

Making Recovery a Reality



Mental Health & Recovery Board

1605 County Road 1095
Ashland, Ohio 44805

419-281-3139 ph
419-281-4988 fax

www.ashlandmhrb.org

Introduction



For the last five years, the Mental Health & Recovery Board, along with his contract agencies and community partners have prioritized 'Recovery-Oriented' mental health and drug/alcohol services. But just what do we mean when we say 'Recovery-Oriented Services'? Below is a summary of what we believe Recovery is and can be for our community. The Board recognizes that this is a long-term journey and will require diligence and perseverance but we believe no less than the lives of those we serve, as well as the system that serves them, is at stake.

'Recovery' is an idea whose time has come. At its heart is a set of values about a person's right to build a meaningful life for themselves, with or without the continuing presence of mental health symptoms. Recovery is based on ideas of self-determination and self-management. It emphasizes the importance of 'hope' in sustaining motivation and supporting expectations of an individually fulfilled life.

Defining Recovery

Box 1: Components of the process of recovery

- I. Finding and maintaining hope**
--believing in oneself; having a sense of personal agency; optimistic about the future;
- II. Re-establishment of a positive identity**
--finding a new identify which incorporates illness, but retains a core, positive sense of self;
- III. Building a meaningful life** – making sense of illness; finding a meaning in life, despite illness; engaged in life;
- IV. Taking responsibility and control**
--feeling in control of illness and in control of life.

'Recovery' is something of a contested term.

However, a widely agreed definition would be along the lines given by one of the intellectual founders of the recovery movement, Bill Anthony:

"[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..." (Anthony, 1993)

Recovery ideas have been largely formulated by, and for, consumers of mental health services (consumers) to describe their own life experiences. Professionals should therefore be sensitive about accusations that they are trying to 'take them over'. Nevertheless, we believe that for recovery to have the impact it deserves, professionals need to understand what it means and, together with consumers and others, actively support its implementation across services.

What are the essential elements? After studying personal accounts of recovery, Andresen, Oades, & Caputi (2003)¹ suggested four key components. These are shown in Box 1. They are very similar to the elements proposed by Rethink (2008)³

A central tenet of recovery is that it does not necessarily mean cure ('clinical recovery'). Instead, it emphasizes the unique journey of an individual living with mental health problems to build a life for themselves beyond illness ('social recovery'). Thus, a person can recover their life, without necessarily 'recovering from' their illness.

As with physical health problems, people have to come to terms with the trauma that the occurrence of mental health symptoms can have on their lives and incorporate these experiences into a new sense of personal identity. What has happened to me? What does it mean? Why has it happened? These questions arise at whatever age symptoms first occur, but are particularly problematic for young people, whose sense of identity is still forming (Larsen, 2004)²

They can only be resolved if the person can discover – or rediscover – their sense of personal control ('agency') and gain a belief in the future (hope). Without hope they cannot begin to build their lives. Recovery is about this process and the *quality* of this experience is therefore central.

In mental health services, recovery ideas have received most attention in relation to the experiences of adults, but they can be applied to anyone who experiences a significant mental health problem at any age. They can also be applied in specialist areas such as forensic mental health services and drug and alcohol problems.

In the physical health field they can be applied to any long-term health problem: asthma, diabetes, rheumatoid arthritis, cardiac disease, etc. and the management of these conditions now relies heavily on the provision of information and self- management in addition to treatment and symptom control.

The objectives of 'recovery-oriented mental health services' are therefore different from the objectives of traditional, 'treatment-and-cure' health services. The latter emphasizes symptom relief and relapse prevention. In recovery, symptomatic improvement is still important, and may well play a key role in a person's recovery, but quality of life, as judged by the individual, is central. The most powerful evidence for recovery therefore lies in the narrative accounts of individuals (Deegan, 1996)³ rather than in changes in the severity of symptoms over time.

Over the next two years, the Board will be providing a series of community trainings on the principles of recovery and the role of both consumers and professionals within this context. The Board plans to address the evidence-base behind the effectiveness of mental health and drug/alcohol interventions like employment, psychotherapy ('talk-therapy') and medications. Recovery is an idea whose time has truly come. The Board is energized to take these next steps in helping those Ashland county residents seeking relief from these disorders.

¹ Andresen, R., Oades, L., & Caputi (2003). The experience of recovery from schizophrenia: towards an empirically validated stage model. *Australian and New Zealand Journal of Psychiatry*,**37**,586-594.

² Larsen, J.A. (2004). Finding meaning in first episode psychosis: experience, agency and the cultural repertoire. *Medical Anthropology Quarterly*,**18**,447-471.

³ Deegan, P. (1996). Recovery as a journey of the heart, *Psychiatric Rehabilitation Journal*,**11**,11-19.

³ Rethink (2008). *A brief introduction to the recovery approach*. (www.rethink.org/living with mental illness/recovery and self management/recovery).

The Principles of Recovery¹

- Recovery is about a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems.
- Recovery represents a movement away from pathology, illness and symptoms to health, strengths and wellness.
- Hope is central to recovery and can be enhanced by each person seeing how they can have more active control over their lives ('agency') and by seeing how others have found a way forward.
- Self-management is encouraged and facilitated. The processes of self-management are similar, but what works may be very different for each individual. No 'one size fits all'.
- The helping relationship between clinicians and patients moves away from being expert/patient to being 'coaches' or 'partners' on a journey of discovery. Clinicians are there to be "on tap, not on top".
- People do not recovery in isolation. Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles within local communities, rather than in segregated services.
- Recovery is about discovery – or re-discovery – a sense of personal identity, separate from illness or disability.
- The language used and the stories and meanings that are constructed have great significance as mediators of the recovery process. These shared meanings either support a sense of hope and possibility, or invite pessimism and chronicity.
- The development of recovery-based services emphasizes the personal qualities of staff as much as their formal qualifications. It seeks to cultivate their capacity for hope, creativity, care, compassion, realism and resilience.

Family and other supporters are often crucial to recovery and they should be included as partners wherever possible. However, peer support is central for many people in their recovery.

1 Adapted from Recovery- Concepts and Application by Laurie Davidson. the Devon Recovery Group.



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