1. Introduction

The purpose of this paper is to provide an overview of the connections between human rights and recovery in mental health. It is intended to be the first in a series of SRN outputs that will explore and develop some of the ideas contained here in more detail.

After a brief outline of the current national and international context, the paper describes the links between the human rights model of disability and personal recovery. We then explain how the principles underpinning rights and recovery can be mutually enhancing and reinforcing.

The paper then outlines some ways of working that SRN considers to be both rights-based and recovery oriented and, finally, how our own work can contribute towards a more explicit link between rights and recovery.

2. Context

Based on a substantial and growing body of evidence, it is now well established that people can, and do, recover from even the most serious mental health problems. There is also greater clarity on the process of recovery and what can help or hinder this.

The introduction of recovery focused policy and practice in mental health services has moved from the margins to the mainstream. National commitment to recovery is embedded in, amongst others, the 2012-16 Mental Health Strategy for Scotland, the 2006 Rights, Relationships, Recovery: Report of the National Review of Mental Health Nursing in Scotland and the 2010 Realising Potential: An Action Plan for Allied Health Professionals in Mental Health. International support for recovery is gaining ground at the United Nations (UN) and World Health Organisation (WHO), as well as in an increasingly diverse range of countries.

The move towards recovery has led to a recognition and focus on people’s experiences and personal – as well as clinical – outcomes. People affected by mental health problems are increasingly acknowledged as experts by experience and equal partners in the design and delivery of services and support.

Concurrent with the introduction of recovery, a human rights approach to health and social care has also been evolving. The rights-based approach recognises people with disabilities – including people affected by mental ill-health – as rights-holders.
and equal members of society, capable of full, active and meaningful participation in decisions that affect them. National commitment to human rights in mental health is also found in the Scottish Government’s Mental Health Strategy, as well as the Scottish National Action Plan for Human Rights. International support for a rights-based approach in mental health is evidenced by the development of the UN Convention on the Rights of Persons with Disabilities and service development tools like the WHO’s QualityRights Tool Kit.

Rather than being identical or competing approaches, rights and recovery can help establish a common language and unified way of thinking to support the transformational change that is needed.

This is a critical time for mental health. In the current climate of austerity and shrinking services, people affected by mental health problems are finding it increasingly difficult to access the right kind of support when they need it. Meanwhile, the shift towards rights and recovery comes with an expectation of new, more progressive, ways of working that are person centred, holistic and co-produced.

Rather than being identical or competing approaches, rights and recovery can help establish a common language and unified way of thinking to support the transformational change that is needed. SRN believes that by supporting recovery principles and approaches we can help empower people to realise their rights; and that the rights-based approach can help promote and realise recovery. The WHO acknowledges that rights-based practice promotes and supports personal recovery. More recently the Scottish Human Rights and Mental Welfare Commissions identified several of areas of SRN’s recovery work as ‘key to progressing the human rights agenda’.

3. The human rights model of disability and recovery

Over the years, various ‘models’ have attempted to define disability. Two of the most prevalent to date – the charitable and medical models – identify people with disabilities as impaired and passive recipients of care who need to be ‘repaired’ in order to fit in with the rest of society. Unfortunately these ways of thinking still dominate in many parts of society, including mental health care and support.

In contrast, the social model says that disability is caused by the way society is organised, rather than by a person’s impairment or difference. This model of disability was first developed in the 1970’s and is a direct challenge to the charitable and medical models. Rather than seeing disabled people as needing ‘fixed’, it calls for the removal of societal barriers that restrict life choices for disabled people.

The human rights model of disability builds on the social model. It agrees that society must change in order to accommodate human diversity and enable participation. However it extends the social model by framing people with disabilities
as ‘rights-holders’ and the State and others as ‘duty bearers’, i.e. the individuals and institutions responsible for protecting, respecting and fulfilling rights. The human rights model of disability frames the barriers in society as discriminatory and promotes principles based on enforceable human rights law – not just ‘good’ practice – as a way to remove them. This model of disability is strongly promoted by the UN Convention on the Rights of Persons with Disabilities (CRPD), an international treaty that contains a comprehensive range of interdependent and interrelated civil, cultural, political and socio-economic rights of people affected by mental health problems.

The way that recovery views people and their role in society is strikingly similar to the human rights model of disability. Mental health recovery is about being able to live a good life, as defined by the person, whether they experience symptoms or not. Recovery is often described as a process or journey, not simply concerned with symptomology and a clinical ‘cure’ of illness, although it can include this. It is a unique and individual experience that reflects human diversity and is underpinned by respect for people’s autonomy, inherent dignity and equality. Recovery focuses on peoples’ skills, strengths and capabilities and recognises them as experts by experience with an active role to play in directing their lives.

The explicit way in which the human rights model of disability challenges discrimination and the societal inequalities that obstruct people’s full and equal participation can help promote recovery, which has thus-far taken a more implicit and less bold approach to challenging inequality.

Recovery and the CRPD model of disability have both been recognised as paradigm shifts: they are person centred and strengths-based; recognise people with lived experience as equals in society and are aimed at enabling their full, equal and meaningful participation.

The human rights approach to disability… acknowledges persons with disabilities as subjects of rights and the State and others as having responsibilities to respect these persons. It treats the barriers in society as discriminatory and provides avenues for persons with disabilities to complain when they are faced with such barriers… [it] is not driven by compassion, but by dignity and freedom. It seeks ways to respect, support and celebrate human diversity by creating the conditions that allow meaningful participation by a wide range of persons, including persons with disabilities. Instead of focusing on persons with disabilities as passive objects of charitable acts, it seeks to assist people to help themselves so that they can participate in society, in education, at the workplace, in political and cultural life, and defend their rights through accessing justice.

United Nations
4. PANEL and CHIME: mutually enhancing and reinforcing rights and recovery

The connections between rights and recovery can also be seen by comparing two prominent theoretical frameworks: PANEL and CHIME. These frameworks don’t encapsulate everything about human rights and recovery however they are a good way to demonstrate how they complement each other.

The rights-based approach and PANEL

The aim of the rights-based approach is to achieve equality by redressing the unfair distributions of power and discriminatory practices that hinder the realisation of rights. It is a way of helping to empower people to know and claim their rights, while at the same time increasing the ability and accountability of duty bearers to fulfil their responsibilities. The PANEL principles of participation, accountability, non-discrimination, empowerment and legality describe the values that underpin the rights-based approach.

<table>
<thead>
<tr>
<th>Participation</th>
<th>Everyone has the right to participate in decisions which affect them. It must be active, free, meaningful and give attention to issues of accessibility, including access to information in a form and a language which can be understood.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability</td>
<td>Effective monitoring of human rights standards and remedies for breaches. There must be appropriate laws, policies, institutions, administrative procedures and mechanisms of redress in order to secure rights.</td>
</tr>
<tr>
<td>Non-discrimination</td>
<td>All forms of discrimination in the realisation of rights must be prohibited, prevented and eliminated. Those in the most marginalised situations who face the biggest barriers to realising their rights must be prioritised.</td>
</tr>
<tr>
<td>Empowerment</td>
<td>Individuals and communities should know their rights and be fully supported to participate in the development of policy and practices that affect their lives and to claim rights where necessary.</td>
</tr>
<tr>
<td>Legality</td>
<td>Rights must be recognised as legally enforceable and linked to national and international human rights law.</td>
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Rights-based PANEL principles

Recovery approaches and CHIME

Fundamental principles such as equality and empowerment similarly underpin recovery approaches, which are based on learning from people who are in recovery, or who have recovered, and directly applying that learning to the policies, plans and support required.

Although recovery is a unique and individual experience, there is an increasingly consistent view regarding the main elements that can help foster and promote it.
Most recently, this has been encapsulated by CHIME, a conceptual framework of five processes: connectedness, hope and optimism, identity, meaning and purpose, and empowerment. SRN believes CHIME offers a structure to help support recovery oriented approaches.

<table>
<thead>
<tr>
<th>Connectedness</th>
<th>Having good relationships and being connected to other people in positive ways. Characterised by: peer support and support groups; support from others; community.</th>
</tr>
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<tbody>
<tr>
<td>Hope and Optimism</td>
<td>Having hope and optimism that recovery is possible and relationships that support this. Characterised by: motivation to change; positive thinking and valuing success; having dreams and aspirations.</td>
</tr>
<tr>
<td>Identity</td>
<td>Regaining a positive sense of self and identity and overcoming stigma.</td>
</tr>
<tr>
<td>Meaning and Purpose</td>
<td>Living a meaningful and purposeful life, as defined by the person (not others). Characterised by: meaning in mental ‘illness experience’; spirituality; meaningful life and social goals.</td>
</tr>
<tr>
<td>Empowerment</td>
<td>Having control over life, focusing on strengths, and taking personal responsibility.</td>
</tr>
</tbody>
</table>

Recovery focused CHIME processes

**4.1. Commonalities between rights and recovery**

There are several shared characteristics between PANEL and CHIME. These demonstrate that the different principles and approaches linked to rights and recovery principles can, taken together, mutually enhance and reinforce each other.

**Empowerment**

An obvious common element is the emphasis of both frameworks on empowerment, which is central to a consideration of rights-based and recovery approaches.

In the rights-based approach, empowerment suggests the active involvement of rights-holders. This means that individuals and communities should not only know their rights but also, where necessary, be fully supported to participate in claiming rights and the development of policy and practices that affect their lives. Empowerment is also a central recovery process but here it has an additional element that enhances the rights-based principle: it includes taking personal responsibility, focusing on strengths and personal resources and feeling in control, as well as being involved in decision-making.

**Empowerment and Participation**

There is a strong connection between the recovery element of empowerment that includes control over decision-making and the rights-based principle which states
Participation and Connectedness
Participation and connectedness also share common ground, in that both are concerned with relationships. Although not stated in PANEL, free, active and meaningful participation relies on the existence of supportive and empowering relationships. CHIME, however, explicitly addresses relationships through the process of connectedness. An integral part of recovery, this is about having good relationships and the sense of being connected to others in positive ways.
Connectedness includes a number of sub-themes such as peer support and support groups, support from others, and being part of the community. There are also links here between recovery and particular human rights – for example the rights to inclusion in the community and social protection.

Non-discrimination and Identity
A further commonality is found between the PANEL principle of non-discrimination and the CHIME element of identity. The non-discrimination principle means that all forms of discrimination in the realisation of rights must be prohibited, prevented and eliminated. Those in the most marginalised situations who face the biggest barriers to realising their rights must be prioritised.

Identity in recovery is about supporting people to develop a positive sense of self and self-worth, which for many reasons can be diminished by experiencing mental health issues. Notable causes are the toxic effects of different forms of stigma and discrimination that people affected by mental health problems can encounter. By helping people to rebuild a positive sense of their identity, recovery approaches can also help empower people to overcome stigma and thus it reinforces the non-discrimination principle.
Connectedness, Identity and Participation

There are strong links between connectedness, identity and participation. Recovery reinforces the development of empowering relationship of equals between people who experience mental ill-health, informal carers and practitioners, thereby helping break down stigma and discrimination and enabling people achieve full, effective and meaningful participation.

4.2. Building strength through difference

As well as commonalities, there are significant differences between the principles underpinning rights and recovery. However, if viewed through the lens of PANEL and CHIME, these actually complement each other so that, combined, rights and recovery principles provide a more robust way to underpin change in mental health than either would achieve alone.

In summary, the key distinction relates to the tone of the respective frameworks. PANEL is significantly concerned with objective criteria like legislation, plans and mechanisms. CHIME, on the other hand, is more focused on subjective experiences and feelings, and the attitudes and behaviours that impact them.

PANEL identifies the centrality of legality and accountability in the realisation of rights. According to the principle of legality, human rights must be recognised as legally enforceable and linked to national and international human rights law. The accountability principle calls for effective monitoring of human rights standards and remedies for any breaches of those standards. In a system based on rights there must therefore be appropriate laws, policies, institutions, administrative procedures and mechanisms of redress in order to secure rights. Therefore, in its explicit reference to accountability, enforcement and redress, PANEL reinforces the less formalised approach of recovery.

While the rights-based approach incorporates relatively formal roles and interactions for people as ‘rights-holders’ and ‘duty bearers’; recovery is concerned with a deeper understanding of the type and quality of people’s interactions. Hope, optimism, meaning and purpose are central to recovery. People affected by mental health problems require the hope and optimism that recovery is possible and the opportunity to live meaningful and purposeful life, as defined by them. Positive relationships that support this are a crucial element of this; with friends and family; service providers and the wider community.

Under a human rights-based approach...plans, policies and processes...are anchored in a system of rights and corresponding obligations established by international law. This helps to promote the sustainability of...work, empowering people themselves – especially the most marginalized – to participate...and hold accountable those who have a duty to act.
This approach therefore demands we focus on the nature of the connections people have with each other, the personal values that people bring to and which underpin their interactions, and the extent to which attitudes, practices and communication is more or less hopeful and supports the achievement of a meaningful life.

Recovery strongly emphasises valuing the lived experience of people affected by mental ill-health and enhances the rights-based approach by putting the ‘human’ in human rights.

5. Realising rights and recovery: putting principles into practice

The previous two sections describe the connections between rights and recovery principles. We now turn to what these look in practice and how this could be achieved.

To date, many ways of working have been described as either rights-based or recovery oriented, however SRN believes that some approaches can be both. It is beyond the scope of this paper to cite every potential example, and we would stress that the ways of working described below are not exhaustive.

Mental health is addressed in a more equal and holistic way
Rights-based and recovery focused practice means developing properly resourced, integrated systems of information and support. This encompasses health and social care, as well as community development and inclusion, social protection, housing, employment and education. Systems should be underpinned by rights and recovery principles and based on the views and goals of people and communities rather than the silo mentalities and interests of different sectors and services.

People get the right kind of support when they require it
Rights-based and recovery oriented systems aimed at supporting good mental health include a strong focus on wellbeing, prevention and early intervention and the availability of support throughout the life course. Non-mainstream approaches that are community-based and peer-involved should be as available and accessible as traditional clinical care and treatment. Rights-based recovery oriented practice is person centred and focused on strengths and assets, rather than deficits. It is driven by personal outcomes rather than service-driven targets.

People are fully involved
Full, equal and meaningful participation is a central element of both rights-based and recovery oriented ways of working. Co-production, supported decision-making and self-management approaches, which genuinely involve people in ways that draw on the knowledge, ability and resources of all, can help redress the imbalance of power between people providing services and support and those accessing them.
Achieving sustainable rights-based, recovery oriented practice

While it’s encouraging that some of the practice described above is already underway, it’s also widely recognised that this is extremely patchy and much more needs to be done. To achieve sustainable rights-based, recovery oriented practice we should consider mainstreaming recovery, placing greater focus on the state’s positive obligations to realise socio-economic rights and ensuring far greater accountability for rights-based and recovery practice.

6. Implications for SRN

Since 2004, SRN has been working to increase understanding and awareness about personal recovery. Recently we have begun to articulate the links between recovery and rights in mental health more explicitly.

We believe that a number of our current activities and projects are underpinned by rights. For example, many of the indicators in the SRI 2 service development tool are strongly aligned to key aspects of the rights to health and a decent standard of living, as well as the PANEL principles. We also believe that peer-involved and self-management approaches, long-term hallmarks of our work, offer genuine means to realise rights-based as well as recovery approaches in mental health. Our work on rights and recovery also features the championing of supported over substitute decision-making, such as Advance Statements, independent and collective advocacy.

We understand that people require tangible examples of what rights-based and recovery focused approaches can look like in practice, and SRN will continue to facilitate and contribute to this learning through research and discussion.

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In relation to policy and legislation, we will feed into and encourage discussions about the need for a thorough review and revision of Scottish mental health and capacity law in line with recovery principles, the human rights model of disability and the CRPD. We will also seek to influence the development of the next Scottish
Government Mental Health Strategy and the revised National Care Standards in line with rights-based and recovery oriented principles.

We also aim to explore opportunities to develop research in relation to rights and recovery and will enhance our commitment to co-production approaches in the design and delivery of future projects. Rights-based approaches and methods will also be factored into the development of the next SRN Strategy.

7. Conclusion

Human rights and personal recovery aren’t just aspirations or meaningless principles, however without practical application they threaten to remain just that. Embracing their connections can help deliver the transformational change required in mental health.

The rights-based approach helps to address the structural inequalities in society that hinder people’s recovery; and using the lived experience of people in recovery to develop policies, plans and support can enhance the rights-based approach. Rights and recovery are achievable, and realising them can help people attain the best possible outcomes and live good, meaningful and satisfying lives.

8. Useful links and further reading

- CHIME framework for recovery: bit.ly/1w3lcbo, bit.ly/1AlRoMF
- National Care Standards Review: bit.ly/1GFE2FK
- Rights-based approach and PANEL Principles: bit.ly/1PkJEqX, hrbaportal.org/faq
- Rights for Life: rightsforlife.org
- Scottish Government Mental Health Strategy for Scotland 2012-16: bit.ly/1f7PQJ4
- Scottish National Action Plan for Human Rights: bit.ly/1h2R0Ya
- Scottish Recovery Indicator (SRI 2): www.sri2.net
- World Health Organisation QualityRights Tool Kit: bit.ly/1MXbHhY