

Recovery or Discovery?

One of the difficulties with the notion of recovery is that this word RECOVERY lends itself to so many different interpretations. It literally means revival, restoration, retrieval, recapture ... and within health care this is generally interpreted as restoration of previous function, retrieval of previous life and expectations.

It is perhaps not surprising then, that many professionals consider Recovery in mental health to mean something like 'cure' – the eradication of symptoms. Over the last few years there have been numerous papers on Recovery published in professional journals that describe the effect of various drugs and interventions on symptoms and service use; recovery rates are based on eradication of symptoms or bed use and recovery is defined by criteria like this:

“full symptom remission, full or part time work/education, independent living without supervision by informal carers, having friends with whom activities can be shared - sustained for a period of 2 years” Liberman (2002)

I can't help wondering what proportion of the whole population would be recovered by these standards.....?

The problem with these professional understandings of recovery is that they just don't reflect the experiences of people who have mental health problems. They know that symptoms and services are only a small part of recovery. There simply is no way back to how you were before those problems began, even if symptoms recede, the experience changes you, your view of life, and perhaps most significantly it changes the way others treat you and their expectations of you.

For people who experience mental health problems there is a lot to recover from.

Apart from the disabling effect of symptoms they often need to recover from

- The way those symptoms have been treated including the side effects of medication and the stigma associated with contact with mental health services.

- The all too often negative attitudes and prognoses of professionals who are trying to 'be realistic': 'You have a chronic illness', 'You will not be able to work, have children, live independently ...'.
- Professionals whose primary concern is the relief of symptoms and who lack the skills necessary to help people to rebuild their lives.
- Devaluing and disempowering services which encourage passivity, where 'them and us' attitudes prevail, and where the physical environment is often depressing and inadequate.
- The prejudice that exists in a society where people with mental health problems are either seen as dangerous and frightening, or incompetent and unable to take control of their own lives.
- And, the resulting social exclusion - the lack of opportunities to engage in valued roles and activities - that people with mental health problems face.

Recovery is the process of moving forward from all this, of rebuilding a satisfying and meaningful life with mental health problems – finding new meaning and purpose in your life. But I think this is perhaps more accurately described as a personal journey of DISCOVERY:

Discovering ways of understanding what has happened to you, explanations that make sense to you and take into account your experiences, your beliefs and your life. – discovering that you own this understanding, others might have some ideas that are helpful, but you really are the expert in your own story.

Discovering that you are more than your illness – entering mental health services quickly erodes your identity and you can soon see yourself as nothing other than a mental patient, with little hope for the future - discovering that there is a meaningful future,

Discovering ways of living a satisfying and meaningful life even with the limitations caused by illness: discovering what helps and doing more of it, discovering what is difficult and what makes things more difficult, what is possible, and what is not – at least for now.

Discovering that you don't need to rely on mental health services for all the answers. They might have strategies, drugs, interventions that help, but it is also about discovering that friends, family – and importantly, other people who share your experiences can be helpful, so can religion or spirituality, literature, exercise – there are many different things that you can try to help you in both managing your mental health problems and rebuilding a meaningful life.

Discovering that you do not always need to be on the receiving end of help, you can use your experiences to help others. Mental health problems bring additional skills, insights, strengths – they are not totally negative. Many people have described ways in which what has happened to them has been a source of growth and development.

Discovering that there is no end to this journey – it does not stop when your symptoms become manageable, services might deem you recovered but you have the rest of your life to think about.

If we begin to see Recovery as a journey of discovery then it clearly places the ball in the individual's court, it is their business, it is their journey and they are in the driving seat. Whereas the concept of Recovery is all too often owned by professionals and understood in traditional terms of 'cure', the term discovery does not imply a return to previous levels of functioning or removal of symptoms, it is not a term routinely used by health professionals, it is quite clearly the individual's personal journey towards a vista of opportunities and the hope of fulfilment.

And many different people and services can help in this journey. Mental health services may play an important part, but life is about much more than mental health services this and people in every domain have a role in supporting others to live meaningful and satisfying roles. Friends, family, neighbours, employers, teachers, landlords, housing workers

Two qualities appear to be crucial in making this journey: HOPE and OPPORTUNITY

Without hope - if people are unable to see the possibility of a decent future for themselves – then they are unlikely to even embark on the journey of discovery.

Without opportunity – if people are denied access to the things they value and that give their lives meaning – then the journey becomes futile.

People with mental health problems have described the qualities in others that have inspired hope in them, these include:

- Believing in their potential and strength.
- Valuing them as a unique human being.
- Accepting them for who they are.
- Listening non-judgementally to their experiences.
- Tolerating the uncertainty about the future developments in their life rather than trying to push them down a prescribed route.
- Tolerating the person's challenges and defeats, accepting setbacks.
- Trusting and believing the authenticity of the person's experiences.
- Expressing a genuine concern for the person's well-being.

These are not specialist skills associated with specialist training. The accounts of people with mental health problems consistently describe the hope inspired by friends, the cleaner on the ward, a teacher these personal qualities really can sustain a person's willingness to hang on and persevere over the long haul, to believe in themselves and face the challenge ahead.

We all have to think about our expectations and beliefs about people with mental health problems, about how we can sustain hopefulness and what sort of language and skills we need to facilitate hope in others so that they can make their journey of discovery.

But we must also promote opportunities. If you do not have the opportunity to do the things you value then hope is eroded –you cannot rebuild your life if everywhere you turn you are denied the opportunities that most people take for granted.

We all know that people with mental health problems are just about the most excluded in our society, so it is very easy for all of us, service users and workers - to give up before we start ... declare that there is nothing that we can do to combat discrimination and that everything is hopeless.

This is a mistake ... and it is not consistent with the evidence. Most people who experience mental health problems do have valued roles as parents, workers, students, friends.... These are quickly lost – particularly when a person is admitted to mental health services, so from first contact with services mental health workers need to work with that individual to think about who to tell what has happened, how to tell them, what to tell them, how to maintain work, education, friends, when to resume contact, and how others – outside services - can be involved, what role they can play and how they can be supported in this role.

And we also have to help people to access new opportunities, develop new dreams – or regain past ambitions and resume things that they did some time ago. This may involve

- a) helping the person to gain skills and strategies to cope with new demands, but it also involves
- b) working with others – wherever they are – to help them to accommodate that individual.

This is a huge challenge, and it is a long way from focussing on diagnoses, symptoms, interventions, treatments and therapies. Whilst these can play an important role, they can never embrace the fullness of a meaningful life in which people with mental health problems are truly valued. We need to extend our view of mental health problems beyond what mental health services and professionals should do – we must move beyond diagnosis and treatment of problems and really help people to rebuild the whole of their lives.

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