

- The Model

At the Management Conference in 1999 Cliff Prior presented the concept of the Recovery Model and encouraged a debate within NSF about the potential to adopt the model as the basis for service delivery. This debate has been allowed to develop at its own pace until recently. Since October 2000 I have been asked to encourage the debate and begin to put some meat on the bones of recovery.

'Recovery' is probably best understood as a response to 'Maintenance'. The dominant assumptions in psychiatry over the last 50 years have been pessimistic and controlling. The lack of a 'cure' and the need to demonstrate social control over people whose behaviour is not understood have led to the creation of the 'hospital in the community'. The emphasis within services has been to maintain people in a lifestyle which reflects the impact of medication on the negative symptoms of severe mental illness. There has been a concern that if people do not take their medication they will deteriorate. Expectations for people using services are very low. They are encouraged to live, work and socialize amongst people who have similar difficulties. They are to be cared for rather than encouraged to be independent. Safety has been an over-riding concern and over-riding this has been the need for staff to feel safe.

Increasingly people who have been users of services have rebelled against this model and begun to look for hope in their lives. People have begun to find ways of managing and making sense of their symptoms. They regard themselves as being 'in recovery'. They expect to work, live in a wider community, have friends across the social spectrum and to have control over the way they choose to live.

This is not about finding a cure. It is about learning to minimize the impact of the symptoms of their condition on the rest of their lives.

I have spent much of the last three months listening to people talk about recovery in their lives, trying to understand how it works and then translating it into a model for service development. It has been truly inspirational. Out of this time a process is beginning to emerge that hopefully can apply to everyone. Cliff Prior was concerned that any model should be responsive to the aspirations of the people who are most disabled by their condition. It is recognised that for some people the steps will be very small as they struggle to take more control over their lives.

Emerging from this work is a process that hopefully people can relate to, including the following steps:

- Self Assessment
- Valuing ones own unique journey through life
- Building Self Confidence, Self Awareness, Self Esteem and Self Acceptance
- Recognizing that you cannot do it all yourself
- Learning skills of self management
- Dealing with the fear of change
- Making informed choices
- Taking small achievable steps

This is not the final product and the debate and the debate goes on. We are in the process of setting up Recovery Focus groups for people with a personal interest in recovery. We hope that Voices will be represented in these groups. Please contact Graham Estop for further details.