Reflections on Recovery
Guide
to layout

As part of our work to raise awareness and increase understanding of mental health recovery, the Scottish Recovery Network is committed to making our information as accessible as possible. The booklet contents have therefore been colour coded as follows:

The blue text represents a summary of things people told us in 2011 that confirm what we learnt about recovery during and since their 2005 interviews.

The green text represents new insights based on what people told us in 2011.

SRN has drawn some conclusions from the 2011 study findings and these are set out in orange.

The principle study findings and quotes from participants are indicated in grey.

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www.scottishrecovery.net
Introduction

In 2005, the Scottish Recovery Network (SRN) interviewed 64 people around Scotland who described themselves as in recovery, or recovered, from long-term mental health problems. This Narrative Research project provided the foundation to SRN’s work since and has influenced a number of initiatives.

SRN is particularly aware of the positive role and value that qualitative research plays, by which we mean listening to people’s stories of mental ill-health and recovery, analysing and drawing conclusions from them. This method of research has proven to be extremely informative and inspiring and can in itself help to promote recovery.

As a result of the 2005 interviews and our subsequent work – for example, there are now over 100 stories shared on the SRN website – we know a lot more about recovery. In particular, we know that people can and do recover from even the most serious and long-term mental health issues, and that recovery is a unique and individual process, often described as a ‘journey’.

Six years on, we felt that following up with the people we spoke with in 2005 would be of considerable interest and value. It would help us to:

- Further explore what recovery means to different people.
- Further our understanding of recovery by examining people’s experiences over a longer period of time.
- Appreciate the ways in which participants’ experiences of recovery have developed since they first shared their stories, and what learning they have gained from them.
- Identify what factors have helped or hindered on the recovery journey, including those that have helped to sustain wellbeing, where relevant.

We do not intend this booklet to be a ‘guide’ to recovery. Instead, it summarises the main themes that emerged from the 2011 interviews with people who previously talked to us about their experiences of mental ill-health and recovery.

We have included many quotes from study participants in the belief that the words of those with lived experience can be the most powerful of all. Some of the things that people said confirm what we learnt about recovery during and since 2005. There are also some new insights that build on what we have learnt since then.

We also offer some of SRN’s conclusions. In doing so, we make reference to the original narrative study, identifying progress made as well as some of the continuing challenges and areas for future action.

Finally, we have provided space at the end of the booklet for your own notes and reflections.

If you are interested in learning more about the 2011 follow-up research, or any other aspect of SRN and our work, then please visit our website or contact us:

W: www.scottishrecovery.net
T: 0141 240 7790
E: info@scottishrecovery.net

Acknowledgement and thanks

We wish to extend our thanks to the people who took part in the 2011 follow-up study, yet again offering hope, ideas and inspiration to many others through the sharing of personal experiences. Further, we thank Dr. Sue Cowan and Dr. Jennie Guise of Working Well Together who carried out the study, and to Dr. Cowan for suggesting the booklet title.
Who this booklet is intended for

People with lived experience of mental ill-health

We believe that anyone who has experienced mental health issues could find this booklet helpful. When reading this booklet it might help to keep in mind that:

• Recovery is a unique and very personal process – what helps one person won’t necessarily help another.
• Most of the people involved in this study experienced significant mental health issues over an extended period of time.
• Most, but not all, of the people who contributed to this project described themselves as being in an ongoing process or journey of recovery. Nevertheless, some people described recovery as an end point. In other words, they consider themselves to be completely recovered.

Family, friends and (informal) carers

Those who offer informal and/or unpaid support to people experiencing mental ill-health can be incredibly important to helping recovery. Family, friends and carers could find this booklet helpful as one way of understanding the process of recovery over an extended period. It may also help identify how they can offer positive support for recovery and, above all, to stay positive and hopeful even at the most challenging of times.

Service providers

This booklet includes some important messages for people involved in providing mental health services. It offers new learning on the ongoing nature of recovery from significant mental health problems. There are also clear messages for service providers about the continued need to develop and improve services in a way that is – first and foremost – informed by the experiences of people with mental health problems and their recovery.

Recovery is a unique and very personal process – what helps one person won’t necessarily help another.
Telling the recovery story

As in 2005, those we spoke to in 2011 found telling their story to be a positive experience. It acted as a catalyst to recovery and was found to be cathartic.

A new finding in 2011 is that some people we spoke to thought that telling their recovery story could be demoralising for others with mental health problems. They also thought that telling their story might not have as much influence on professional practice as was hoped.

Sharing stories of recovery has been a central aspect of SRN’s work for some time. We recognise that there are a number of things to be considered when encouraging people to share their personal experiences. To support others in this process we have developed story sharing guidelines that are available on our website: www.scottishrecovery.net/stories

For people recounting their stories of recovery there are three key aspects:

• The importance of telling their story.
• The emotional impact that telling the story had on them as the ‘narrator.’
• The impact that the story might have on others, including those with mental health problems and service providers.

The importance of telling the story

Telling the story is important for:

• Moving forward in the recovery journey.
• Helping to reflect on past events, making them seem more coherent and real.
• The value in being asked, listened to and heard by others.
• Producing a self-authored record of what has happened.

“It was a bit of a catalyst I think, I could see a light at the end of the tunnel.”

The emotional impact of telling the story

Telling the story can:

• Help other people.
• Give rise to unrealistic expectations.
• Be difficult for services to understand and may not lead to any change in practice.

“People realise that once you’re down there, you don’t have to stay there.”

“I also have a very substantial wariness about the sorts of expectations that can be raised by the word recovery ... I struggle a bit in terms of the kind of changes that might be likely to be possible and the kind of expectations that might be raised in terms of the levels of changes that might be possible for everybody.”

“People can tell their own personal journeys in anything, but was what was said, or what was explained, taken and actually put into practice?”

“If there’s anything that can be done to help people understand, and also from the professional point of view, some of the professionals like GPs still find it very difficult to understand.”

As in 2005, those we spoke to in 2011 found telling their story to be a positive experience. It acted as a catalyst to recovery and was found to be cathartic.
The process & nature of recovery

As in the 2005 study, the process of recovery and what it meant to people was clearly individual and unique. However, it was generally viewed as a long-term and ongoing process that was not necessarily straightforward in nature. Some believe it is a lifelong journey while others believe it is possible to completely recover. Many journeys began with a triggering event or a decision to take control, and often progressed in small steps that gave people a sense of achievement.

The description SRN developed after the original narrative study of recovery as a long-term process with ups and downs — in the presence or absence of symptoms — is a good one. Although most of the participants identify how their lives have progressed since 2005, there is a consistent message from many that they see themselves as being in an ongoing journey of recovery.

One of the things that SRN has been careful to clarify from the outset is that although recovery is possible it is not necessarily easy or straightforward and this is also confirmed in the findings.

Another insight that comes through from both the 2005 and 2011 studies is that for some people complete recovery from mental ill-health is clearly possible.

What people said in 2011 about the process and nature of recovery reiterated and built on what we learnt from them in 2005. Three key aspects are:

• The start of recovery.
• The ongoing nature of recovery.
• Recovery and identity.

The start of recovery

Recovery can start as a result of personal motivation, insight, frustration, or the need to do something different.

“So what happens is the day that you start realising I suppose is the best word, as to how you’re feeling ... the journey starts.”

The ongoing nature of recovery

Generally, recovery is described as a long and ongoing process.

“It’s not that you’ve recovered and that’s it, everything is okay and your garden is rosy because it doesn’t work that way.”

Recovery involves conscious effort on the part of the individual with mental health problems. It’s about taking control and self management.

“Recovery is about being able to move forward, it’s about being able to direct how you move forward, it’s about managing life no matter what happens.”

Recovery is not always easy and straightforward.

“It’s bloody hard work and I once said to a doctor that this was hard work ... and she said, what are you talking about? What do you mean? This keeping well is what I meant.”

Progress can be seen and appreciated in small steps.

“The jigsaw is beginning to move into place ... but there were a million pieces and you can’t put a million pieces back together in one go.”

When progress gets stuck, this should be seen as an opportunity to rest and take stock rather than a failure.

“There’s something about, sometimes part of that journey is pausing, and it’s never too late to pick it up again because it’s not a constant, I don’t think. Like the nature of life, you have to pause and pausing is about reflection as well.”

The prospect of setbacks can be frightening, but their nature can be different once on a journey to recovery.

“I also know that there are times when I do fall apart ... and it’s maybe not as often, it isn’t as often, I mean there’s no doubt about that.”
Recovery can start as a result of personal motivation, insight, frustration, or the need to do something different.

From the point of view of some, complete recovery is possible.

“For me, kind of the term recovery is embedded in a philosophy and a culture of illness ... and I'm not ill. I haven't been ill for ten years. Well, I was probably in recovery for maybe five years of that ... I'd lost a lot of abilities to cope with day-to-day functioning, whether it was picking up a telephone or getting on a bus, whether it was dealing with how I felt when I woke up one morning. I don't have any of those disabilities, and therefore I've got at least, and I think a lot further, at least the level of wellness that I was before I had my health problems. I actually think I'm a lot better now than I was pre-illness.”

Recovery and identity

Being on a journey of recovery can lead to changes in the way people see themselves.

“I don't look at myself as a ... sick person any more. You know, I don't think that way now.”

“I will never, ever take it for granted again – that’s me, I’m at the end of the journey, I’m cured, I’m the old person I used to be – no, that person has gone, that life has gone, this is a new life, a new person with new skills.”

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1 Identity: noun. Who a person is, or the qualities of a person or group which make them different from others.
What helps recovery

As in 2005, people agreed on some of the things that help promote and support recovery: hope, meaning and purpose in life, choice and control, self-management, risk-taking, relationships, social roles and meaningful activities. Opportunities for work are seen as valuable because they bring with them possibilities for greater financial independence, meeting people, skills development and purposeful activity, enhanced self-identity and self-esteem, and a sense of meaning.

A new emphasis in 2011 is that what can also help recovery is seeking out activities, friendships and other social relationships that are not related to mental health.

What people said in 2011 about what helps recovery reiterated what was said six years ago, including the following:

- Developing self-awareness and knowledge of health difficulties.
- Developing new skills to help manage the challenges faced.
- Taking part in activities that provide a break or enhance self-esteem.
- Supportive relationships with other people.
- The positive aspects of work.

Developing skills

Developing skills can be important to recovery, such as:

- Storing up good experiences to draw on in times of difficulty.
- Learning from less positive experiences.
- Facing challenges as they arise.
- Planning ahead in anticipation of potential future problems.

“A couple of months ago I found the report that I wrote when I came back and I was reading it through and remembering how I felt and what the experience had given me and it was like – oh yes, that’s a good one, keep that one. So now the report stays in a little box beside my bed, so I’m feeling if I’m not doing well, or I’m not feeling confident about something, then I’ll take it out and look at it again and think – yes you can do it, don’t worry about it.”

“I never forgot the experiences, never forgot the bad times … but I think part of me forgot that I could crash and burn and if I did it would be quite spectacular.”

“I have an idea of what I want, you know, what I want to be doing and if problems come along then I can, I see them on the horizon and sort of tackle it before it becomes a problem, but if it does come along it’s like – deal with it.”

Developing awareness and improving knowledge

Developing self-awareness and improving knowledge of the mental health issue and how it affects them is important for those on their journey of recovery.

“Just prior to the actual narrative research I had taken these first couple of steps to developing some kind of awareness, and wanting to explore further in my own mind, rather than being led or directed by other people … There’s something about, with insight also comes acceptance and with acceptance comes the ability to move forward. So, insight is part of a crucial process … insight into yourself, your situation, the challenges you face … that’s not to say – okay, I have a mental illness, I can’t do this, I can’t do that.”
The positive role of work

For people on their journey of recovery, being in employment can bring a range of benefits, including:

• Enhanced self-esteem and self-identity.
• Structure and focus.
• Meeting people.
• A sense of purpose and meaning.
• Financial independence.
• Skill development.

“Work gave me that sense of meaning and purpose... it's given me that sense of self-worth, self-respect.”

“I know for me in terms of having structure and focus for time, I'm generally better when I'm in work than at times when I'm not... the structure of work and the opportunity to have an external focus, the opportunities to be interacting with other people... and also other things like income which enable other choices for me, enabled me to pay for counselling, that I wouldn't have been able to do on benefits the whole time.”

Well, you do learn more because of the type of work that I do. You've learned a bit more about mental illness, you've learned a bit more about issuing people with coping strategies. You talk about, to some of the service users - make sure that you have some me time, you know, a time for yourself - so while you're giving that stuff out to people, you're actually taking some of it in yourself. So probably my employment has helped me to gain more knowledge about my own problem.”

I quite strongly hold the view for those of us who identify as having an experience of mental health difficulties, that there is a strong potential to give added value to the work that we do, from that added insight, if we're able to work with the learning from that.”

Taking part in activities

Taking part in activities that provide a break or enhance self-esteem is helpful to recovery, including those outside the mental health system.

“It's lots better now than it was from five years ago, partly because I've met (partner) and he's helped me. Having someone else there who really cares and is very helpful and somebody who will listen and somebody who believes in you... and someone who accepts you as you are, not as they thought you should be.”

Supportive relationships

Positive, supportive relationships are extremely important to recovery.

“Supportive relationships

Positive, supportive relationships are extremely important to recovery.

• It provides an opportunity to learn more about personal difficulties.
• There are felt to be supportive employers in this sector.
• Making use of lived experience of mental health problems and recovery in work (e.g. as a Peer Support Worker) can increase feelings of self-esteem.
Problematic aspects of recovery

There is a stronger emphasis in 2011 than there was in 2005 that there can be problematic consequences of no longer being categorised or thought of as someone with mental health problems. There are also drawbacks for recovery from being in employment.

SRN find it interesting how many of the participants work in the mental health sector. We have been encouraging a greater recognition of the value of personal experience of mental health problems in supporting others’ recovery. Examples include promoting Peer Support Worker roles and training or WRAP groups being led by people who might be described as experts by experience. Some participants noted that working in mental health can have problematic consequences for recovery. We intend to give this more prominence in our future support for the development of roles that are based on having a lived experience of mental health issues.

When people told us how their journeys of recovery had developed since 2005, there was a stronger emphasis on the potential consequences of no longer being categorised or thought of as someone with mental health problems: firstly, support could be withdrawn; and secondly, relationships with other people could be negatively affected. The negative aspect of spending too much time with peers with mental health problems was also discussed, as were the drawbacks of gaining employment.

Withdrawal of support

Being on a journey of recovery should not involve losing support or services when needed.

“... when my CPN (Community Psychiatric Nurse) said – I think we’re coming to the end of our time together – I was more like – whoa! Where am I going to get my support from? This is it, recovery! You’re too well now for us so we’re going to stop this service, a psychiatrist wasn’t going to see me now because I wasn’t taking medication ... So you think, what is there? Because for me and my thinking is, the psychiatrist is the passport to other things, they open the door to other things and if you don’t have that then you don’t get.”

Changed relationships with other service users

Some people on their journey of recovery might experience difficulty in their relationships with peers because they are no longer identified with other service users.

“I think that for many people part of that journey requires changing their network of friends, so that can be challenging as well. In the sense of if your social network was very much about people and things associated with the hospital and then your life takes a different direction I think that can be quite challenging, that period of being in no-man’s land. I also think that in relation to when you take up positions as in Peer Support Workers, or you’re recognised as a trainer within organisations, that can alienate you as well from people that you’ve known for many years. I think it changes the dynamic sometimes so that people that have supported you in the past or you have supported in the past, that becomes a bit of an issue at times ... Sometimes people who haven’t moved in their journey, sometimes it’s just too much, it’s just too painful for them to be part of a circle where other people are moving on and they’re unable to move on for any reason.”

...
There can be a potentially negative influence on recovery by spending too much time with peers with mental health problems. This can lead to people focusing on their difficulties to the extent that they began to feel hopeless about their situation.

“I think being around people who experience mental health problems has probably perpetuated … in the sense of spending the amount of time that I did in the services that I did and what we talked about was our life, was mental health, how our life was, how awful it is, how crap the services are or talking about this member of staff or that psychiatrist and what medication, what benefits you’re on and we’ve got no chance of getting a job because we have mental health problems … it seems into you.”

**Problems associated with gaining employment**

Some people feel they were discriminated against in the job market, and recognise there are implications associated with disclosing their mental health difficulties.

“Everyone wants a job or to feel valued in some way. To be part of society again because you were so excluded all the time. I don’t care what anyone says … we’re still excluded, excluded from the job market you know.”

“It’s because we’ve had so much trouble for so long if we disclose – to disclose or not to disclose. I had an interview with a job before the one I’ve got and I chose to disclose. I didn’t get the job and I could have done it with my eyes shut but I didn’t get it. Did that have anything to do with it? I don’t really know. I would always disclose because there are big gaps in my life where I’ve been away, you know. I can’t say if they ask, what did you do with those years – oh, I don’t know. For someone like me with the longer-term relapsing things happening, then it’s difficult to explain gaps in your career.”

There is a perception that the jobs available to people with mental health problems are ‘low status’.

“There’s so many ways you can convince yourself that you’re not … good enough isn’t the right word, no, that’s not the right word … capable of sustaining a job … I think that working for two hours once a week is plenty for some people. There are some people that will struggle to commit to that.

There are others that are more than ready to get a full-time, proper job, in inverted commas, not one of the three Fs: filth, food or filing … it is true, you get jobs in cleaning, you get jobs in cafes and you get jobs filing things for people. I’m not a stupid person, I have qualifications.”

The decision to work has to be balanced against the risk of becoming unwell as a result or of losing state benefits.

“I’m thinking about doing something part-time and then I think – well, who will employ me after not having worked since I was 50 and if I was to start doing something, would I cope with it or would it lead me down the long, slippery slope?”

“If there was some kind of staggered approach … it wouldn’t be so difficult to return to the benefits that you were on if you started work, and it’s not working for you at that time.”

Some people feel that the positive value given to their contributions and the boost this provided to their self-esteem causes them to work excessively hard. This can exacerbate mental health issues.

“At the moment, I’m working so much, even at the weekends … so actually I’m very, very aware that I need to pause … and have more confidence to say to people – well, you want training, I’m not able to do it until … rather than actually saying – yes, yes yes … and I mean, it’s something that has been picked up by my Consultant. He has concerns that I need to pace myself better … I think it’s also, if your self-esteem is tied up with the work that you do, then the feel-good factor is there, so why would you say no?”

Employers may not be supportive.

“[On losing her job] it was traumatic, and it came at the very, very worst time that it could have. When I needed support they let me down, and that’s that.”
Relationships with services

As we found in 2005, it is still particularly important to have the consistent involvement of professionals over a period of time who demonstrate appropriate attitudes and values, a GP with adequate knowledge of mental health issues, and being able to access the right support at the right time.

Mental health services have a major role to play in supporting recovery and this has been recognised in key mental health policy statements adopted since 2006. A new finding for 2011 is that the extent to which recovery policy has been translated into practice was described as variable. In particular, the extent to which recovery-focused practice has been disseminated into primary care, as reflected by some people’s experiences of GPs, appears to be limited.

SRN are disappointed to note that some of the problems people experienced with mental health services in 2005 continue to occur in 2011. This includes a lack of continuity in people providing services, which makes it hard for trusting and informed relationships to form between people using and providing services.

People also continued to describe a sense that services were ‘all or nothing’, in other words making progress in your recovery could mean losing access to support when you need it.

Finally, people also identified a low level of awareness and negative attitudes among some GPs. This fits in with SRN’s message that listening to people’s stories of lived experience with an open and positive attitude can help the person move forward in their recovery journey.

What people said about services in 2011 was very similar to what was said six years earlier.

- Services can have a positive and negative impact on recovery.
- People on their journey of recovery can feel disempowered by the service provision system, but there are things that can be done to redress this power imbalance.

The role and impact of services on recovery

It can be hard to access the help needed, including a GP that understands mental health issues.

“I had got a much better GP to help me contact other services and … this person had a better understanding of mental health, which is the seventh GP that I have spoken to since I wasn’t well. So it was the first time I was actually getting somewhere.”

It is important that professionals have the right attitudes and values, particularly a non-judgemental approach.

“I didn’t feel that I was talking to someone who wasn’t on the same wavelength and this is all because I’ve had a GP that was willing to take that step to understand mental health as an illness, and not stigmatisate you or show you the door.”

Continuity of service is important.

“The psychiatrist that deals with post-traumatic stress that I go to, he’s actually getting referred to the wards to work … it means I have to go back to a psychiatrist that doesn’t deal with PTS [Post Traumatic Stress].”

There can be benefits to diagnosis in terms of getting access to the right treatment and other support, and also as a means of validating feelings.

“There are benefits to having a diagnosis, to being part of the system, to seeing yourself as being mentally ill, but then that conflicts if you’re someone who thinks differently. To be able to access the support you need or want without a diagnosis, you won’t get it.”

“For me, being able to relate to a diagnosis eventually after all these years then empowered me to then find out more about it and gave me that sense of – I now know – I feel my feelings have been validated, I feel my experiences have been validated, and I now have the capacity to look at how to manage in this situation.”

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It is important that professionals have the right attitudes and values, particularly a non-judgemental approach.

Services aren’t always set up to provide the right kind of support at the right time.

“The focus is on – let’s see how bad they get before they have a crisis, and then we might kick in with some medication or something else.”

“I couldn’t get psychology, which I’d fought for three years for, and thought – stuff this, and went and sought counselling elsewhere.”

**Disempowerment and redressing the power imbalance**

Being dependent on services or support can be a very negative experience.

“I would very much say that in the past, the services had turned out to be abusive, in the sense of the power dynamic and preventing me having my own mind and restricting my freedom.”

Being able to make choices is important to taking back control.

“I’m able to ask for the support that I actually want and there’s a great deal of choice about whether or not I take the support that’s offered.”

Taking back control involves responsibility for the choices made and their outcomes.

“I also think that there’s something about being able to get a message out to people who do use services, this whole idea about personal responsibility, about what people need to do and the decisions that people need to make, and that just because you’re a service user does not mean you’re not accountable. I think that that’s a message that really needs to be sent out loud and clear to people, that this is actually a two-way process.”
The Scottish Recovery Network is not able to offer direct assistance. For help and support please try one of the following organisations.

Breathing Space
A free, confidential phone and web based service for people in Scotland experiencing low mood, depression or anxiety.
T: 0800 83 85 87 (Mon-Thu 6pm-2am; Fri 6pm-Mon 6am)
E: info@breathingspacescotland.co.uk

Scottish Association for Mental Health (SAMH)
Provide information on a wide range of mental health issues including treatments, services, benefits and legal advice.
T: 0141 568 7000
E: info@samh.org.uk

Support in Mind Scotland
Works to improve the wellbeing and quality of life of people affected by serious mental illness, including family members, carers and supporters.
T: 0131 662 4359
E: info@supportinmindscotland.org.uk

Bipolar Scotland
Provide information, support and advice for people affected by bipolar disorder/ manic depression and carers; promotes self-help throughout Scotland and informs/educates about the illness.
T: 0141 560 2050
E: info@bipolarscotland.org.uk

The Samaritans
Provide free, confidential, emotional support 24 hours a day.
T: 08457 90 90 90
E: jo@samaritans.org

Action on Depression
Provide information, support and understanding about depression; and campaigns to raise public awareness of depression.
T: 0808 802 2020 (Weds 2-4pm)
E: info@actionondepression.org
About SRN

The Scottish Recovery Network (SRN) was formally launched in 2004 as an initiative designed to raise awareness of recovery from mental health problems. Since then interest in the concept of recovery has increased greatly. We understand more about what recovery means to people and are thinking carefully about the implications for the way we support people with mental health issues.

SRN developed out of a loose affiliation of individuals and organisations with a common interest in recovery, and has been designed to share information and ideas as quickly as possible.

We have four overall goals:

- Raise awareness of recovery.
- Encourage empowerment.
- Develop the evidence base.
- Influence policy and practice.

Our mission & vision

SRN's mission statement describes who we are and how we work:

SRN is a non-profit organisation working in Scotland and beyond. Our aim is to promote and support recovery from mental health problems. We act as a catalyst for change by sharing ideas and practice, improving outcomes at all levels.

Our vision guides us in our work and clarifies our ultimate goal. We believe that the work we do will contribute towards achieving this vision.

A Scotland where mental health recovery is a reality for all.

Our values

SRN's values underpin and guide our work and relationships.

They are largely derived from, and influenced by, the principles of recovery. In other words, we have a commitment to apply the values we describe in relation to the personal recovery experience in the way that we try and achieve our vision and goals.

- We promote inclusion, equality and involvement.
- We recognise people are experts in their own experience and that empowerment is central to wellness and recovery.

- It is as important to focus on what people can do and on their unique attributes and characteristics as it is to focus on the things they cannot.
- We take a strengths based approach to our work and emphasise the role of hope and optimism.
- We recognise recovery is a unique and individual experience and that people's experiences are influenced by their circumstances, background and life events. Our opportunities and circumstances also influence outcomes.
My reflections