‘Recovery’ in a nutshell

What does it mean and what are the implications for future practice and services?

The present interest in ‘Recovery’ has arisen primarily from 3 sources of influence over the last 30 years. These include, human rights and disabilities movements[1] , rehabilitation practice[2] and long term studies of clinical outcome[3] and perhaps fundamentally the emphasis on the lived experience of people who have used services and their stories of personal recovery[4].

Traditionally mental health services and practitioners have focused on helping people *recover from* symptoms, distress and disability through offering treatment i.e. ‘clinical recovery’. The more recent emphasis is on *people recovering to* a valued pattern of life and living and *recovery of* relationships, opportunities, hope, independence and security, i.e. ‘personal recovery’. It has been a pivotal realisation that although clinical recovery and personal recovery are inter-related they can also vary independently[5]. Testimonies from people in recovery have increasingly demonstrated that it is possible to find wellbeing, meaning and purpose and participate in society and get on with life *with or without* continuing symptoms and difficulties[6] i.e. you can *have* an illness, problem or difficulty and yet *be* well, the question is then – how?

There are substantial implications in aspiring to develop recovery-focused practice and services[7]. Whereas clinical recovery is linked to implementation of evidence based treatment guidelines, personal recovery is more related to 'recruiting the individual as an a*ctive* agent in their own recovery'[8]. Services are then about enabling people to take or regain responsibility and control, build on strengths, exercise choice, seek and find hope and purpose *on their own terms* and take opportunities to discover their unique personal recovery pathway[9].

The role of the recovery-supportive practitioner is described as dependant on forming ‘hope inspiring relationships’ and in taking up a stance of coach, mentor or guide, someone who is experienced as, ‘on tap not on top’[10]. This supports an emphasis on moving beyond ‘user-involvement’ to collaboration and partnership working[11]. New practices involve being guided by measurement of recovery outcomes[12], developing skills in supporting people in self management[13] and new roles for people with personal experience as ‘peer specialist workers’[14]. Much of this is in active development. An emphasis on recovery complements, rather than competes with, other contemporary aims such as ‘personalisation’, ‘choice’ and ‘social inclusion’, and underlines the goal to which they are all directed[15].

This approach has been endorsed by national leads from all the mental health professions and forms a guiding principle in current DH policy and guidance for future services[16]. The Sainsbury Centre has set out what it means to, ‘Make recovery a reality’ [17] and produced a guidance framework on ‘Implementing Recovery’ in organisations[18], soon to be tested in a national series of pilots in NHS Trusts[19].

Many organisations are restating their core purpose as to ‘support people in their recovery’ and services are increasingly being evaluated in terms of how well they help people recover and get on with their lives. Recovery that is ‘open to all’[20], is an ambitious and aspirational goal which has its detractors[21] – progress will depend on all constituencies being in open and honest dialogue and fundamentally ‘putting people first’. The current position is that there is a general, professional, service and political commitment to developing ‘recovery-focused’ practice and services [22]. Few places can yet demonstrate what this looks like; many are working out what are the implications in their area of work.

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