

The Rediscovery of Recovery

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Overview/Abstract.

This article will discuss what is meant by 'Recovery', the History and development of the Recovery movement, the necessary political and organisational commitment, the elements of a recovery-focused approach, and the challenges and opportunities facing the recovery movement.

Introduction.

The roots of the recovery movement in psychiatry include the Civil rights and disabilities movements, Long-term outcome studies, the realities of Contemporary Rehabilitation and the Testimony of Service Users and survivors (1,2).

Anthony (3), in 1993, said 'Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life, even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness...' (3)

Pat Deegan, in 1996, wrote 'The goal of recovery is not to become normal.

The goal is to deeply embrace the vocation of becoming more deeply, more fully human.'

It is important to say at the outset what recovery is not. It is not the same as 'cure'. Nor is it something services do for people, nor is it a form of treatment, or in the 'gift of doctors'. It is appropriate to describe it as an approach, rather than a model (1,2).

Clinical and personal recovery

It is important to describe the difference between clinical and personal recovery. Clinical recovery implies becoming less ill. Symptoms, disabilities and the use of services are reduced. It is a process of 'getting over'. Personal recovery implies becoming more well. It is a journey of discovery, during which the patient finds hope, strengths, an identity separate from illness, an opportunity to participate and a life worth living. It can be described as a process of 'getting into' (1,2).

There are five stages of Recovery:

1. Moratorium
2. Awareness
3. Preparation
4. Rebuilding
5. Growth

(From Andresen, Caputi and Oades, 2006)

'Historically people with mental illness were often not expected to recover ...services of the future will talk as much about recovery as they do about symptoms and illness ...the vast majority have real prospects of recovery – if they are supported by appropriate services, driven by the right values and attitudes' (4)

Recovery must be supported by appropriate services and driven by the right values and attitudes.

Recovery requires much more than evidence-based treatment, although this is indeed important for recovery.

In recovery there is a shift from seeing Service Users as cases, to their being seen as people, to their then being seen as partners in improving their health.

Recovery has become national policy in a number of different countries, including New Zealand (1998), England and Wales (2001 /6/11), Australia (2003), Scotland (2004), USA (2005), Ireland (2005) and Canada (2009).

Recovery in NHS Trusts

Recovery is being adopted in a number of NHS Trusts. 'The primary purpose of the Trust is to promote recovery and facilitate inclusion', states the South West London and St George's Mental Health Trust: Recovery and Social Inclusion Strategy (5), 2007. All Job descriptions in Devon Partnership Trust state ... 'It is a requirement of all employees to have an understanding of the broad principles of the recovery approach and to incorporate them into every aspect of their work ...' Devon Partnership NHS Trust 2008.

Elements of a recovery-focused approach

The elements of a recovery-focused approach include hope, a coherent vision. It must be personal and person-centred. It requires narrative skills and resources. It needs to be monitored by meaningful measures, and it must include enabling, responsibility and self-determination. It requires a transformed workforce, which is informed by peer perspectives.

Hope

A recovery-focused approach must engender hope and optimism. It is important to work in partnership with people with schizophrenia and their carers, offering treatment and care with hope and optimism. It is important to take time to build supportive and empathic relationships. This must apply across all stages of the illness.

Recovery-focused services have been described by Mary O'Hagan as 'A health promotion approach for people with mental health problems'.

Coherent vision

As stated earlier Anthony (3), in 1993, said 'Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles'.

It is worth considering the words and meanings which we use. It should be considered whether the following terms, all of which we use, are alternatives or complementary concepts: Social inclusion, Choice, Self-management, Wellbeing, Personalisation, Person-centred, Self-care, Self-directed care, Whole life.

Personal and person-centred

At the individual level, recovery is concerned with what matters to people with mental ill health ... From a practice and service perspective, a recovery-oriented approach provides an important way for mental health professionals and mental health services to contribute to combating the social exclusion experienced by people with mental illness. 'People have a sense of being respected if they experience a recovery approach that treats people as equal partners with the hope and expectation of a fulfilled life'.

Narrative skills and resources

Arthur Klienman, in 1988, has said: 'Chronicity arises in part by telling dead or static stories' (6). It is important to make known to the public inspiring true stories about recovery.

Meaningful Measures

Such measures are included in the new 'Mental Health Outcome Measures' publication by the Royal College of Psychiatrists. Patients rate their environment as being appropriate to recovery using Developing Recovery Enhancing Environments Measure (DREEM), and recovery is also measured by the Scottish Recovery Indicator. Also of great importance as a measure is the Recovery Star, which was developed by Non-Governmental Organisations, the Mental Health Providers Forum. We can see measures as mirrors, which reflect how I (the patient) am (personally) getting on with my life. They also will show My (the user) reflections on your practice, My (the staff) reflections on my practice, and show Our (staff) reflections against agreed standards for recovery-focused practice.

'Over 400 studies worldwide have shown that supporting self-management can lead to dramatically improved outcomes for patients' (7).

Enabling responsibility and self-determination

It is important to enable patients to take responsibility and self-determination by taking an 'active stance'. Thus people who recover are those who use services as part of the(ir) solution. There is the necessity for Recovery education for people who use services.

Recontextualising power relations

A recovery-focused approach requires the recontextualising of power relations. Hence treatments become tools and resources, treating people becomes supporting learning opportunities, and expert practitioners become coaches, mentors, guides and holders of hope. Recovery is not just an approach to treatment and services but fundamentally is an approach to living well with and beyond significant health challenges. Recovered service users can be recruited to become Peer trainers, who act as Supporters, Role models, Coaches, Guides, Mentors and fellow travellers. In recovery practice, there is a constant attempt to build the bridge between 'Us (the staff) and them (the Service Users)'. The understanding of Peer perspectives continues to be important, as does partnership working, between 'the professionals' and 'the service users'.

An important example of this is Mike Shooter, former president of the Royal College of Psychiatrists, who became an Honorary Fellow of the College – the highest honour the Royal College can award. The Psychiatric Bulletin said the following. 'He has led by example. By being open and frank about his recurrent depressive disorder he has contributed enormously to the de-stigmatisation of mental illness - something he feels passionately about' (8).

A Recovery Approach attempts to end the division between 'them (the Service Users) and us (the Staff)'. This is achieved by engaging with the 'lived experience' of Mental Health Problems in the workforce; In Devon the mental health trust carried out a staff survey; It was found that, out of 560 respondents, there were 43% with 'personal experience' of mental health problems, while 65% had experience of being a supporter of someone with mental health problems. The HR department of the trust recognised this 'wealth of experience' within the workforce, but the issue arises as to how to turn this experience into expertise. It was recognised that there was a need to 'support staff in their recovery journeys' (key challenge 9).

What lies ahead?

The recovery approach continues to demand a shift of power and authority. Apart from adult psychiatric services, in Devon, other parts of the service, include forensic and custodial services, old person's mental health (including dementia), and learning disability services. Forensic services have produced a policy document called 'Secure Recovery', old person's mental health services have developed a policy called 'Person-centred care', while learning disability services have produced a policy called 'Putting people first'.

A commitment to action

'A future Vision for Mental Health' is a policy document produced by 'The Future Vision Coalition' (9), Including Mind, Rethink, Sainsbury Centre For Mental Health, the Mental Health Providers Forum, Royal College of Psychiatrists, the Mental Health Network, the Local Government Association, ADASS (Directors of Adult Social Services), ADCS (Directors of Child and Adolescent Social Services), the Mental Health Foundation, and Together. General Practitioners, and Service Users and their families and carers, can receive help with services to support recovery by applying to such associations as Mind, Rethink, the Mental Health Providers Forum, the Mental Health Network, and the Mental Health Foundation.

'Making Recovery a Reality' (10) is a document which contains 10 key organisational challenges: and a progression from engagement to development and then to transformation of services (11). These challenges are:

1. Changing the nature of day-to-day interactions and the quality of experience.
2. Delivering comprehensive service user led education and training programmes.
3. Establishing a recovery education centre to drive the programme forward.
4. Ensuring organisational commitment, creating the culture.
5. Increasing personalisation and choice.
6. Changing the way we approach risk assessment and management.
7. Redefining service user involvement.
8. Transforming the workforce.
9. Supporting staff in their recovery journeys.
10. Increasing opportunities for building a life beyond illness.

These have arisen from developmental workshops with 5 NHS Trusts and their partners across England and now form the structure for a National programme of seeking to implement recovery-focused practice in NHS Trusts and their local communities. This is led by the NHS Confederation, the National Mental Health Development Unit and the Centre for Mental Health. It has attracted unprecedented interest and commitment from over half the Trusts in England.

(See: www.centreformentalhealth.org.uk/recovery/supporting_recovery.aspx)

Further information on the recovery approach can also be accessed at:

www.rcpsych.ac.uk/pdf/recovery%20oriented%20prescribing.pdf.

In Community Mental Health Teams, it is necessary to develop evidence-based recovery-oriented practice. There is the need for staff training and development for 'recovery-supportive relationships', and pro-recovery working practices. There is need for coaching approaches to working with appropriate values and preferences, personal strengths, and enabling staff to achieve personal goals. Such developments in recovery-oriented practice must be evaluated using user-led service evaluation and personal recovery outcome measures. It is necessary that there continues to be an awareness of the complexity of Mental Health Problems; what, for example, do we see if we recover insight? The prescribing of medication appropriately continues to be essential, but aligned with the Recovery

Approach. The Devon Partnership Trust has produced 'A recovery oriented approach to prescribing and medicines management' (12).

It is important to take an 'active stance'; encouraging People who use services as part of the(ir) personal solution.

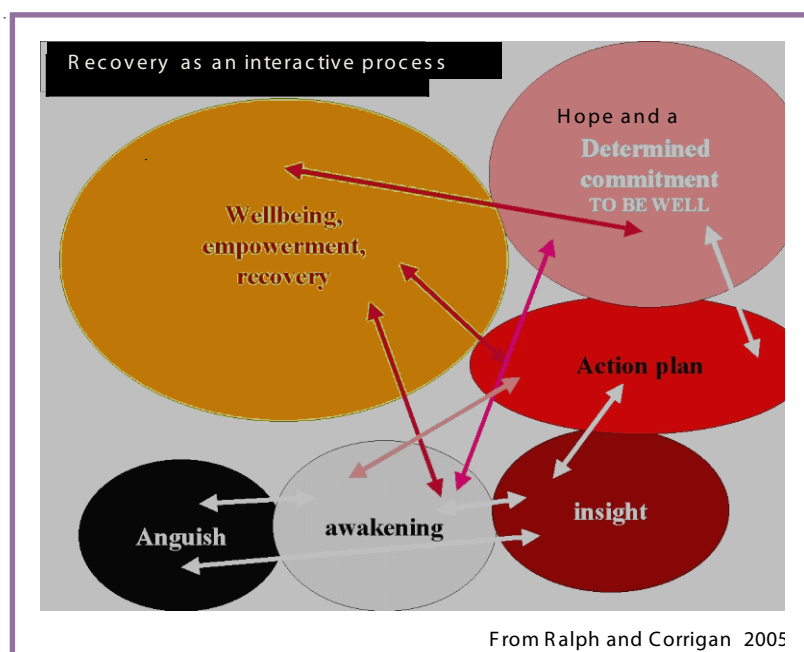
Mary O'Hagan, a recovered Service User, (www.wellbeingrecovery.com) , has developed a course in Wellbeing and Recovery Learning for patients which includes:

1. Understanding mental distress.
2. Understanding recovery.
3. Telling our stories.
4. Accepting ourselves.
5. Finding our voices.
6. Minding our minds.
7. Managing our lifestyles.
8. Enhancing our relationships.
9. Maximising our income.
10. Getting productive.
11. Finding a home.
12. Using services.
13. When things go wrong.

Finally, it is important to keep the Recovery Approach personal. We end with a quote from a recovered patient describing the beginnings of his recovery.

'After a period of months living in an isolated world I was referred to an occupational therapist, which was to be the start of my recovery. Although very suspicious at first, with the therapist being female, she started to dispel my fears of women and authority. The first steps to doing this were that she never treated my diagnosis; she looked beyond it for the person and found me. I explained my fears about authority, whereupon she shared a bit of herself, about the stresses, traumas and fears she had in her life. Through this I saw her as a human being, not just a figure of authority trying to control my life...'
Peter Bullimore, My personal experience of paranoia (13)

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GP comment

What have I learned from this paper?

1. Recovery can encompass a number of different concepts, including 'clinical recovery', which implies becoming less ill and 'personal recovery' which implies becoming more well. The vignettes provided brought some of these ideas to life.
2. Among the concepts of recovery is the idea that divisions between service users and staff should be removed. This is well illustrated in the paper by the example of Mike Shooter, former president of the Royal College of Psychiatrists, who was open about his recurrent depressive disorder, de-stigmatising mental illness greatly in the process.
3. Such an approach should encourage closer working between primary care, secondary care, voluntary groups and community groups.
4. On a practical note, sharing the list of support agencies at the end of this paper with my patients who present with mental illness could prove to be very useful.

Dr Morgan Walters, GP, Bedford.

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Appendix

Organisations which can help in the recovery process:

Mind 15-19 Broadway, Stratford, London E15 4BQ

T: 020 8519 2122, F: 020 8522 1725

Email: contact@mind.org.uk

Rethink 89 Albert Embankment London SE1 7TP

Telephone: 0207 840 3188 or 0845 456 0455 (open 10am to 2pm Monday - Friday)

e-mail: advice@rethink.org

Sainsbury Centre For Mental Health 134-138 Borough High Street London SE1 1LB

Tel: 020 7827 8300

Fax: 020 7827 8369

Email: contact@centreformentalhealth.org.uk

The Mental Health Providers Forum 20 Upper Ground London SE1 9PD.

Email: info@mhpf.org.uk

The Royal College of Psychiatrists 17 Belgrave Square London SW1X 8PG

Tel: 020 7235 2351

Fax: 020 7245 1231

The Mental Health Network www.mentalhealthnetwork@nhsconfed.org

The Mental Health Foundation www.mentalhealth.org.uk

9th Floor Sea Containers House

20 Upper Ground

London SE1 9QB

United Kingdom

Tel: 020 7803 1100

Fax: 020 7803 1111

Together 12 Old Street London EC1V 9BE

Tel: 020 7780 7300

Fax: 020 7780 7301

Email: contact-us@together-uk.org