Big questions for recovery: a briefing and discussion paper
November 2014

Introduction
This briefing paper has been developed to inform and encourage discussions at a Recovery Conversation event jointly hosted by the Scottish Recovery Network and the Scottish Government. It describes progress made over the last ten years in the promotion and support of mental health recovery in Scotland. It goes on to propose three big questions that might usefully be considered in the future development of recovery approaches. These questions are underpinned by a number of associated questions and considerations.

Recovery – from margins to mainstream
Over the last ten years there has been significant activity related to the promotion and support of mental health recovery in Scotland. Much of this activity has been linked to the work of the Scottish Recovery Network which celebrates its tenth anniversary this year. During this time recovery might reasonably be described as having moved from the margins of Scotland’s mental health system to the mainstream. It has become part of the accepted discourse in Scotland, seen as a predominant means of improving experiences and outcomes for people in receipt of mental health services in Scotland.

Initial efforts focused on gathering, sharing and learning from experiences of recovery and building a constituency of support and influence. Subsequently a range of Government policies have consistently identified recovery as a guiding principle of both service design and mental health improvement efforts. New learning has been developed and shared and workforce competencies have been reviewed, most notably in mental health nursing. At the same time a range of initiatives and tools to promote mental health recovery have been put in place locally and nationally. These include self-management tools and approaches, the introduction of peer support working approaches and the widespread use of the Scottish Recovery Indicator (SRI 2) service development tool. All of these efforts have been underpinned by a strong emphasis on valuing and learning from lived experiences of people who have been affected by mental health issues.

The focus on recovery approaches in mental health coincides with, and complements, a wider health and social care policy shift toward principles of self-management, person centredness, outcomes approaches and personalisation.

While there is much to celebrate in the development of recovery approaches in mental health it’s vital to guard against complacency. Now is a good time to learn from what has been achieved to date, to discuss future priorities and openly consider contemporary challenges.

Three big questions for recovery in Scotland
The following questions have been devised to prompt discussion about how best to progress recovery approaches in Scotland. They are intentionally provocative in nature.
Is recovery too individualistic and overly prescribed?

Common to the recovery literature are themes of people overcoming adversity and having a satisfying and fulfilling life, despite the limitations caused by living with significant mental health issues\(^1\). Within this consistently identified are themes of control, empowerment and responsibility\(^2\). Recovery it would seem is concerned with progression, growth and moving on and this is achieved through a process of claiming or reclaiming control, power and responsibility. Within this paradigm we ask service providers to walk alongside people as they find their own solutions. This begs a number of questions. Firstly must recovery always be characterised as a process of progression and growth and if so is that a reasonable expectation in all circumstances? For some people recovery can feel like a distant and unattainable prospect\(^3\). Can the strong emphasis upon recovery lead to a risk of people who are perhaps most disabled and excluded being seen as not wanting to engage with recovery where they are less able to assume an increased responsibility? Might the emphasis upon recovery start to feel like more like a burden than a motivator for some people?

Some commentators have gone as far as to suggest that recovery is little more than a new iteration of post war neo-liberal policies in mental health\(^4\) in its promotion of individual self-determination. If someone considers their mental health issues to be a long-term disabling condition, for which society should make reasonable adjustments, how relevant is a recovery approach? Similarly, if someone considers themselves to be a survivor of the mental health system how then might we reasonably ask them to adopt a philosophical approach of walking alongside providers and systems that they have previously struggled to overcome?

Is recovery one way for mental health services or the way?

Mental health services and supports are underpinned by a broad range of philosophical approaches, sometimes complementary, sometimes competing. Different professional disciplines adhere to different standards and values. At the same time people in receipt of services have different ways of making sense of and managing, or overcoming, their experiences. It is perhaps the greatest success of recovery that it has managed to bring a degree of unity to this diversity and to at least propose a unifying values base across the sector. Is though recovery simply one possible way to improve our mental health services and the experiences and outcomes for people in receipt of them? Are there alternative unifying approaches which might offer a greater degree of consistency and coherence to

\(^1\) Anthony, W.A. (1993) ‘Recovery from mental illness: The guiding vision of the mental health service system in the 1990s’ in *Psychosocial Rehabilitation Journal*, 16(4), 11–23
\(^3\) As was identified in the recent validation of the CHIME framework for recovery: Bird, V. et al. (2014). Fit for purpose? Validation of a conceptual framework for personal recovery with current mental health consumers. *The Australian and New Zealand journal of psychiatry*, 48(7),644–653.
our service system? Might, for example, promoting aspects of recovery such as person centredness or a rights based approach prove more effective and less divisive?

If, however, recovery is the agreed way to improve outcomes and experiences to what extent is it the job of the Scottish Government to impose that as a philosophy and ideology through policy? If recovery is the way, how do we take that forward effectively without excluding people who have a different worldview? If recovery is the way then isn’t it the case that we need a stronger policy steer that requires the adoption of recovery approaches like self-management and peer and crisis alternatives? Without more direction can we really expect people to willingly abandon the psychiatric status quo? Will evolution of service models towards recovery orientation ever succeed? Might we be better placed to adopt a model of transformational change over gradual change?

Is there a recovery credibility gap?

Recovery is fundamentally concerned with a shift in power, with the expectation professional skills and abilities are more fully complemented by people taking a lead in their own recovery. New roles and activities are promoted that are founded on the principle that people with lived experience should be much more than passive recipients in treatment but active agents in recovery. This necessitates that the people with power are willing and able to give some of it up, while on the other that those currently disempowered feel ready and able to assume control.

This dynamic of shifting power, hard to achieve at the best of times, has been complicated through economic austerity. Reduced services and welfare reform has fed a critique questioning the motivations for its promotion. While these criticisms have perhaps been strongest in England, where research suggests there are legitimate grounds for concern in services5, there are also some indications of an increasingly sceptical reception toward recovery from people in receipt of services in Scotland. In some cases the conflation of recovery approaches with service redesign, driven by financial necessity, has generated a degree of scepticism and hostility. This is perhaps one aspect of a recovery credibility gap. Another is perhaps the disjoint between mental health services which are increasingly described as recovery focused and the experiences of people in receipt of those services. In a recovery focused Scotland might we not hope to see greatly increased access to opportunities for people to be more in control of the services they receive, for a marked reduction in the use of forced treatment and for much wider availability of self-management approaches?

Is it also possible that recovery has become a victim of its own success? Is the language of recovery so ubiquitous that it is losing its value and power? Is it reasonable to suggest that some of the concepts that underpin recovery, like hope, are so slippery and hard to put into practice or measure, that they risk losing their meaning? In other words, are recovery and its underpinning philosophy so hard to grasp and make real that it is almost impossible to be critical of it? It’s hard to be seen as disagreeing with the importance of hope after all.

5 A recent study identified a tendency for recovery to be understood in economic terms by service planners: Le Boutillier, C. et al., 2014. Competing Priorities: Staff Perspectives on Supporting Recovery. Administration and policy in mental health.
It’s equally hard to disagree with the idea that people with experience of mental health issues should have a satisfying and fulfilling life (as recovery is commonly defined). In this context there is the potential for much needed debate to be stifled and for critics to be seen as *against* recovery – surely a position few would want to assume. This leads to the ultimate and most challenging question – is recovery the best word to describe what we are trying to achieve?

**Concluding points**

Much has been achieved in Scotland in the name of mental health recovery which has significantly encouraged new thinking, new learning, new interventions and approaches, as well as provoking reflection and shifting expectations. There is also a general consensus that recovery offers a useful and unifying means of improving individual experiences and outcomes. However, there are significant challenges to be addressed, some of which have been described here, and an increasingly pressing need to deeply question our approach as we move forward. It is possible that recovery is so hard to put into practice, so hard to disagree with and so open to misappropriation that it is starting to lose some of its early drive and energy as a liberating force for mental health improvement? If we are really serious about the future development of recovery then perhaps we need to clearer about what this will mean in practice for people affected by mental health issues, for services and professional groups and for society as a whole. If we are really serious about the future development of recovery approaches then we need to fully embrace all of these challenges.

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6 A tendency described recently as making recovery the ‘sacred cow of modern mental health care’: http://ucc.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=2ffa7bb7-e4c4-4cc2-9417-462211ce64b6

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