

## **The Road to Mental Health Recovery – Definitions and Interpretations**

Based on observable trends, the World Health Organization (WHO) has reported an increase in the number of people suffering from mental health conditions around the world, while the number of people suffering from limiting physical conditions has been declining. In Canada alone, mental health illnesses encompass around 11% of all health-related conditions in the population, and this trend is observed in most countries around the world. The most common of these conditions is found to be anxiety disorders, depressive disorders, and more serious conditions such as schizophrenia and borderline personality disorders. These mental health conditions have a tremendous impact not only on the individuals, but also on their families and the community at large. They also prove to be a huge financial burden for the families as well as the healthcare system. Added to this comes the stigmatization and mental healthcare-associated consequences for the affected people. As a result, recovery in the field of mental healthcare has gained popularity as it aims to generate positive outcomes for the individuals rather than simply focus on achieving clinical definitions of cure (Noiseux et al., 2009).

Traditionally, recovery in the domain of mental health, similar to physical health, has been focused on alleviating symptoms and returning the patient to his/her former disease-free life. Doctors have approached all mental health patients in the same methodical way, listening to their issues, ordering laboratory tests, diagnosing the condition, and prescribing medications. However, the prognosis was often poor and patients entered episodes of depression. This was because patients or their families had no say in their course of treatment and the decision was solely in their doctor's hands. What patients needed rather was a way to cope with their diagnosis as best as they could through motivational therapy and involvement in community-level activities (Jacob, 2015).

The recovery approach for mental health care was initially proposed by consumers and it is defined as leading an enriched, hopeful, and successful life despite limitations that may be present as a consequence of mental illness. It involves developing meaning or purpose in life so that every individual can lead a dignified life

and have fulfilling relationships with family and friends. The new recovery model for mental healthcare focuses on personal recovery rather than fulfilling the criteria of clinical recovery. It allows individuals suffering from mental illness and their families to have more control over their treatment regimens, and form collaborative relationships with their healthcare providers where they have an equal say in their therapeutic decisions. Therefore, the recovery approach of mental healthcare revolves around personalization of treatment where healthcare support is tailored to suit individual needs based on their extent of illness, cultural and social contexts, and financial situation (Coffey et al., 2019).

Several countries are now adopting the recovery model for mental healthcare. The advantage of this model is that it can assume several different meanings and therefore, be adapted to different national, cultural, and social contexts. Recovery does not mean a cure of the symptoms; rather, it is a journey of every individual where they can work on their emotions and state of mind, along with other personal and professional aspects of their lives. It also involves drafting out a plan for the future where every individual suffering from mental illness can use their skills, competencies, and strengths to have an accomplished life. In general, recovery of people with mental health conditions is divided into two aspects: working on internal conditions such as feelings, attitudes, and processes that facilitate changes in an individual, and working on external factors which encompass the interpersonal environment. Therefore, the stages of recovery can be listed as: acknowledgement of the problem, transformation of personal attributes, reconciliation with the healthcare system, and formation of interpersonal relationships (Noiseux and Ricard, 2008).

Several studies that have evaluated the implementation of the recovery approach for mental healthcare have found a functional improvement in the overall health status of people diagnosed with mental illnesses. Many other studies have also proved an enhancement of functional capabilities in individuals or a return of these capabilities as were present prior to their diagnosis. However, it has been pointed out that a positive health status is a lot more than just proper functioning of a person (Laudet, 2008). Hence, recovery is seen as the process by which an individual adapts to his/her

symptoms and redefines his/her personal identity. For instance, a person who is diagnosed with schizophrenia may find recovery to be a discovery of different attitudes, outlooks, and perspectives. This means that the rate of relapse is high as the individual keeps falling back into the trap of hopelessness. This is the reason that recovery is defined as a journey towards a specific stage in life where the individual is able to generate the motivation and self-confidence to sustain himself/herself in life (Laudet, 2007).

A model of recovery put forth by Jacobson and Greenley (2001) combines different aspects of internal and external factors for an individual diagnosed with a mental health condition. As per their model, both internal and external conditions in the form of personality attributes and environmental factors respectively can have a positive influence on a person's recovery. Internal factors include a sense of hope, meaning, empowerment, and the ability to develop and maintain fulfilling interpersonal relationships. External factors include recovery-oriented services, a basic respect for human rights, and equality in power and resources. Although their model covers all internal and external factors, and their relationship to recovery, it does not consider the inter-relationship between these factors, and how it affects the recovery of an individual. It also does not throw light on those internal and external factors that restrict recovery or have a negative effect on individuals who are on the road to recovery (Jacobson and Greenley, 2001).

Another model of recovery has been proposed by a Canadian researcher, Carling (2002), who states that individuals suffering from mental health conditions should receive patient-oriented care and complete support should be given to patients who are aiming for recovery. According to this model, recovery may mean fulfilling interpersonal relationships, housing and employment, involvement in community services, and strong finances. Therefore, as per this model, people diagnosed with mental health conditions should be fully supported on their journey of recovery, while keeping in mind that recovery may have different meanings for different people (Solomon and Stanhope, 2004).

Over the years, these initially proposed recovery models have undergone several changes based on feedback obtained from consumers and their families, and also a positive change in the health status of patients. Noiseux et al. (2009) have proposed 7 different stages of recovery specifically for patients suffering from schizophrenia. These include living with the condition, providing a source of hope, a period of introspection, instilling the feeling of fighting back, identifying the path to well-being, managing the imbalance between internal and external factors, and finally seeing hope for a well-balanced satisfying life. This approach allows the individual to be more involved in his/her recovery process which is in stark contrast to the paternalistic attitudes that have governed healthcare for the last few centuries (Noiseux et al., 2009).

Recent years have seen overwhelming support from families of individuals diagnosed with mental health conditions as well as key stakeholders from the community. The major part of support services is directed towards those individuals who have complex health needs such as older people suffering from several chronic conditions and who require physical and social support. Another population that requires attention is people who have long-term care needs including those that suffer from life-long chronic physical and mental health conditions. Both these populations require integrated healthcare services that target the effective management of both physical and mental health conditions. Several recovery models have also promoted the growth of community-based services that people with mild and moderate illness can access. These services encourage people suffering from mental health conditions to collaborate and connect with each other, and have an active social life to lighten their mood and enrich their lives (Naylor et al., 2017).

Despite all community and social-level services, the primary focus is on personal recovery and several initiatives have been taken to accomplish this. One approach is the establishment of 'recovery colleges' where mental health patients can learn and discuss different concepts and approaches to recovery, self-management, and self-care (Burhouse et al., 2015). Other mental healthcare organizations are focusing on developing different ways to promote recovery, and also to prevent relapse in patients (Naylor et al., 2017).

In conclusion, recovery in mental health conditions is a journey rather than a destination, and the objective is for the patient to have a satisfying life rather than to be relieved of his/her symptoms. Hence, systems in mental healthcare have experienced a huge shift from paternalistic approaches where a mental health practitioner would carry out investigations and form diagnoses to patient-centric approaches where individuals and their families are heavily involved in their choice of therapeutic intervention. This approach also places a major responsibility on the individual and his/her family members encouraging them to play a major role in their recovery. This responsibility calls its bearers to rise to the occasion and take a strong stand in fighting against the illness. Therefore, this approach has had a positive success rate because the individual takes control of his/her life determining the best possible path to growth and recovery. In the recovery model, people suffering from mental health conditions are encouraged to develop and maintain fulfilling interpersonal as well as social relationships. They are also encouraged to set personal and professional goals, and draft a plan to achieve these goals. These activities refocus the attention and energy of patients, therefore enabling them to have a happy and successful life.

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