressful" for individuals who have SMI.[13] The benefits of employment and education for people with SMI are well documented.[8] They include improved economic status, increased self-esteem, and symptom reduction. In fact, the detrimental effect of unemployment creates clinical risks for people who have SMI.[9] These are often overlooked. Supported employment programs can improve outcomes for individuals who have SMI.[14] This includes a higher likelihood that they obtain competitive employment, work more hours per week, maintain employment for a longer period, and have a higher income. In turn, supported education programs can reduce burdens for people who have SMI and want to finish or go back to school.[15] It offers specialized, one-on-one support to help navigate academic settings and link to mental health services. Individuals should receive encouragement if their recovery goals include employment or education. There are supportive and effective programs to reach these goals and they have considerable benefits.

MYTH	FACT
People Who Have SMI Burned All Their Bridges	Social connections are important for people who have SMI. At times, they may have symptoms at critical developmental periods that can disrupt how they establish and maintain social networks. Healthy social connections can stabilize mood, help them to feel grounded, connect them to others, and provide support through their recovery process.[16] Isolation can be gut-wrenching, overlooked, and/or not prioritized in a recovery plan for people who have SMI.[17,18] The specific benefits of socialization for each diagnosis are unclear. Yet just like any other person, they do better when they create friendships, repair severed connections, and build communities that support them. In fact, meaningful community participation is an important part of recovery from SMI.[10] Research shows a statistically significant positive relationship between community participation and recovery and quality of life.[19] Full community participation is linked with positive health outcomes for individuals who have SMI.[20] When they get involved with mainstream community activities in a range of life domains, it supports their valued social roles.[21] These roles align with "personhood" in contrast to "patienthood." Social connectedness – and its development and maintenance – should be considered part of a recovery plan.

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SAMHSA Substance Abuse and Mental Health Services Administration