THE RECOVERY JOURNEY
A Recovery Approach Within the Irish Mental Health Services

Position Paper
Mental Health Commission

THE RECOVERY JOURNEY – A RECOVERY APPROACH WITHIN THE IRISH MENTAL HEALTH SERVICES

Position Paper
The Mental Health Commission was established in April 2002, pursuant to the Mental Health Act 2001. The statutory mandate of the Mental Health Commission is:

- To promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres under this Act (Section 33(1) Mental Health Act 2001).

The Mental Health Commission, in January 2006 issued a discussion paper *A Vision for a Recovery Model in the Irish Mental Health Services*. That discussion paper set out to achieve the following:

- To review different perspectives on and definitions of recovery
- To review models of best practice in recovery oriented services
- To define the process of recovery
- To consider how mental health services in Ireland could incorporate the concept of recovery into service delivery

Following publication of the discussion paper there was a response period where the views of interested individual and organisations were considered. Based on the interest in the discussion paper and feedback received, the Commission has now prepared and issued a resource pack which contains the following publications:

- *A Common Purpose: Recovery in Future Mental Health Services*, Social Care Institute for Excellence, Royal College of Psychiatrists, Care Services Improvement Partnership (2007)
The Resource Pack was officially launched on 17th April, 2008, at a conference hosted by the Mental Health Commission with the theme A Recovery Approach within the Irish Mental Health Services – Translating Principles into Practice.

A Recovery Approach within the Irish Mental Health Services – A Framework for Development sets out the views of the Mental Health Commission on recovery, as both a concept and practice and how it can become an integral part of Irish mental health care services. Awareness of the recovery approach is a relatively recent development in the Irish mental health services. Mental health services in Ireland, generally, are beginning to take on the challenge of incorporating the recovery philosophy into the organisation and delivery of services.

Recovery involves focusing on strengths and opportunities rather than on the limitations and symptoms of illness. The concept of hope and an optimism about outcomes are core values in the recovery approach.

A recovery approach aims to support the person in their own personal journey. It involves enabling and empowering the person to access their inner strengths and resources and on building a meaningful, valued and satisfying life. Recovery is not just a personal process. Access to housing, income, education and social networks are all part of the recovery journey.

Recovery is an ongoing and evolving process. Individual narratives by people who have experienced mental illness and are living well with their illness inform current thinking and practices in recovery. The literature emphasises the importance of active involvement and partnership with the service user. Recovery is not something that professionals do to the person; it is a process that requires a personal commitment and involvement from the service user.

A Recovery Approach within the Irish Mental Health Services – A Framework for Development in outlining the Mental Health Commission’s position on the recovery approach, provides a framework for all stakeholders on how to integrate the recovery approach into the Irish mental health services. This paper, prepared by Dr. A. Higgins, for the Mental Health Commission identifies six key concepts for developing a recovery approach:

- Leadership
- Person-centred and empowering care
- Hope inspiring Relationships
Access and Inclusion

Education

Research/Evaluation

LEADERSHIP

“Leaders play an important role in setting the organisational culture and leading change in this area of practice by communicating a clear message of the relevance, importance of, and their commitment to a recovery approach. If the predominant ethos is one of benign paternalism and illness orientation, or one that ignores the input of service users at management and service development level, then a culture that ignores the principles of recovery is likely to be fostered throughout the organisation. Equally, without a stated commitment to the principles of individualism, choice, people may simply re-title current practice as recovery oriented”.

PERSON-CENTERED AND EMPOWERING CARE

“Essential components of a recovery oriented service are person-centered care and the empowerment of the person accessing the service. For mental health care to be person-centered it needs to be delivered in a manner that is respectful of the person’s life story. Person-centered care focuses all outcomes on the person’s life – social, psychological, physical, cultural, sexual and spiritual – and provides the supports needed to maximize autonomy, choice and self-determination (Mental Health Commission, 2007). A person-centered and empowering service is also manifest by the active involvement of the person in his/her own care and treatment, which respects the person’s right to move forward at his/her own pace. As recovery belongs to the service user, it is the service user who defines what recovery is and what it entails, in the context of their lives”.

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2 ibid Page 14
3 ibid Page 16
HOPE INSPIRING RELATIONSHIPS

The person to person interpersonal relationship is a central element of therapeutic working and it is the relationship aspect of care that is most valued by service users. Within recovery oriented relationships there is a commitment to engaging and developing hope-inspiring relationships that acknowledge a common humanity between the professional, carer, service user and family member. Mental health staff strive to work within a negotiation framework with regard to care and treatment options and decisions (CSIP, RCPsych and SCIE, 2007). There is a move beyond the traditional frame of reference of ‘power over’ and ‘responsibility for’, to a ‘power with’ and ‘responsibility with’ stance.4

ACCESS AND INCLUSION

Recovery is closely associated with social inclusion and having access to mainstream services which enable the person to take on meaningful and satisfying social roles in society (CSIP, RCPsych and SCIE, 2007). Recovering from the stigma and discrimination associated with a mental health problem can often be more challenging and debilitating than recovering from the difficulties themselves (Repper and Perkins 2002). Challenging inequalities, through addressing the cause and consequence of stigma, discrimination, social and economic exclusion is central to recovery and the meaningful integration of people who have experienced mental health problems into community life.5

EDUCATION

Education is an important dimension of infusing a recovery approach into the culture and practices of mental health services. Movement toward recovery principles fundamentally requires a change in mind and heart. Hence, educators are not just challenged to develop ways of heightening awareness of recovery and recovery principles, they are also challenged to deconstruct the current model of mental distress that focuses on illness and explore in an in-depth manner what constitutes true dialogue and partnership. Education needs to address the needs of service users, health professionals and members of the general public.6

4 ibid Page 18
5 ibid Page 19
6 ibid Page 21
RESEARCH / EVALUATION

“The provision of a quality mental health service is a central value underpinning the policy document, ‘A Vision for Change: Report of the Expert Group on Mental Health Policy’ (Department of Health and Children, 2006). A quality mental health service is one that is based, among other things, on best practice and incorporates systems for evaluation and review (Mental Health Commission, 2007, 2005b). The Mental Health Commission acknowledges that there is a need for better information about all aspects of recovery, and that research, evaluation and dissemination of best practice are essential to ensure that developments are consistent, effective and worthwhile. Participative and emancipatory approaches to research and evaluation, utilizing different research paradigms and methods, have the potential to facilitate a deep understanding of the recovery process, identify factors that support recovery focused care and can be in themselves a support for recovery (Jacobson et al, 2005, Nelson et al, 1998)”.

Advancing the recovery approach requires action both within the mental health services and in wider society.

SERVICE DELIVERY AND RECOVERY

A recovery-oriented mental health service empowers service users and family/carers and is based on a partnership model of care and treatment. This involves creating opportunities to facilitate the involvement of service users in all aspects of mental health service provision. Training initiatives which incorporate the experiences and input from service users provide one such opportunity.

Government policy as enunciated in A Vision for Change (Department of Health and Children 2006) places a strong emphasis on the need for a recovery orientation to inform all aspects of the design, development and delivery of mental health services. A Vision for Change proposes that all mental health care services must be based on a recovery approach. The full implementation of A Vision for Change will support the integration of the recovery approach within the Irish mental health services.

The Mental Health Commission in furtherance of its statutory mandate, published in 2007, the Quality Framework: Mental Health Services in Ireland. The framework provides guidance for service users, their families, carers and service providers on what to expect from a quality mental health service.
The concept of recovery permeates the themes and standards within the *Quality Framework*. These include:

### Theme 1: Provision of a holistic, seamless service and the full continuum of care provided by a multidisciplinary team

**Standard 1.1**
Each service user has an individual care and treatment plan that describes the levels of support and treatment required in line with his/her needs and is co-ordinated by a designated member of the multidisciplinary team i.e. a key worker.

**Standard 1.3**
Each service user receives mental health care and treatment from a community based service that addresses the person’s changing needs at various states in the course of his/her illness and recovery process.

**Standard 1.5**
Service user recovery is facilitated by the provision of appropriate programmes based on identified needs and delivered in the most appropriate environment.

### Theme 2: Respectful, empathetic relationships are required between people using the mental health services and providing them

**Standard 2.1**
Service users receive services in a manner that respects and acknowledges their specific values, beliefs and experiences.

**Standard 2.2**
Service users rights are respected and upheld.

**Standard 2.3**
The mental health service promotes mental health and community integration of mental health service users.

### Theme 6: Family / chosen advocate involvement and support

**Standard 6.1**
Families, parents and carers are empowered as team members receiving information and support as appropriate.
USING THE LANGUAGE OF RECOVERY

The language used in mental health services can impede or facilitate the recovery journey. Raising awareness that some of the terminology used within the mental health services may have negative connotations is part of the recovery process. The reorientation of language away from illness-based towards a recovery based approach is a key challenge.

RECOVERY AND PUBLIC ATTITUDES

There is growing acknowledgement that the burden of stigma and discriminatory practices experienced by people with a mental illness can prove to be a greater barrier to recovery then the mental illness itself. The mistaken belief that a person with a mental illness will not recover from this illness reinforces the stigma. Engaging with the media on how mental health issues are portrayed and advocating for investment in mental health services help to inform public attitudes and promote recovery.
THE HUMAN RIGHT BASED APPROACH TO RECOVERY

The human rights perspective is of particular significant for service users. The Irish government is obliged under international human rights law to ensure that their policies and practices in relation to the people with mental health problems conform to binding international law. The United Nations Declaration on Human Rights, together with the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic Social and Cultural Rights (ICESCR) form the International Bill of Rights. These include a prohibition on discrimination and provide that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. The promotion of the right to dignity and the need for affirmative action to protect the rights of persons with mental health problems places an obligation on the government to ensure that state policies and laws serve to promote good mental health and prevent mental health problems.

The Convention on the Rights of Persons with Disabilities 2006 marks a shift in attitudes and approaches to persons with disabilities. The Convention provides for respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons. “It takes to a new height the movement from viewing persons with disabilities as ‘objects’ of charity, medical treatment and social protection towards viewing persons with disabilities as ‘subjects’ with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society”.

Reference: www.un.org/disabilities
CONCLUSION

Future mental health care service delivery must be firmly based on the concept and practice of recovery. This is already enshrined in Irish mental health policy and is an integral element of the *Quality Framework in Mental Health Services* (Mental Health Commission) (2007). The challenge ahead is to translate the ideals and aspirations of recovery into meaningful clinical and management practice. It is only by so doing that the hope of all those affected by mental illness for a return to a fulfilling life can be achieved.

The Mental Health Commission is committed to:

- Promoting the development of the recovery approach within the Irish Mental Health Services
- Ensuring that all Mental Health Commission publications advocate recovery approach
- Promoting Irish based research on recovery
- Working with other stakeholders in promoting recovery, ranging from training and education to mental health service development to participation and integration in society.