

Promoting

Recovery

in organizations

Promoting recovery on a system-wide level can have a lasting impact. It requires a change in how organizations view mental illness and recovery, adopting what Anthony calls a “recovery vision.”¹ He expands on this idea to say, “The vision of recovery allows the leader to tell an inspiring story, rather than the previous broken story of maintenance and deterioration.”²

Organizations also have a role in providing “recovery-oriented services.”³ This document is intended as a basic overview of how organizations can promote recovery through recovery-oriented services. 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 for people working in mental health agencies on how to support 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.”⁴

There are longitudinal studies providing evidence that people with mental illness can improve significantly,⁵ meaning “...they can function socially, work, relate well to others and live in the larger community.”⁶ For some individuals, symptoms diminish or disappear completely, even without medication.^{7,8} There are also a number of articles written by people with a mental illness that



Recovery
happens.

Be part of the change.

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“Recovery relies on an environment that provides opportunities and resources for new or resumed social roles, engagement in relationships with others and meaningful integration in the larger society.”¹²

“Recovery-oriented mental health systems must structure their settings so that recovery ‘triggers’ are present. Boring day treatment programs and inactive inpatient programs are characterized by a dearth of recovery stimulants. The mental health system must help sow and nurture the seeds of recovery through creative programming.”¹⁹

provide compelling insight into recovery – what it looks like, what is helpful and what is detrimental.^{9,10,11} This publication brings together common themes from both data sources and offers some insight on how to support the recovery process.

What are recovery-oriented services?

As noted by Jacobson and Greenley, “...no service is recovery-oriented unless it incorporates the attitude that recovery is possible and has the goal of promoting hope, healing, empowerment, and connection.”¹³ This idea may or may not represent a major change for your organization, however there are a number of tools that may assist you in understanding how well your organization is doing in supporting the recovery of the people it serves.

Two notable assessment tools require the input of service users – people experiencing mental illness – to rate the recovery orientation of your organization.¹⁴ The Recovery Enhancing Environment (REE) measure is defined as a “program level assessment”¹⁵ while the Recovery Oriented System Indicators (ROSI) is a “system level assessment.”¹⁶

There are also publications that provide organizations with specific practice recommendations for how to promote recovery. Two such documents are Anthony’s “Recovery-Oriented System Standards”¹⁷ and the American Association of Community Psychiatrists’ “Guidelines for Recovery Oriented Services.”¹⁸ While many of the components discussed in this document reflect these publications, it may be beneficial to review them in their entirety.

The rest of this document reviews some important ways your organization can promote recovery-oriented services.

Champion consumer-delivered services

Consumer-delivered services are a best practice – supported by psychological theories and mounting research.²⁰ The findings from one study “...indicated that participants involved in consumer-run services had better social functioning than those involved only in traditional mental health services....”²¹ Consumer-delivered or consumer-run services may take many forms including warm lines, self-help groups, peer support programs and consumers as employees.^{22,23,24} For example, the state of Georgia utilizes consumer-delivered services in the form of certified peer specialist programs.²⁵ The idea behind consumer-delivered services is reflected eloquently in Swarbrick’s description of the network of consumer-operated self-help centers in New Jersey:

“Centers are based on the principle of mutual aid – the notion that past and present recipients of mental health services (consumers) provide a unique perspective and have the expertise to design and implement services to improve the quality of life for their peers.”²⁶

Collaborate with supported employment programs

“Supported employment for people with severe mental illness is an evidence-based practice, based on converging findings from eight randomized controlled trials and three quasi-experimental studies.”²⁷ For people with mental illness, most supported employment programs offer “individual placements in competitive employment” and provide assistance to anyone who expresses a desire to work.²⁸ One study interviewing people with mental illness about important factors in their recovery found that, “For this sample, work serves the same purpose as it does for others, from providing for basic needs to an essential ingredient to the sense of self-worth.”²⁹

“Our role is not to judge who will and will not recover. Our job is to create environments in which opportunities for recovery and empowerment exist.”³⁰

Provide physical activity programs

There is strong evidence that exercise can reduce symptoms associated with mental illness, as well as promote physical health.^{31,32} Therefore, providing exercise programs as a coordinated effort within mental health services³³ may be one significant way to promote recovery.

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.”³⁴ These effects include external prejudice and discrimination³⁵ as well as learned helplessness and internalized stigma.^{36,37} 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.”³⁸

It is imperative to listen to the stories of people with mental illness – not only to understand their experiences,^{39,40} but also to acknowledge what must be done to change stigma and promote recovery. Find a way to give a voice to these stories by hosting a speaking engagement or publishing someone’s story.

“In an environment that fosters recovery, the barriers of discrimination and stigma, which destroy self-esteem, perpetuate learned helplessness, and convince people they are incapable of self-determination, are broken down.”⁴¹

Notes

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