

Recovery – What *is* all the fuss about?

During the Pavilion Conference, 'What's the Future of Day Services', in London, 6/2/02, it was noticeable that each of the speakers, throughout the day, used the word 'recovery' in their talk. Government papers setting out mental health strategies are beginning to have 'the word' included within their text. Without really knowing where it has come from, many people are being introduced to a word, an idea, a set of values, a philosophy for life, a political stance, and a doctrine for change. So where has it come from? What is it about? Do we need it? These are some of the questions that it is hoped this article will address.

People are already taking sides, on the one hand recovery has been described as 'simplistic' in that it fails to take account of people who are 'really ill'. For some it is just old ideas rapped up in 'new jargon', and for others it is seen as 'dangerous' by giving people 'false' hope. On the other hand it can be seen as 'revolutionary', in that it challenges and wants to overturn a system that has been failing vulnerable people for years. Some people see it as giving substance to the concept of 'empowerment'; and there are those that want to harness it into 'a strategic way forward'. We are told that the UK is being left behind as countries like New Zealand and many states within USA have already adopted recovery as the underpinning value base for services of the future.

But What Is It?

Recovery is a term that encompasses a number of ideas and concepts. This article will attempt to explain at least some of them.

First and foremost 'recovery' is a personal journey, an ongoing struggle for people who have a 'lived experience' of mental distress. It is about discovering new things. It is an experience of personal growth and learning, taking risks, failing and trying again, being able to live with oneself and with others, and being part of a living community. The routes of recovery lie within the 'Survivor' movement in the USA. When Pat Deegan¹ first used the word recovery, in the late 1980s, she was speaking for the many people who had been, and still are, told by their clinical advisors that there is 'no hope'. She, and others, found that there is a way of accepting the challenge of living - that there is 'hope'.

Clay in 1994 wrote for many:

"I really do not want to be called recovered. From the experiences of madness I have received a wound that changed my life. It enabled me to help others and to know myself. I am proud that I have struggled with God and with the mental health system. I have not recovered. I have overcome."²

Recovery is a tribute to those personal struggles, the struggles of real people who have found their own way, and often with very little support from

¹ Deegan P.E. (April 1988) Recovery: The Lived Experience of Rehabilitation. *Psychological Rehabilitation Journal*, 11(4), 11-19.

² Clay, S. (1994). The wounded prophet. In *Recovery: The new force in mental Health*. Columbus, Ohio: Ohio Department of Mental Health.

mental health professionals. The reaction of many mental health professionals to people who describe themselves as 'recovering' is often to deny their previous diagnosis. We know that diagnosis is far from being an exact science and so it is an easy step to reappraise anyone who shows signs of recovery as having been incorrectly diagnosed. A new 'jargon' is even appearing to counteract a growing 'recovery culture'. Someone with a long and distressing history of using psychiatric services was recently described as being 'borderline' when she showed signs of recovery. Many practitioners remain sceptical and look to 'evidenced based' research. Research³ however suggests that something like 67% of people with a diagnosis of 'severe mental illness' do in fact 'recover', despite the gloomy prognosis articulated by some mental health professionals.

Recovery is a set of values that offers an alternative to a maintenance approach within mental health services. The 'maintenance approach' is primarily about 'caring for' people. As workers or carers there is an assumption that there is the right to intervene in people's lives. We have knowledge, information, responsibilities and authority, assumed or imposed, to make decisions for people and to impose our will. In the 'recovery approach' we 'care about' people. We are privileged to be allowed to listen and share another person's innermost secrets; we care about the circumstances that people find themselves in and work to support them to be able to bring their life back under their own control; we care about their access to the information that will help them make the choices they need to

³ Harding, C.M., Brooks, G.W., Asolaga, Y.S.J.S., AND brier, A. (1987). The Vermont longitudinal study of persons with severe mental illness. *American Journal of Psychiatry*, 144, 718-726.

make; and we care about the way in which other people impact adversely upon their lives. When we care about people we treat them with the respect and dignity that we would expect ourselves. We recognise any disability they may be experiencing, due to their distress, and work with them to minimise the impact of the disability on their capacity to do what they want. When it is said that the individual is the expert in their own mental health this goes with the rights and responsibilities shared by us all. This is not always an easy message but it includes working 'as if'⁴ the person is an adult who can take responsibility for their decisions. (Helen Glover, herself a survivor from Australia, has challenged the comfortable and collusive relationships that sometimes exist between the professional and 'their' client/patient.) The primary aim of practitioners who promote recovery is to support people to 'take control', to make real choices based on providing objective information, and a developing sense of self-worth. They aim to create an environment⁵ that encourages through self awareness the growth of self-confidence, self-esteem and self-acceptance⁶. There is a recognition that the individual is part of a complex system of relationships. Recovery is about turning disability into giftedness⁷. Recovery is holistic and may involve every aspect of the human condition.

⁴ "Challenging Mental Impotence, A Perspective from Queensland, Australia, unpublished, by Helen Glover, edited by Piers Allott.

⁵ Psychiatric Rehabilitation Journal 19, 3, pp 91-97, Recovery as a Journey of the Heart. Pat Deegan (1996)

⁶ "Recovery an alien concept", Ron Coleman, Handsell Publications, August 1999

⁷ "A Gift of Stories" gathered by Julie Leibrich, published by The University of Otago Press

Recovery is a political response to a system that has been found wanting - a system that is satisfied with maintenance. The last 150 years has seen some major advances in medicine but in the field of psychiatry there has been a dependence on a 'bio-chemical model' that puts the 'patient' in a role that is dependent on the expertise of the practitioner. The emphasis is to find a cure, usually chemical, that will eliminate distressing symptoms. The consequent reliance on a pharmaceutical industry, motivated by profit, seems increasingly suspect. A young man with a diagnosis of schizophrenia is encouraged to take his medication even though he finds it difficult to get up in the morning, cannot operate effectively until mid afternoon, has become overweight, and experiences other side effects including impotency. He is then told that he should forget the idea of ever working again and that this is the best he can 'hope' for. Support is offered in order to 'monitor' his compliance and everyone is happy that the situation is 'safe'. Is the future for this young man one that contains the threat of 'compulsory treatment orders' that may remove any choices that he may want to make about his own recovery? These raise political issues and may affect fundamental human rights. If a psychiatrist suggests that a person has 'no insight', it means that this person no longer has basic rights. The right to have a 'different insight' is crucial to many people's recovery. **Recovery is about the individual being the expert in their own mental health.** It is about choosing to take medication when it helps and refusing to take it when it makes matters worse. Recovery is about 'depathologising' human experience. Can I hear you say, "What about risk?" The person most at risk is the person in mental distress, at risk from people who are frightened by mental distress in others, at risk from people who believe they 'know' the answer, at risk from

people who have statutory powers, at risk from people who refuse support when their views are rejected. The balance of risk is often one sided, it often seems to protect practitioners from public concern at the expense of the person in distress.

The challenge for recovery as a political movement will be to remain true to the people whose journeys have signalled hope for others. As recovery becomes more accepted, there is a real danger that it will become just another word, or concept, that has been incorporated into the status quo.

Over the last 10 years there has been a growing interest in recovery around the world. In the USA the strong user networks have helped to maintain the core principles. There are now many worldwide and European networks with an ever increasing profile on the World Wide Web. In this country, after many years of indifference there is a growing interest. Conferences on 'Recovery' attract delegates from all round the country. There is now a Recovery Network in the West Midlands that has the support of the West Midlands Partnership. Two hundred people attended a two day conference to launch the Network with another hundred people unable to get a place. There is considerable influence within the NIMHE and a national strategy for England is being drawn up. The Keepwell Group in Gloucester, have pioneered many initiatives around the country, running training courses, national conferences, and more recently working directly with voluntary and statutory services in a consultative capacity. Services are slowly being developed. The first of these, Anam Cara Crisis House in Birmingham, run by CHANGE, provides an alternative to hospital that has received very positive

feedback in recent research⁸. The National Schizophrenia Fellowship is developing a number of 'pilot' recovery sites across England and Wales. The trend is for the voluntary sector to lead the way and there are now many examples of individual services beginning to move in this direction. Within the statutory sector there is still considerable caution, though the adoption of the Recovery Network, in the West Midlands by the West Midlands Partnership, has been seen as a significant step forward. There are groups like 'Critical Psychiatry' that contribute to the thinking and development of ideas. Talk of a 'recovery movement' might suggest some sort of master plan. The reality is one, more of ideas and concepts that are beginning to change people's thinking, and influence the way they want to work. It is more like a snowball that is on the move and gaining momentum, gradually gathering more and more snow.

Recovery is a process that can be drawn from understanding the individual journeys of people. It is a process that can be applied within services to offer hope to anyone experiencing mental distress. It is a holistic process that addresses the broad spectrum of human experience. It is a process that challenges narrow therapeutic interventions by recognizing that for people to recover they need to have support to address a range of things in their life that contribute to their recovery, while at the same dealing with the things that get in the way of recovery.

Key to the recovery process is the ability to 'learn from experience'. Some people seem do this naturally whereas others need the support that can be

⁸ For details contact Piers Allott at University of Central England, Birmingham.

found within an 'environment of hope'. An environment of hope can be characterised by some of the following:

- High expectations
- Taking risks, failing, and trying again
- Access to objective information
- Validation of current coping strategies and experience (e.g. self harm, hearing voices, etc.)
- (Re-)establishing skills for work, education, creativity, leisure
- Keeping Healthy
- Self-help systems of support
- Self-management
- Social Inclusion and involvement within the community
- Support to deal with the 'fear of change'
- Support of family and/or friends

Recovery is an instrument for organisational change that reflects and uses the values and skills of the 'recovery approach' for individual people. The Pavilion Conference, 'What's the future of Day Services' provided an opportunity to discuss work that was recently completed in Gloucestershire (September 2001), to create a 'Vision for Day Services', in the County. The exercise was to involve 110 stakeholders, 50% of whom use the services, and to include Day Hospitals, Social Services Day Services, and Voluntary Sector Day provision. Initially services were contacted on an individual basis to listen to their concerns and hopes. The first workshop was an opportunity for the participants to 'celebrate and be valued for' the work that was already happening in Gloucestershire. Some 22 different services took part

and this highlighted the quality of work being done in the County. It also emphasised that, despite its positive features, there was evidence of duplication, poor communication and co-ordination across the County, and many staff felt isolated from other services. The second workshop explored the context within which Day Services were being provided. Presentations, from both in-county and out-of-county speakers, raised particular concerns about providing services for women, black people, people living in rural areas, prisoners, young people and old people. The outcome highlighted the challenge to provide services that were relevant to people who traditionally did not engage with existing day services. The third Workshop, entitled 'Opportunities, Opportunities, Opportunities' challenged the participants to explore how Day Services could create an 'environment for recovery'. The Workshop explored how people could access services that created pathways back into employment, education and creativity; manage risk in a way that supported the individual; supported people who heard voices or who were self harming; and how families and friends could help build a network of support. In the final Workshop the group worked together on a collective agendas to 'create' their own 'dream'.

What was remarkable about this process was the way in which people, from very different backgrounds, came together over the four days to produce a Vision, a way forward, that they all shared. The Vision was set out in a report⁹, *Listen and Learn*. It is a Vision that encompasses a radical change away from Day Hospitals and Day Centres working in the margins of mental

⁹ D. Turner. *Listen and Learn*, Sept 2001, Contact Gloucestershire Mental Health Partnership, The LID Group, for details.

health services to a service that is at the centre of mental health provision. It was recommended that all staff within Gloucestershire should be exposed to a similar process with a view to adopting a coherent strategy across the County. The Vision also included moving away from the traditional models of Day Hospitals and Day Centres to a system that included a range of local facilities that were designed to enable people in distress to access a service that related specifically to their circumstances. These facilities might include resources that focused on: 'Healthy Living'; 'Shared Experience and Self Help'; 'Sanctuary'; ' Outreach and In-reach'; 'Early Intervention'; Crisis Support; and Taster services. Within the 'Vision' was a recognition of the need to ensure that everyone within the County should have access to services that enabled them to work specifically towards their own recovery. A system of specialist county wide services was also envisaged to support people with: employment, education and creativity; early intervention, self management and early warning initiatives; trauma; family, friends and community inclusion; and self-help initiatives.

Recovery underpinned the 'Vision'. I make no apologies for that!

Derek Turner

Mental Health Consultant(Recovery)

26/07/04