

## Recovery – Concepts and application

Recovery principle	What it can mean in practice
<p><b>Recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms and problems.</b></p>	<p>A move away from a focus on the removal of symptoms as the prime purpose of mental health services. E.g. Learning to live with voices may be the focus rather than eradication.</p> <p>A focus on the positive aspects of each person’s life. The role of mental health workers becomes ‘recovery guide’ to help the individual reach their goals in a way of their choosing. Social inclusion becomes increasingly important.</p>
<p><b>Recovery represents a movement away from pathology, illness and symptoms to health strengths and wellness.</b></p>	<p>The past emphasis on illness has led to a neglect of what it is that keeps people well and gives their life value and meaning. Staying well and building support structures become important. Contingency plans, joint crisis plans, negotiated safety plan and advanced directives which honour people’s preferences become increasingly important.</p>
<p><b>Hope is central to recovery and can be enhanced by seeing how we can have more active control over our lives and by seeing how others have found a way through.</b></p>	<p>Having people with lived experience of mental health problems as workers and trainers makes training more real and can lead to culture change. Some stories are heroic examples of people who have refused to accept dire predictions of outcome.</p> <p>Training service users in self management and setting their own agendas when working with professionals becomes important in achieving a partnership way of working.</p>
<p><b>Self management is encouraged and facilitated. The processes of self management are very similar though what works may be very different for all of us. There is no ‘one size fits all’.</b></p>	<p>Individuals define their own goals and agenda. The role of workers is to help them achieve it in ways and settings which are meaningful and acceptable. A move away from providing ‘group solutions’ which are defined by professionals without reference to actual service user need. Empowering approaches such as the Wellness Recovery Action Plan (WRAP) are offered.</p>
<p><b>The helping relationship between clinicians and patients moves away from being expert - patient to being closer to peer support; as coaches or partners on a journey of discovery. Clinicians are ‘on tap, not on top’.</b></p>	<p>Therapies and treatments are seen through recovery glasses to see whether they give or take away power from people. Working in partnership as equals replaces ‘service user involvement’ as an ideal. The qualities and attitudes of staff become at least, if not more, important than skills and knowledge.</p>

<p><b>People do not usually recover in isolation. Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles in society and within local communities rather than in segregated services.</b></p>	<p>Recovery for many people is about social inclusion and restoring meaningful roles and responsibilities within a community. Inter-dependence is encouraged as much as independence. Recovery coaching is a process of getting alongside the service user in a relationship which is characterised by respect, the giving of time, persistence and continuity. The intention is to support the individual to use the same resources as the general population rather than create a parallel universe of segregated activities.</p>
<p><b>Recovery is about discovering (or re-discovering) a positive sense of personal identity, separate from illness or disability.</b></p>	<p>Helping people to retell their stories in the language of empowerment rather than in language imposed by others. Integration and commonality become the ways in which people can step out of their role as a 'psychiatric patient' back into normal interactions. Discrimination and stigmatisation are tackled directly and assertively.</p>
<p><b>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.</b></p>	<p>Challenges to the way we talk, write and communicate about people become an important focus of recovery orientated services. The messages of hope or despair mental health workers give to people are often pivotal to their recovery.</p> <p>Diagnoses can be helpful or very unhelpful.</p> <p>Therapies can empower or disempower. All aspects of services need to be looked at including supervision, induction, workload management, appraisal, 'ward rounds' and partnership working.</p>
<p><b>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.</b></p>	<p>Training for staff in a recovery focussed service would train people in ways of relating that service users say helps their recovery e.g. active listening, rapid response to need, safety plans which are negotiated, respect for individual choice, cultural awareness etc.</p>
<p><b>Family and other supporters are often crucial to recovery and should be included as partners in recovery. Peer support is of prime importance for many people in their recovery.</b></p>	<p>Peer support is encouraged in both voluntary settings and as paid workers with service user experience working with current service users. Families and other supporters are seen as full partners in both the development and the delivery of services. Supporters are often key in maintaining wellness for those they support, but also are encouraged to spend time on their own wellness.</p>