

Charles Curie Video Transcript

I think back on a time when I first entered the field of social work and one of my very first assignments was to run what was called an after care group. This goes back to the late 70's. The after care group was made up of individuals who were coming out of the state mental hospital into the community. So these were individuals with serious mental illnesses; many of them had been institutionalized for quite some time. And I remember I was struck by the fact that when I would ask them what they needed as we were working to help them find a life in the community for themselves, they never defined their needs in terms of a particular program. They didn't say that they needed a psychiatrist or a counselor. They didn't even say that they needed a social worker, which I didn't understand but I accepted. They basically said what they needed was three fundamental things: a job, a home, and that many times they defined it as a "date on the weekends", a connectedness, the special relationships that we all have. Basically, they wanted to live a life like everybody else wanted to live.

And I found through my practice, and again the evidence showed this too, that as individuals with mental illness were able to begin to, if you will, recover from their symptoms that they were able to prevent themselves from going into a relapse situation if they did have that life being built for them in the community. And it became clear and apparent that as people were able to achieve goals, goals that they chose for themselves, that they were able to learn how to manage their illness and ultimately learn how to manage their life.

I found this to be true then later on in the 1990's when I was Deputy Secretary for Mental Health and Substance Abuse for Pennsylvania and I was responsible for the state mental hospitals and I would spend time at those institutions and again, in discussing with individuals as they were looking to be discharged or as there were looking toward the day they'd be in the community, those themes of a job, a home, a connectedness to others just rang true.

What was happening in the field during that period of time too was this concept of recovery was emerging. Two landmark documents I point to that helped influence the thinking about mental health services. One was the Surgeon General's Report for Mental Health in 1999 which basically was a summary of the science that demonstrated that mental health treatments do work and that there was an evidence base. And then I had the privilege while I was at SAMHSA to work with and be a part of the President's New Freedom Commission of Mental Health and that report issued in 2003 basically affirmed not only did the treatment work but recovery was real. And this concept of recovery, of learning how to manage your illness and manage your life, was a very critical part of helping people really, if you will, overcome the disabling impacts of their mental illness.

The vision statement for the New Freedom Commission was "We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports - essentials for living, working, learning, and participating fully in the community." Those essentials and being in the community is what recovery is all about.

The whole notion of recovery came true to me when I came across a quote from General Douglas MacArthur in the mid-90's. In that quote he was responding to a question about what it was like to grow old. And MacArthur said, "In the central place of every heart there's a recording chamber. So long as it receives a message of beauty, hope, cheer, and courage so long are you young. When the wires are all down and your heart is covered with the snows of pessimism and the ice of cynicism, then and only then are you grown old."

And if these words of MacArthur are true then the person with a serious mental illness devastated by moods out of their control, distracted by the voices, these are individuals who become more and more cut off, more and more isolated, and truly do have all the wires down. This then tells us that when treatment takes hold, when symptoms are alleviated, when the wires start to come up, we must do everything within our capacities to assure messages are sent to that central place of the heart - messages that convey beauty, hope, cheer, and courage. For when those messages come true and ring true they melt away the snows of pessimism; they melt away the ice of cynicism; they melt away the glacier of despair.

This then invites recovery. This is what recovery is about. It's about a life in the community. It's about realizing the rewards of life and living as part of your recovery that prevents relapse and it builds people toward health. It's been in the wheelhouse of social work for years to garner that hope, to help connect people to resources, and to help bring people to their highest level of economy and independent functioning. So it would only make sense that social work plays a critical role and social workers do in helping facilitate recovery and accomplishing the mission to realize that vision of a life for people in the community.

Today you'll be introduced to the practical competencies that appear in the CSWE Advanced Social Work Practice Competencies in Mental Health Recovery. It outlines what social workers must know and what they must do in practice in order to facilitate recovery. I've always been proud to be a social worker and I think this curriculum is only going to reaffirm what social work is all about and CSWE is very pleased to be a part of this. Thank you.