

Themes in recovery

(From Joint Position Paper 2008 "A common purpose: Recovery in future mental health services" available online from www.scie.org.uk)

Engaging with a move towards recovery-based practice takes in far wider considerations than familiar concerns about giving or receiving effective treatment. It is about engaging with the complexities of lived experience and seeking to constructively support an increased possibility of recovery outcomes. The recovery literature has arisen largely from personal experience with more recognizably scientific evaluation and theory following later, and although rich in personal meaning it remains light on systematic analysis. The dynamics and essential components of the recovery process have yet to be fully understood or evaluated but the process of recovery has been recurrently associated with a number of core themes (Deegan, 1988; Onken et al, 2002; Turner-Crowson and Wallcraft, 2002; Allott, 2005; Ralph and Corrigan, 2005; Roberts and Wolfson, 2006). Taken together, these themes do not so much define recovery as sketch out the map on which recovery journeys are lived, and suggest directions for research, evaluation and the development of recovery-based practice and services.

Recovery Key themes include the following:

1. Recovery is fundamentally about a set of values related to human living applied to the pursuit of health and wellness.
2. Recovery involves a shift of emphasis from pathology, illness and symptoms to health, strengths and wellness.
3. Hope is of central significance. If recovery is about one thing it is about the recovery of hope, without which it may not be possible to recover and that hope can arise from many sources, including being believed and believed in, and the example of peers.
4. Recovery involves a process of empowerment to regaining active control over one's life. This includes accessing useful information, developing confidence in negotiating choices and taking increasing personal responsibility through effective self-care, self-management and self-directed care.
5. Finding meaning in and valuing personal experience can be important, as is personal faith for which some will draw on religious or secular spirituality.
6. Recognising and respecting expertise in both parties of a helping relationship, which re-contextualises professional helpers as mentors, coaches, supporters, advocates and ambassadors.
7. Recovery approaches give positive value to cultural, religious, sexual and other forms of diversity as sources of identity and belonging.
8. Recovery is supported by resolving personal, social or relationship problems and both understanding and realistically coming to terms with ongoing illness or disability.
9. People do not recover in isolation. Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles in society and gaining access to mainstream services that support ordinary living such as housing, adequate personal finances, education and leisure facilities.
10. There is a pivotal need to discover (or rediscover) a positive sense of personal identity, separate from illness and disability.
11. The language used and the stories and meanings that are constructed around personal experience, conveyed in letters, reports and conversations, have great significance as mediators of recovery processes. These shared meanings either support a sense of hope and possibility or carry an additional weight of morbidity, inviting pessimism and chronicity.

12. Services are an important aspect of recovery but the value and need for services will vary from one person to another. For some people, recovery is equated with detaching from mental health services either permanently or for much of the time. For others, recovery may be associated with continuing to receive ongoing forms of medical, personal or social support that enable them to get on with their lives.
13. Treatment is important but its capacity to support recovery lies in the opportunity to arrive at treatment decisions through negotiation and collaboration and it being valued by the individual as one of many tools they choose to use.
14. The development of recovery-based services emphasizes the personal qualities of staff as much as their formal qualifications, and seeks to cultivate their capacity for hope, creativity, care and compassion, imagination, acceptance, realism and resilience.
15. In order to support personal recovery, services need to move beyond the current preoccupations with risk avoidance and a narrow interpretation of evidence based approaches towards working with constructive and creative risk-taking and what is personally meaningful to the individual and their family.