

How can mental health services promote recovery from severe mental illness?

A recovery approach is increasingly promoted in mental health. It is designed to enable people who have experienced mental illness to identify and move towards their own definition of well-being. This OutLine explores, firstly, the meaning and process of recovery as described by people with a severe mental illness, and identifies a number of factors which promote and undermine this. It then summarises what is known about each factor, the implications for health and social care practice, and how these insights can be applied to service organisation and delivery.

What is recovery and why is it important?

'Recovery' is attracting increasing support as an organising principle for specialist mental health services. Research has shown that the long-term outcomes of schizophrenia are more positive and varied than previously thought; a broader definition of recovery has arisen from personal accounts of people with severe mental illnesses; and specific and effective interventions have increasingly been developed. These changes have created new opportunities to improve the quality of life and long-term prospects of people with severe mental illness.

Until recently recovery was generally defined by outcomes such as remission of symptoms, staying out of hospital, and improved functional abilities. Personal accounts of recovery suggest alternative definitions - as a personal experience and a process. People 'in recovery' describe this as involving one or more of the following (Wallcraft, 2005):

- renewal of hope
- developing a perspective on the past in order to move on
- taking control of one's life
- repairing or developing new and valued relationships and social roles
- developing new meaning and purpose in life
- persevering in spite of ongoing problems.

The multi-faceted nature of recovery in this sense makes succinct definition very hard. The following description (Anthony, 1993) captures the essential features identified in many accounts:

a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

Mental health policy is increasingly including a focus on recovery in these terms. The main implications of adopting a recovery model are discussed more fully elsewhere (Care Services Improvement Partnership et al, 2007). However, one aspect of this policy shift demanding attention is the evidence base for interventions which can help users towards recovery as they define it. Corrigan and Ruth (2005) summarise the interventions which consensus groups have identified as evidence-based.

Service users' accounts of recovery as a process stress the value of factors such as supportive relationships and enjoyable activities, and the corrosive effects of social exclusion and stigma. Social work and social care are in a strong position to influence such factors, although evidence of how best to effect change varies greatly in volume and quality.

What factors influence recovery and how can services respond?

The processes of recovery reported by service users are less easy to measure than more traditional outcomes such as symptom reduction or functional ability. Research on service users' experience of recovery frequently uses qualitative methods, involving smaller numbers of people in specific contexts (Brown and Kandirikirira, 2007). Conclusions about its application to different groups and contexts are therefore provisional. Services working within a recovery model must therefore be prepared to work with a partial - but emerging - understanding of how it can best be done. This demands a willingness both to set a 'direction of travel' and the flexibility to change this in the light of emerging evidence.

Regaining control over one's life

Regaining a belief in oneself is a recurring feature of accounts of recovery. This involves both becoming confident in managing one's mental health (see below), and regaining a sense of control over one's life as a whole. Service users say that practitioners can best help them achieve this by:

- providing warm, consistent, and egalitarian relationships
- encouraging risk-taking and engagement in meaningful and challenging activities
- enabling them to access self-help and peer support networks
- helping them make informed choices between measures to enhance their physical and mental well health (Mancini, 2007).

This is consistent with psychological theories of how people achieve control in a wide variety of other settings, and with empirical evidence that groupwork can enable people with mental health problems to gain an enhanced sense of control over their lives.

Learning to manage one's illness

Accounts of recovery stress the importance of self-management, involving the discovery (over time) of what treatments or other measures are most helpful. But do effective approaches exist to help people with severe mental health problems self-manage their illness? The available evidence is summarised below.

- A large number of trials exist showing that cognitive behavioural therapy enhances recovery in schizophrenia when measured outcomes such as hospital readmission rates.
- Other problem-solving approaches are available (eg Repper and Perkins, 2003) which are less condition-specific, incorporate the experience of service users, and are amenable for use on a one-to-one basis.
- User-led approaches, for example the Wellness Recovery and Action Programme (WRAP), have been developed by people with direct experience of severe mental illness. WRAP is attracting particular attention in UK mental health services: there

is only limited (but positive) evidence of its value to date. A training programme to deliver this approach fluently in the UK has recently been described (McGonagle, 2007).

Mental health workers therefore need to provide service users with the means to develop their own self-management strategies. Different approaches - WRAP being one of the most promising - are likely to suit different individuals.

Developing wider social networks

A recent comparison of the experiences of regular users of mental health services with the general public in Scotland (Berzins, 2007) revealed that the former were:

- far less likely to have a partner than members of the general public (37% vs 75%)
- four times more likely to live alone
- much less likely to be employed (9% vs 48%)
- three times more likely to feel they had not seen enough people in the previous week.

Service users stress the importance of relationships in their recovery journey. Interventions which help people to form wider social networks appear therefore to have much to offer. The following approaches can assist.

- **Local and national policies 'mainstreaming' support and employment services** that promise access to more diverse relationships with workmates, fellow students, and members of the public.
- **More targeted local initiatives such as befriending services** have been developed over a long period. While rarely evaluated, anecdotal evidence and the importance placed on relationships in service users' accounts suggest these can play an important role in recovery.
- **Other approaches** which offer enhanced social networks and their associated benefits are based on various forms of peer support. A variety of models for this has emerged, and the evidence base for these is included below.

The contribution of peer support

The company and support of others who share experiences of severe mental illness frequently assists recovery. Peer support is 'a model of provision that champions the use of personal knowledge and experience of a particular issue to help and support others who are experiencing that same issue' (Bradstreet, 2006). Three types can be distinguished.

- **Naturally-occurring mutual support groups**- often organised by former patients - have a long history in the US. The available evidence suggests that they do facilitate recovery - in the form of enhanced self-reliance, industriousness, and self-esteem, but are not associated with a reduction in symptoms or hospital admissions.
- **Consumer-run services.** These have been more extensively developed in the US than in the UK. Accounts of these suggest that they are more attractive to people from ethnic minorities than mutual support groups, but are very vulnerable to fluctuating levels of state support. While many participants report positive outcomes, little comparative data is available.
- **Consumers as mental health service providers.** This offers the advantage of structure and support for application of the 'lived experience' of service users. The most successful examples in the UK are user employment programmes operating in a number of NHS Trusts. Studies comparing users and non-users show that people with experience of mental health problems can adequately provide services to others with serious mental illness, demonstrating their ability to occupy important roles beyond their status as patients (Davidson et al, 1999).

The critical importance of helping attitudes and behaviours

The contribution of mental health workers to recovery is clearly apparent from personal accounts. For instance, service users in Norway found the following of most value:

- empathy, respect, understanding, and a person-to-person orientation
- a particular person who provided an essential thread of continuity (although a team approach was also valued)
- availability when required; ability to do what is needed
- being responsive, and willing to make personal sacrifices
- a recognition that the service user has something to offer in the relationship
- a willingness to cross professional boundaries, to just talk, and to accept and give presents
- a willingness to appropriately challenge.

Knowledge about mental illness, professional guidelines, and therapeutic treatment programmes were considered to be inadequate and insufficient in supporting recovery. However, 'the ability to act as holders of hope for those who cannot hold it for themselves, as well as having the courage to give it back, is critical to good practice' (in Borg and Kristiansen, 2004:504).

Meaningful occupation in different forms

The contribution of purposeful activity to recovery has long been recognised. While there is considerable evidence of the value of paid employment, and how best to help service users get and keep this, other activities can also contribute to recovery. These include physical exercise in various forms; gardening, horticulture and conservation; and art and other cultural activities. Available evidence of their value, while limited and of variable quality, suggests they can make a significant contribution to rebuilding self-esteem, identity, and physical and mental well-being.

There is an established relationship between positive mental health and physical activity. Empirical evidence suggests this can enhance cognitive and physical function, and engender a sense of control over one's life for people with severe mental illness. This may be particularly relevant for those who struggle with cognitive interventions.

A long-standing tradition exists of using horticulture in the support of people with severe mental illnesses. There is evidence that involvement in 'green' activities such as conservation does benefit mental health. 'Green gyms', involving a combination of physical activity and practical conservation or gardening work, are being widely developed, and an evaluation of their mental health benefits is in progress.

Artistic activity also has a long-standing role in the support of people with mental health problems. There is evidence (for example Lloyd et al, 2007) that structured arts programmes contribute to recovery for some people, especially if based in mainstream settings. The benefits include greater confidence in coping with the external world, equipping participants to take up other roles, a greater sense of mastery, and (for some) a new identity. Evidence of the contribution of other leisure pursuits, non-vocational learning, and voluntary work to recovery is missing. Given their obvious contribution to social inclusion, this is a significant gap.

Spirituality

Spirituality and religion form a largely-neglected aspect of illness and recovery for many people with mental health problems. Falot (2007) reviews their importance - 80% of people in Los Angeles with severe mental illness reported that they used religious beliefs and practices to cope with daily living. Black churches have been found to make a significant contribution to the care of Afro-Caribbean people with mental illnesses in the UK. The potential benefits of a religious outlook on mental

health can include a sense of self and self-esteem, distinctive coping mechanisms such as prayer and worship, a sense of connectedness and social support, and a sense of hope. Religious beliefs and practices can also, however, be associated with negative experiences, including crises of faith, striving after unattainable standards of virtue leading to depression, and delusions (those with religious content are associated with higher symptom scores and lower overall functioning).

Overcoming stigma - a continuing challenge

Stigma - the existence of negative attitudes and behaviours towards people with enduring mental health problems - remains very common. One survey found that 41% of people with mental health problems experienced harassment in the community - more than double that in the general population. This commonly involved verbal abuse by teenagers and neighbours relating to the person's mental health problems.

Evidence from Scotland (Quinn and Knifton, 2005) shows that stigma can be effectively tackled. A concerted anti-stigma programme ('See Me') involving a media campaign, local and national anti-stigma activities, and a bureau of consumer-volunteers, has made a tangible difference to the lives of service users and carers. Focused local work can therefore effect changes in public attitudes to mental ill-health. A similar national campaign - Moving People - is being launched in England.

Implications for service organisation and delivery

The above section demonstrates that there is a limited but growing evidence base for the development of services which maximise the prospects of recovery on users' terms. Recent guidance on developing recovery services does not specify an optimum service model. However, the wide range of factors influencing recovery suggests that multi-agency, whole system approaches have considerably more to offer than piecemeal initiatives. DREEM - 'Developing Recovery-Enhancing Environments' - is a useful tool for commissioners and managers to audit current practice and track progress (Ridgeway and Press, 2004). The evidence summarised above suggests some key action points for the following stakeholders.

Commissioners of mental health services can promote recovery through current work to reconfigure mental health day and vocational services and to secure racial equality in provision. Commissioning decisions need to recognise the increasingly strong evidence base for the contribution to recovery of physical activity, gardening/conservation, and artistic pursuits.

Managers of mental health services can (a) encourage practitioners and service users to focus on evidence-based interventions which contribute to recovery (b) support practitioners in the development of attitudes and skills which users find helpful and (c) support the employment of people with mental health problems able to deploy this experience.

Mental health practitioners need to embrace training and gain experience in recovery-orientated practice. Familiarity with the developing base is important for all stakeholders in order to identify which approaches are most effective. More research is needed on (a) the factors preventing recovery, and how these can be addressed (b) the experiences of distinct groups, for example people with different diagnoses and (c) the contributions of voluntary work and education. There is increasing evidence that approaches exist which can greatly improve the prospects for recovery from severe mental illness. Realising their potential demands a willingness to apply these approaches, and adapt them in the light of emerging evidence and local experience.

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Written for **research in practice for adults** by Chris Ring, Associate Lecturer at the Open University and social worker with South West Yorkshire Mental Health NHS Trust.

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