Supporting Recovery

an overview

People who work in mental health agencies play a significant role in the lives of their clients. How they apply their beliefs about mental illness and recovery to their personal interactions affects the experience of clients and colleagues. Their opinions and actions may also influence organizations, policymakers or the media.

This document is intended as an orientation to recovery for those who are new to the field of mental health or new to working in a mental health agency. It provides important information on how to support recovery — from changing your approach to developing an understanding of someone's experience. The content of this publication was derived from professional journals and government publications. It is one in a series of publications compiling research on recovery. Two other documents are also available, one for people experiencing mental illness and one on broad organizational changes that can promote recovery. References are provided on the back page and most of the source documents are available online.

What is recovery?

"Recovery is described as a deeply personal, unique process of changing one'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." [1]

According to Roberts and Wolfson, there are two sources of evidence regarding recovery: "The first focuses on the familiar dimensions of clinical and social recovery, measured objectively through outcome studies and expressed as approximations to cure. The second focuses on the personal and existential dimensions of recovery, taking the form of subjective and self-evaluated accounts of how an individual has learned to accommodate to an illness." [2]

Recovery happens.

Be part of the change.

There are longitudinal studies providing evidence that people with mental illness can improve significantly,[3] meaning "...they can function socially, work, relate well to others and live in the larger community." [4] For some individuals, symptoms diminish or disappear completely, even without medication.[5,6] There are also a number of articles written by people with a mental illness that provide compelling insight into recovery — what it looks like, what is helpful and what is detrimental.[7,8,9] This publication brings together common themes from both data sources and offers some insight on how to support the recovery process.

Your support matters

Feeling connected to other people and being able to rely on others for empathy and optimism is vital to a person's recovery.[11,12] Social support is often drawn from friends, family and other people experiencing mental illness.[13,14] Helping someone connect with supportive individuals, organizations or services is key to recovery.[15]

Providers and other staff working in mental health agencies are often included in someone's support network. However, this isn't always the case and it is important to recognize that people can recover without being a part of the formal mental health system.[16] The recovery process is different for everyone,[17,18,19,20] and the role of the provider and the mental health system will depend on the individual.[21]

Be hopeful

Hope is essential for recovery.[23] Jacobson and Curtis refer to hope as "the emotional essence of recovery" and define it as "...a promise that things can and do change, that today is not the way it will always be." [24] Hope is often gleaned through supportive relationships with other people and it frequently jumpstarts the recovery process.[25,26,27] According to Roberts and Wolfson, "being met with hope and optimism, especially at the initial contact, is of central significance in many people's accounts of recovery..." [28]

While it may be difficult for providers and other people working in mental health agencies to remain hopeful, not doing so can have a negative impact on recovery.[29] Russinova notes a need for providers to have "hope-inspiring competence" that "...requires more than simply having a positive attitude about recovery and focuses on the practitioner's ability to use various hope-inspiring strategies in the process of service delivery." [30] Providers who do not have a belief in recovery are unable to instill hope in their clients.[31]

See more than an illness

Two studies interviewing people with mental illness reported that for most people, the recovery process began with the acceptance of having a mental illness.[32,33]

Part of the process is also learning to place the illness in context as only part of one's identity.[34,35] A related aspect of the recovery process is about reconnecting with the self.[36,37] Young describes the need for this reconnection by saying, "…mental illness can shatter the core sense of self that was present in the premorbid condition. This trauma leaves one not only with the daunting task of reconstructing a new sense of self but also with the task of determining how that self fits into the external world."[39] Supporting this aspect of recovery means helping people identify their strengths and find other places in the community to develop identities beyond their illness.[40]

Provide choices

An essential component of recovery is that of choice. Jacobson and Curtis note that choice is "…a concept that encompasses support for autonomous action, the requirement that the individual have a range of opportunities from which to choose and full information about those choices, and increasing personal responsibility for the consequences of choice."[41]

People working in mental health agencies help people make important decisions about their lives. In doing so, they can support someone's recovery by providing information,[42] respecting their desire to be involved in their own lives [43] and empowering them to actively participate in decision-making.[44,45] According to Onken, "Within the treatment setting, consumers must have the freedom to design their own treatment plans…and to choose with whom they work toward their goals."[46]

Understand the effects of stigma

According to Anthony, "Recovery from the consequences of the illness is sometimes more difficult than recovering from the illness itself."[48] These effects include external prejudice and discrimination,[49] as well as learned helplessness and internalized stigma.[50,51] The participants in one study "…discussed both external and internal stigmas of mental illness as one of the most, if not the most significant barriers to recovery."[52]

It is imperative to listen to the stories of people with mental illness — not only to understand their experiences,[53,54] but also to acknowledge what must be done to change stigma and support recovery. Find ways to hear these stories, either through reading personal accounts or attending a speaking engagement.

"Contrary to the common belief that mental illness involves a purely degenerative condition, it appears that many people discover new potentials and new self-growth at various points throughout their recovery." [38]

"It takes time, patience, and a lot of listening to teach people to take the major risk of making their own choices again. But this type of power sharing through conversation can provide for a climate of equality, which can ensure that all people can be free to express and reach for their own hopes and aspirations." [47]

Notes

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4 Courtenay M. Harding. *Beautiful Minds Can Be Recovered*, MI Fact Sheet Series (Mental Illness Fellowship Victoria, 2005). http://www.mifa.org.au/pdfs/Beautiful%20Minds.pdf

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15 U.S. Department of Health and Human Services, "National Consensus" (see note 14)

16 Anthony, "Recovery from Mental Illness" (see note 1)

17 Anthony, "Recovery from Mental Illness" (see note 1)

18 Deegan, "Recovery as Journey" (see note 8)

19 Nora Jacobson and Laurie Curtis. "Recovery as Policy in Mental Health Services: Strategies Emerging from the States." *Psychosocial Rehabilitation Journal* 23, no. 4 (Spring 2000): 333-341. http://www.bu.edu/cpr/repository/articles/pdf/jacobson2000.pdf

20 U.S. Department of Health and Human Services, "National Consensus" (see note 14)

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22 Zlatka Russinova. "Providers' Hope-Inspiring Competence as a Factor Optimizing Psychiatric Rehabilitation Outcomes." *Journal of Rehabilitation* 16, no. 4 (1999): 50-57. http://www.bu.edu/cpr/resources/articles/1999/russinova1999.pdf

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24 Jacobson and Curtis, "Recovery as Policy" (see note 19)

25 Anthony, "Recovery from Mental Illness" (see note 1)

26 Russinova, "Providers' Hope-Inspiring Competence" (see note 22)

27 U.S. Department of Health and Human Services, "National Consensus" (see note 14)

28 Roberts and Wolfson, "The Rediscovery of Recovery" (see note 2)

29 Russinova, "Providers' Hope-Inspiring Competence" (see note 22)

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31 Marianne Farkas. "The Vision of Recovery Today: What It Is and What It Means for Services." *World Psychiatry* 6 (June 2007): 4-10. http://www.wpanet.org/bulletin/thematic52.pdf

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38 Young and Ensing, "Exploring Recovery" (see note 33)

39 Young and Ensing, "Exploring Recovery" (see note 33)

40 U.S. Department of Health and Human Services, "National Consensus" (see note 14)

41 Jacobson and Curtis, "Recovery as Policy" (see note 19)

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43 Walsh, "A Journey" (see note 9)

44 Farkas, "The Revision of Recovery Today" (see note 31)

45 U.S. Department of Health and Human Services, "National Consensus" (see note 14)

46 Onken, Craig, Ridgway, Ralph and Cook, "An Analysis" (see note 23)

47 Walsh, "A Journey" (see note 9)

48 Anthony, "Recovery from Mental Illness" (see note 1)

49 Anthony, "Recovery from Mental Illness" (see note 1)

50 Deegan, "Letter to My Friend" (see note 7)

51 Deegan, "Recovery as Journey" (see note 8)

52 Smith, "Recovery from a Severe Psychiatric Disability" (see note 32)

53 Deegan, "Recovery as Journey" (see note 8)

54 Patricia Deegan. "Spirit Breaking: When the Helping Professions Hurt." As published in *The Humanistic Psychologist* 18, no. 3 (1990): 301-313.