

## Recovery-oriented Practice: Essence of Care for Persons with Mental Illness

W F Lee

Kwai Chung Hospital

### Abstract

*The notion of recovery has spread globally. Recovery is a new paradigm for mental health in many countries and in Hong Kong. Recovery-oriented practice is being promulgated in service provision for persons with mental illness. This model of practice is getting more and more attention by service users and mental health professionals. It denotes a new horizon that mental health professionals need to work with service users in a much more collaborative way than ever. This paper discusses the concept of recovery and recovery-oriented practice, together with the implications for service users and mental health professionals.*

*Keywords: Recovery, rehabilitation, mental illness, mental health*

### Introduction

Mental illness can cause trauma and catastrophe in those who suffered from it. The impact of mental illness on a person can be devastating, not just affecting the person's mental state, but also causing adverse effects on the person's self-esteem, self-efficacy, hopes, dreams, emotional impact and major social roles. Persons with mental illness, whether they accept the illness or not, need to engage with mental health professionals and other types of supporting services.

The impact of mental illness on a person can be very traumatizing - loss of sense of self, loss of connectedness, guilt, shame, isolation, loss of power, loss of valued role, and loss of hope (Spaniol, Gagne, &

Koehler, 1999). Mental health professionals need to help persons with mental illness to overcome the devastating effects of mental illness and to promote recovery.

Helping a person with mental illness to recover from mental illness is a target of mental health services. In recent decades, a new paradigm of care emerged which is highly complementary to the traditional focus of mental health services on deficit amelioration. It is recovery-oriented practice. It focuses on facilitating personal recovery, social inclusion, and improving quality of life of persons with mental illness, not just on symptom control and reduction. With the influence from this paradigm, mental health practice has changed from a deficit-based perspective to a recovery-oriented, asset-based perspective.

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Correspondence concerning this article should be addressed to W F Lee, Central Nursing Division, Kwai Chung Hospital, 3-15 Kwai Chung Hospital Road, New Territories, Hong Kong.

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### Concept of Recovery

It is necessary not to view mental illness as the whole of a person with mental illness, as the person still has a life to live. It implies that personal recovery is an individual process, and that it is possible to live a meaningful life, or even flourishing, despite the presence of ongoing mental illness.

In order to help a person with mental illness to pursue for recovery, it is essential to clearly define recovery, so that mental health professionals can understand what services are required by a person.

### What is Recovery?

In 1993, Anthony defined recovery as "a way of living a satisfying, hopeful, and contributing life even with the 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." (Anthony, 1993, p.15).

In England, following the formulation of the National Framework for Mental Health in 1999, there was the establishment of the National Institute for Mental Health in England (NIMHE). It was an initiative, led by the National Director for Mental Health, to oversee and support the modernisation of English mental health services in line with the National Service Framework (NSF) and latest Government policy. Recovery was promoted to the extent that NIMHE 'will ensure the development of evidence-based mental health services and take fully into account the wider issues of social inclusion and the development of the communities in which people live and work' (Department of Health, 2001, p.3).

As stated in the National Mental Health Plan of 2003 (Australian Health Ministers, 2003), recovery is both a process and an outcome and is essential for promoting

hope, well-being, and a valued sense of self-determination for persons with mental illness. A recovery orientation emphasizes the development of new meaning and pursue for consumers and the ability to pursue personal goals. Mental health service providers should operate within a framework that supports recovery.

### Ten Fundamental Components of Recovery

According to the National Consensus Statement on Mental Health Recovery, recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential (SAMHSA, 2004).

The ten fundamental components of recovery (SAMHSA, 2006) were summarized below:

- Self-direction – a person can determine his/her own path of recovery by optimizing autonomy and independence
- Individualized and Person Centered – recovery is based on a person's unique strengths and resiliencies as well as his or her needs, preferences, experiences and cultural background
- Empowerment – a person have the authority to choose from a range of options and to participate in all decisions, so that he/she can control of his or her own destiny
- Holistic - recovery embraces all aspects of life
- Nonlinear - recovery is not a step-by step process; it is based on continual growth, occasional setbacks, and learning from experience
- Strengths Based - recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals.
- Peer Support - mutual support among persons with mental illness is invaluable in recovery

- Respect – it is crucial to protect a person's rights and eliminate discrimination and stigma
- Responsibility – a person has personal responsibility for his/her own self-care and journeys of recovery
- Hope - recovery provides the essential and motivating message of a better future

The ten components reflect that individuals, families, communities, providers, organizations, and systems need to work together so that a person can be facilitated to build resilience and recovery.

Furthermore, the component of being non-linear highlights that recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery (SAMHSA, 2006). Regarding it, Andresen, Oades, & Caputi (2003) proposed a five-stage model of recovery (Andresen, et al., 2003): moratorium; awareness; preparation; rebuilding; and growth; in which a person with mental illness can achieve self growth eventually. To put it further, recovery is about taking control over their own lives and introducing improvements which may or may not be related to clinical outcomes of recovery.

By incorporating the recovery concept in mental health services, persons with mental illness are helped to take up personal responsibility for their own self-care and journeys of recovery, and supported for self-acceptance and regaining belief in one's self, and individuals are helped to identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health (SAMHSA, 2006). In this way, the concept of recovery can act as a catalyst of an essential change in the focus of mental health systems (Ramon, Shera, Healy, Lachman, & Renouf, 2009).

### Recovery-oriented Practice

The meaning of recovery to a person with mental illness can provide a solid conceptual framework for the mental health professionals to clearly define recovery-oriented practice.

Tondora, Heerema, Delphin, Andres-Hyman, O'Connell, and Davidson (2008) suggest recovery-oriented care is what mental health service providers offer in support of a person's own long term recovery efforts. A recovery-oriented system of care identifies and builds upon consumers' assets, strengths, and areas of health and competence to support consumers' efforts in managing their condition while regaining a meaningful, constructive sense of membership in the broader community.

Davidson, Tondora, Lawless, O'Connell and Rowe (2009) emphasized that in recovery, persons with serious mental illness, like other persons, need to experience a meaningful sense of community membership and enjoy all of the associated rights, freedoms, and responsibilities. Being 'in recovery' means that persons with long term disabling conditions can reclaim control over their own lives while finding ways to minimize the devastating effects of the condition.

In order to help persons with long term disabling conditions to reclaim control over their own lives while finding ways to minimize the devastating effects of the condition, Davidson, at el. (2009) pointed out that there are nine components of being in recovery with serious mental illness, which are the distinctive characteristics of a person with mental illness for embracing the ten components of recovery in his/her own endeavours for recovery.

Nine components of being in recovery with serious mental illness (Davidson, at el., 2009):

- 1) renewing hope and commitment to one's life

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- 2) being supported by others
- 3) finding one's niche in the community
- 4) redefining self
- 5) incorporating illness
- 6) managing symptoms
- 7) assuming control
- 8) overcoming stigma
- 9) becoming an empowered citizen

In recovery-oriented practice, there is the belief in hope: well-being is achievable. Persons with mental illness are no longer passive recipients of behaviour & symptom management oriented services. Individual choice, self-determination, and personal responsibility are key elements of recovery (Davidson, at el., 2009). Expertise of a person in overcoming the difficulties induced by mental illness is recognized and valued. Person-centered recovery-oriented practice becomes part of the mainstream service to be provided for persons with mental illness.

### Implications on Practice

#### *Paving the road to recovery*

As stated by Farkas (2007), psychiatric rehabilitation can and does promote a vision of recovery or the achievement of a meaningful life, rather than simply supporting adaptation or survival in the community.

For implementing recovery-oriented practice, Anthony (1993) stated that mental health professionals have to be aware of the followings:

- Developing confidence, self-respect, and a positive purpose for one's life does not occur simply because symptoms of mental illness are lessened.
- The fundamental element of recovery is hope.
- With hope comes the belief that changes and a better life are not only possible, but also attainable.

- Persons with mental illness being actively taking responsibility, self-advocating and ensuring that family and friends are educated about mental illness are all necessary to facilitate recovery.

#### *Person-centered care and planning*

Regarding the implementation of recovery-oriented practice, person-centered care and planning is an exemplary practice delivered by professionals for integrating the recovery components into daily practice (Tondora, Pocklington, Gorges, Osher, & Davidson, 2005). Person-centered planning is a collaborative process resulting in a recovery oriented treatment plan. It is directed by consumers and produced in partnership with care providers and natural supporters, e.g., family members, and friends. It supports consumer preferences and a recovery orientation (Adams & Grieder, 2005).

In person-centered care and planning, the values of self-determination in recovery and rehabilitation are important. It is essential to assist the consumers to make a well informed choice followed by targeted rehabilitation interventions to achieve their personal goals (Tondora, et al., 2005).

The practice of person-centered care and planning can only grow out of a culture that fully appreciates recovery, self-determination, and community inclusion. An organizational culture of openness to innovation and learning provides energy for change increases the likelihood of implementation success for facilitating recovery (Farkas, 1990; Whitley, Gingerich, Lutz, & Mueser, 2009).

Person-centered care and planning involves rethinking the traditional treatment process so that it is more responsive to consumers' expressed capacities, needs, desires, and rights to self-determination (Tondora, at el., 2005).

Recovery language also plays a very important role in implementing person-centered care and planning. In fact, written and spoken language honors the values of person-centered care and planning by using person-first terms, avoiding overly negative connotations, and being careful not to communicate hierarchy/social control (Tondora, et al., 2005). As an example, it is recovery-oriented to document with the description of “a person with schizophrenia” rather than “a schizophrenic person”. It is also recommended to re-name “the Treatment Team” as “the Recovery Team” or “the Recovery Support System”, so that the strengths-based, recovery-oriented perspective can be conveyed.

As strengths-based focus is treasured in person-centered care and planning, according to Ridgway, McDiarmid, Davidson, Bayes, and Ratzlaff (2002), it is necessary to stress the importance of focusing of the subjective inner world of the person, especially the will to recovery; to focus on identifying, exploiting and enhancing individual strengths; to support self-determination for the client, and personal responsibility for the future. Illness self-management strategies and daily wellness approaches, such as Wellness Recovery Action Plan (WRAP) (Copeland, 2002) are suggested to be highly effective, person-directed recovery tools, and are fully explored in the strengths-based assessment process. For example, Wellness Recovery Action Plan (WRAP) educates about self-management. This is a system developed for wellness maintenance and recovery planning. On completion of this course, consumers can create their own plan for wellness that includes daily maintenance tasks, relapse triggers, knowledge of early warning signs, and a crisis plan with advance directives.

In recovery, consumers need to connect with their dreams and/or passion. The consumers need to explore them and then choose to pursue or revise and/or redefine them. Mental health professionals are to support consumers in recovery to pursue their

dream and/or passion. As stated in the national guidelines in Australia for the treatment of schizophrenia and related disorders, the emphasis is not merely on early and active use of medications but also on psychosocial interventions. The treatment also focuses on an individual’s social and cultural environment which underpins recovery and the regaining of better quality of life (McGorry, 2005).

### Promoting Recovery

Mental health care professionals play a vital role in promoting recovery via hope and empowerment - to help individuals find self-directed paths toward empowerment and becoming full participants in the communities where they live. Thus, the practice must be specialized, i.e., based on the professional role, the context in which care is provided, and the specific needs of the clients (Williams, & Tufford, 2012). In fact, mental health care professionals should demonstrate specific attitudes, e.g., respect and understanding, knowledge and skills for provision of recovery-oriented mental health care, so that recovery-oriented practice can be incorporated into current practice.

In a survey of consumers, peer service providers, and non-peer service providers, the importance of competencies to enhance recovery like respect, trust, accessibility, and help with coping are elicited. Meanwhile, accessibility, trust, understanding, knowledge of illness, and help with feelings of shame and inadequacy are viewed by consumers to be more important for enhancing recovery (Rusinova, et al., 2011).

### Peer Support

The supporting factors like productive work, family support, friends and peers and other meaningful social network impose very positive influences on the person’s pursuit for recovery. In recovery-oriented practice, peer support plays a major role.

Davidson, Chinman, Sells, and Rowe (2006) defined peer support as a person in recovery and/or a person with lived experiences who offers services and supports to other people in recovery. Mead, Hilton, and Curtis (2001) defined it as a system of giving and receiving help based on values of respect and mutual agreement, not based on traditional psychiatric models which is deficit-focused.

There are various terms used to describe people with lived experiences who are employed to support others who face similar challenges, like peer support workers, consumer providers, peer educators, prosumers, peer specialists, peer mentors, resource brokers, and truth-tellers. By telling their stories, they become role models for others (Ridgway, et al., 2002). Peer support has very positive influence on persons in recovery. Persons in recovery can thus manage and reduce their symptoms using a variety of self-help techniques, and effectively reach out for and use the support of a network of family members, friends, peer, and health care professionals. There is also increased ability to meet life and vocational goals, significant life enhancement, and gains in self-esteem and self-confidence as people become contributing members of the community.

Peer support has been increasingly recognised as a critical component of a progressive mental health and rehabilitation system. Peers can serve as role models for one another, reducing stigma and removing barriers to accessing housing, employment and education (Davidson et al., 2006). Peer support has been found to improve a sense of self-efficacy in one of the first randomized controlled trials (RCTs) done on peer support groups (Castelein et al., 2008).

### Recovery Outcomes

Recovery-oriented practice fosters long-term recovery outcomes. As stated by Copeland (2000), there is the shift of focus in mental health care from symptom control to prevention and recovery. There is significant reduction in the need for costly mental health and emergency services as people who experience mental health symptoms effectively take responsibility for their own wellness and stability.

There are different domains when exploring the outcomes of recovery and the recovery process. These domains include reduction of psychiatric symptoms, reduction in service utilization, cognitive improvements, increased ability to set and attain goals, improvements in social skills and supports, improved functioning in day to day life, and abstinence from or reduction in using non-prescribed mood altering substances (Bond & Campbell, 2008; Iyer, et al., 2005; Lloyd, et al., 2008).

Specific recovery outcomes are focused at area of increased hope and goal orientation (Fujita et al., 2010; Hasson-Ohayon et al., 2007; Levitt et al., 2011; Mueser et al., 2006; Roe et al., 2009). The most basic improvements were seen in individual’s ability to set, pursue, and achieve personal goals (Fujita et al., 2010; Hasson-Ohayon et al., 2007). Mueser and colleagues (2006) found improvements in goal orientation and in hope, which were measured qualitatively and quantitatively. They indicated that these improvements also led to individuals’ feeling that their lives were less controlled or dominated by their symptoms. Another study revealed that the emphasis on setting and pursuing goals also had a positive impact on other outcomes mentioned, particularly on social functioning (Levitt et al., 2011). The study of Roe and colleagues (2009) indicated that the improvements in goal orientation and

hope led to individuals feeling empowered in their recovery.

### Conclusion

For a person with mental illness, to pursue for recovery, there are two primary challenges: to find ways to manage the illness so that it is less disruptive, and to find ways to connect to others in spite of the illness. Concerted efforts will be encompassed to foster active collaboration between persons in recovery and mental health professionals for facilitating individual recovery.

Every person is unique. Mental health professionals have to take up the challenge of supporting individuals to pursue for their recovery, helping them to overcome the difficult stage of their life caused by the illness and to progress on their recovery journey. It is essential for mental health professionals to be recovery-oriented, that is, being competent in eliciting, encouraging, and supporting the person's own hopes, interests, assets, talents, energies, and efforts. Recovery-oriented practice is crucial for identifying personal meaningful goals, so that it can provide the framework for the identification of critical skills and supports needed for rehabilitation and recovery. Recovery-oriented practice is essential and is the essence of care for helping persons to overcome and reclaim their lives beyond illness.

### 摘要

以復元為本的服務：為患有精神病的人士提供護理之本質

復元概念近年在世界各地備受關注，復元概念在很多國家和香港是精神健康新思維，以復元為導向之實務被廣傳是為患有精神病的人士所提供之服務。此實施模式備受服務使用者和精神健康醫護人員的關注；它預示一個嶄新的視野：精神健康醫護人員需要與服務使用者前所未有地衷誠

一同工作。本文討論復元概念和以復元為導向之實務，與及對服務使用者和精神健康醫護人員的含意。

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