Module:

Mental Health in the Community

Week 4: Psychosocial approaches to care in the community

Topic 4: The recovery paradigm (Part 1 of 3)

Lecture transcript

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Hello everyone. My name is Carina Teixeira, and I am a lecturer in the department of Psychological Medicine. In this lecture, we will cover the recovery paradigm. The lecture is divided into three main topics: defining recovery, recovery promoting interventions, and recovery-oriented mental health services.

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This lecture aims to help you understand the recovery paradigm, differentiate between personal recovery and clinical recovery, become aware of some of the main recovery-promoting interventions, understand what recovery-oriented services are, and become familiar with recent developments in the field.

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The deinstitutionalization process in the '60s, in other words, the process of discharging people from psychiatric hospitals into the community and the concomitant realisation that people with mental health difficulties want and need more than symptom alleviation, led to a new vision for the care of people with a lived experience of a mental health condition, the vision of recovery.

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William Anthony, one of the pioneers of the recovery paradigm, and the founder of the Centre for Psychiatric Rehabilitation at Boston University, provided a seminal definition of recovery in the '90s. This is the most cited definition of recovery and has guided the recovery field internationally. Recovery is described as a deeply personal unique process of changing someone's attitudes, values, feelings, goals, skills, and or roles. It is a way of living a satisfying, hopeful, and contributing life, even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness. As Anthony mentioned in his 1993 paper, recovery is a human experience that transcends the mental health field or the disability field. We all face losses, and we all embark on a recovery journey at some point of our lives. We all experience catastrophes in life: death of a loved one, failure in attaining a specific job or a job at all, failing an exam, getting ill, crushed dreams. Recovery does not mean that we will get back what we lost. Recovery means finding new meaning in life even though one's life has changed forever.

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Recovery may occur without full symptom remission. Also, recovery does not mean going back to the pre-morbid functioning. As mentioned before, it means living a meaningful life despite the symptoms. However, recovery is not a linear process, recovery is influenced by context and drawbacks occur. Sometimes one may feel as going backwards in the recovery journey. There will be periods of growth, periods of stagnation, or even periods when one feels a starting over.

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Recovery is a complex process, because it also involves recovering from the consequences of the illness. For example, stigma, lack of opportunities, and iatrogenic effects of treatments. Even if the person is predominantly asymptomatic, the consequences of being labelled mentally ill can be catastrophic and much more difficult to overcome. Stigma will contribute to low self-esteem, less job opportunities, less opportunities for socialisation. Treatment services that do not encourage choice and self-determination also create barriers to recovery. Interventions and services aiming at facilitating recovery can leave a person with more purpose, meaning, empowerment, self-determination, and not only with less symptoms, discomfort, dysfunction. Mental health services play an important role in recovery, but also natural support systems. People that are there are essential to recovery. In the words of Anthony, recovery is a deeply human experience facilitated by the deeply human responses of others. People who are recovering talk about the importance of those who listen to them without judging, and also who believed in them when they did not believe in themselves.

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Personal recovery is different from clinical recovery. The meaning of clinical recovery was conceptualised by professionals. While the conceptualisation of personal recovery emerged from mental health service users and survivors. Clinical recovery is assessed by the expert clinician. While in personal recovery the person in recovery is the expert on their recovery.

Clinical recovery is an outcome, usually dichotomous; a person has recovered or not. On the other hand, personal recovery is a process or a continuum. Clinical recovery is observable and assessed by objective assessments. Personal recovery is defined by the person in recovery, and therefore it is subjective. In the context of clinical recovery, recovery means the same thing for everyone, for example, a score in a battery of tests. In the context of personal recovery, the meaning of recovery differs between people. As mentioned by Slade & Longden, recovery means different things to different people although there may be common themes, such as having a job that one likes, having friends and a partner, or creating art. In clinical recovery the emphasis is placed in symptoms, and sometimes role functioning, for example, whether the person can work and live independently. Although role functioning is also important for personal recovery, the emphasis is placed in hope, meaning, empowerment, and self-determination. For example, in terms of vocational rehabilitation, how much choice the person was given in terms of the job they are performing. For a long time, people with mental illness were deemed unemployable, and if the opportunity of employment was given to the person it would usually be in sheltered positions created specifically for people with mental illness where their job preferences were not considered.

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In 2011, Leamy and colleagues conducted the first systematic review and narrative synthesis of personal recovery. Based on their review, the authors developed a conceptual framework for personal recovery. The authors identified the characteristics of the recovery journey. Based on their review, recovery is an active process, which means that individuals need to work on their recovery. Individuals are not mere recipients of treatments and interventions that will make them recover. People in recovery are active participants in their recovery journey. As mentioned by Anthony almost two decades before, recovery is a unique and individual process, which means that recovery will have different meanings to different people. It is a non-linear process which means that it may not progress in an expected direction. There will be advances and setbacks. Recovery is a journey. When we think about the word journey, we think about travelling from one place to another. Recovery is not the destination. It is everything that one does while travelling from a darker place to a better place. Recovery is composed of stages, for example, from a phase of feeling stuck to a phase of believing that recovery is possible, and then achieving a phase where one is actively working on recovery. These phases may not be linear though. Achieving a particular phase does not mean that the individual will never go back to the initial phases. Recovery may be a struggle. One will encounter many difficulties during the recovery journey, and one will need to fight these difficulties. Recovery is multi-dimensional and may progress gradually. Some articles reviewed described recovery as a life-changing experience. Recovery can occur without cure. The person recovers despite the fact that they still suffer from a mental health problem. Recovery can occur with or without professional help. A healing environment is very important in the recovery journey. Finally, recovery is a trial-and-error process. It is a journey where mistakes are made, but that ultimately teach valuable lessons.

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Leamy also identified recovery processes, which are dimensions of change that can occur during recovery. These recovery processes constitute the CHIME framework: connectedness, hope and optimism about the future, identity, meaning in life, and empowerment.

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In terms of connectedness, relationships, support from others, peer support help people recover.

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Hope and optimism about the future involves believing that recovery is possible. Having dreams and aspirations and motivation to change.

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Identity involves rebuilding or redefining one's identity and overcoming stigma. For example, moving away from the mentally ill label.

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Meaning in life may involve rebuilding life, attributing new meaning to the experience of mental illness, spirituality, and developing life goals.

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The last recovery process is empowerment. Having personal responsibility, and gaining control over one's life.

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Leamy and colleagues did a subgroup analysis of studies of recovery experiences of people of black and minority ethnic origin. They verified there was similarity between the experiences of people from black and minority ethnic communities, and people from ethnic majority communities. However, black and minority ethnic communities placed more emphasis into two existing processes: spirituality and stigma. In relation to spirituality, belonging to a religious group or faith community was considered an important aspect of the recovery journey. Regarding stigma, studies focused on black and minority ethnic communities discussed various forms of stigma, namely stigma associated with race, culture, and ethnicity, in addition, to the stigma related to mental illness. People from ethnic minority groups feel that they need to recover from racial stigma and not only from mental illness. There were also two additional factors: cultural factors and collectivistic factors. Cultural factors included the use of faith healers and belonging to a particular community. Collectivism was considered both positive and negative for the recovery journey. For some, the support received from their collectivistic community was seen as positive. For others, the community was another source of pressure, especially in situations where the community lacked information about mental illness. In some cases, the family was also stigmatised.

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Now that we covered what recovery is, we shall now discuss what recovery is not. There are several misconceptions about personal recovery, what Slade and colleagues call misuses and abuses of the concept of recovery.

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The first misuse is related to peer workers. Peer workers are staff with a lived experience of mental health problems. In an attempt to be more recovery oriented, organisations hire peers. Although this is in line with the paradigm of recovery, hiring peers is not enough to transform services. In fact, the benefits of having peer workers may not be seen if they are not valued or are even discriminated within the organisation. A paradigm shift goes beyond simply hiring peers. A paradigm shift involves partnership, not only between service users and professionals, but also between peer and non-peer workers.

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Another misconception is related to the fact that many people in the field consider that recovery is a paradigm for people with psychosis. Some professionals consider that the paradigm is not applicable to their patients because either they do not have psychosis or they are too impaired and a recovery orientation would not be possible. Neither of these considerations are valid. A recovery orientation can benefit many clinical populations besides psychosis. Also, because recovery will mean different things to different people, a recovery orientation can also be applicable to more severe cases, or even to people in acute phases.

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A third misconception relates to treatment services being able to foster recovery. Although treatment services can help people in their recovery process, they can also hinder it, if these services do not promote self-determination and valued roles. In fact, stigma from mental health professionals and their low expectations towards the people they serve can constitute preponderant obstacles towards recovery. To support personal recovery, treatment services need to move away from coercive and paternalistic practices.

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The fourth misuse is related to compulsory treatment. Although a thorough discussion of compulsory treatment is out of the scope of this lecture, compulsory treatment is not in line with the values of self-determination. Reducing the use of coercion or compulsion, as well as having clear procedures to safeguard the rights of people when compulsory treatment occurs is a recovery-oriented goal that many countries are trying to achieve.

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Another misuse of the term recovery is saying that recovery aims to make people independent and normal. The recovery paradigm does not envision to change people so that they can fit in. The recovery paradigm defends the rights of people with mental health

problems to have a meaningful life and the opportunity to perform roles of their choice in society. The responsibility to achieve this goal cannot be placed on the individual solely. Society must be inclusive and accommodating of difference. Conceptions of normality are not in line with an inclusive society. In regard to becoming independent, in this case independent from services, as mentioned above, services should be available whenever individuals need them in their recovery process. Also, the attainment of a meaningful life can be achieved with different degrees of independence.

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A very important misuse to highlight is the belief by some professionals that recovery orientation means the closure of services. It is expected that as people progress in their recovery journey, their need of services may decrease. However, as mentioned before, recovery is non-linear, and services need to be available when people need them. The recovery paradigm cannot be an excuse for cutting on the budget for mental health services. The goal is not closing services. The goal is to make them recovery-oriented,, which means having services that promote hope, empowerment, and the pursuit of a meaningful life outside services, but aided by them whenever needed.

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The last misuse has to do with the welfare reform. The cut on welfare pensions is in fact problematic for many people who live with a mental health condition. However, this conversation surrounding discontentment has not been applied to the unemployment rates of people with mental health conditions. In fact, many people with mental illness can work and want to work. More incentives and interventions to make this an obtainable goal for people with mental illness are needed. However, the public discourse has been revolving around the welfare pension, which of course should be available to those who cannot work. But the right to work is as important as the right to welfare benefits.

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In this part of the lecture, you learned: what personal recovery is, what the differences between personal recovery and clinical recovery are, the characteristics of the recovery journey and the main processes of recovery, and misconceptions about personal recovery.