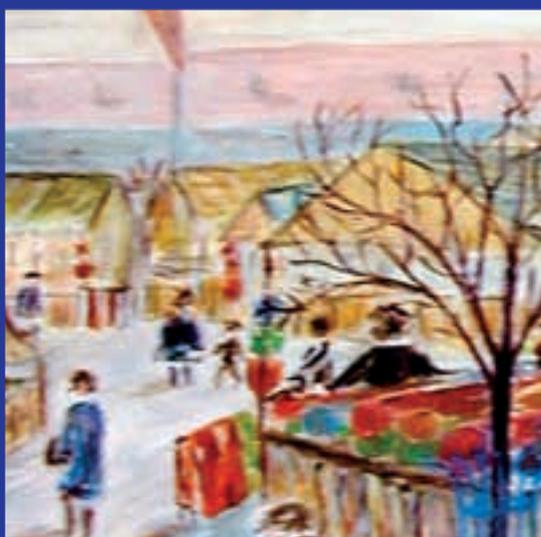


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NIMHE Guiding Statement on Recovery



Foreword

Recovery is a concept that has been introduced primarily by people who have recovered from mental health experiences and has grown considerably around the developed world. Now many people are talking about and using the word 'recovery'. However, in England, people have differing views of what recovery means, whilst the word is being included in common usage in mental health services, a clear understanding of what this means remains limited. This brief statement aims to set out NIMHE's emerging view of mental health recovery. We hope that this will contribute to the development of recovery-oriented services nationwide.

Defining Recovery

NIMHE is committed to the development of recovery-oriented services that can be used by people as tools to support their recovery. Recovery is not just about what services do to or for people. Rather, recovery is what people *experience themselves* as they become *empowered to manage their lives* in a manner that allows them to achieve a fulfilling, meaningful life and a contributing positive sense of belonging in their communities.

Recovery has a number of different meanings within the mental health and substance misuse communities. There is no one definition of the term acceptable to all parties involved. We define recovery to include the following meanings:

- 1) A return to a state of wellness (e.g., following an episode of depression);
- 2) Achievement of a personally acceptable quality of life (e.g., following an episode of psychosis);
- 3) A process or period of recovering (e.g. following trauma);
- 4) A process of gaining or restoring something (e.g. one's sobriety);
- 5) An act of obtaining usable resources from apparently unusable sources (e.g. in prolonged psychosis where the experience itself has intrinsic personal value);
- 6) To recover optimum quality of life and have satisfaction with life in disconnected circumstances (e.g. dementia).

Taken together, these six meanings suggest a broad vision of recovery that involves a process of changing one's orientation and behaviour from a negative focus on a troubling event, condition or circumstance to the positive restoration, rebuilding, reclaiming or taking control of one's life.

A recovery-oriented system of mental health treatment and care will therefore be an integrated network of culturally capable services and supports that first promote recovery. These services and supports will include:

- the full range of hospital and community-based services, including those in secure settings and prisons
- self-help and peer-run services, that the NHS and Local Authorities fund, facilitate, or foster
- their family, partner and friends
- faith communities
- individuals and groups in local communities.

Guiding Statement

Background

The concept of "recovery" is a relatively recent development in mental health services. Recovery within the mental health community offers both the possibility of improvement in a person's condition and/or experience and the importance of the person assuming an active and responsible life within their cultural and familial context. It is based on successful experiences with self-help and twelve-step groups in the substance misuse community, on psychiatric research into serious mental illnesses and on the success of self-help groups in the mental health community.

Principles and Values

NIMHE formally endorses the principles set out in the guiding principles below and in the poster and the values of people in recovery and their loved ones that are underpinned by the emerging NIMHE Framework of Values set out on page 4.

Based on these Principles and Values and our emerging knowledge of effective recovery practices identified in the NIMHE Emerging Best Practices in Mental Health Recovery Poster and companion PDF Manual, a recovery-oriented system of care will:

- Focus on people rather than services.
- Monitor outcomes rather than performance.
- Emphasise strengths rather than deficits or dysfunction.
- Educate people who provide services, schools, employers, the media and the public to combat stigma.
- Foster collaboration between those who need support and those who support them as an alternative to coercion.
- Through enabling and supporting self-management, promote autonomy and, as a result, decrease the need for people to rely on formal service and professional supports.

Guiding Principles for the delivery of recovery-oriented mental health services

Principle I

The user of services decides if and when to begin the recovery process and directs it; therefore, service user direction is essential throughout the process.

Principle II

The Mental Health System must be aware of its tendency to promote service user dependency. Users of service need to be aware of the negative impact of co-dependency.

Principle III

Users of service are able to recover more quickly when their:

- Hope is encouraged, enhanced and/or maintained;
- Life roles with respect to work and meaningful activities are defined;
- Spirituality is considered;
- Culture is understood;
- Educational needs as well as those of families/significant others are identified;
- Socialisation needs are identified.
- They are supported to achieve their goals.

Principle IV

Individual differences are considered and valued across the life span.

Principle V

Recovery from mental illness is most effective when a holistic approach is considered; this includes psychological, emotional, spiritual, physical and social needs.

Principle VI

In order to reflect current "best practices" there is a need for an integrated approach to treatment and

care that includes Medical/biological, Psychological, Social and Values Based approaches. A Recovery approach embraces all of these.

Principle VII

Clinicians and practitioners initial emphasis on 'hope' and the ability to develop trusting relationships influences the recovery of users of services.

Principle VIII

Clinicians and practitioners should operate from a strengths/assets model.

Principle IX

Users of service with the support of clinicians, practitioners and other supporters should develop a recovery management or wellness recovery action plan. This plan focuses on wellness, the treatments and supports that will facilitate recovery and the resources that will support the recovery process.

Principle X

Involvement of a person's family, partner and friends may enhance the recovery process. The user of service should define whom they wish to involve.

Principle XI

Mental Health services are most effective when delivery is within the context of the service user's locality and cultural context.

Principle XII

Community involvement as defined by the user of service is central to the recovery process.

(Principles from Emerging Best Practices in Mental Health Recovery UK Version 1, 2004)

NIMHE Emerging National Framework of Values for Mental Health

The work of NIMHE on values in mental health care is guided by three principles of values-based practice:

- 1) **Recognition** – NIMHE recognises the role of values alongside evidence in all areas of mental health policy and practice
- 2) **Raising Awareness** – NIMHE is committed to raising awareness of the values involved in different contexts, the role/s they play and their impact on practice in mental health
- 3) **Respect** – NIMHE respects diversity of values and will support ways of working with such diversity that makes the principle of service user-centrality a unifying focus for practice. This means that the values of each individual user of services and their communities must be the starting point and key determinant for all actions by professionals

Respect for diversity of values encompasses a number of specific policies and principles concerned with equality of **citizenship**. In particular, it is anti-discriminatory because discrimination in all its forms is intolerant of diversity. Thus respect for diversity of values has the consequence that it is unacceptable (and unlawful in some instances) to discriminate on grounds such as gender, sexual orientation, class, age, abilities, religion, race, culture or language.

Respect for diversity within mental health is also,

- **user-centred** – it puts respect for the values of individual users at the centre of policy and practice

- **recovery oriented** – it recognises that building on the personal strengths and resilience's of individual users, and on their cultural and racial characteristics, there are many diverse routes to recovery
- **multi-disciplinary** – it requires that respect be reciprocal, at a personal level (between service users, their family members, friends, communities and providers), between different provider disciplines (such as nursing, psychology, psychiatry, medicine, social work, occupational therapy), and between different organisations (including health, social care, local authority housing, voluntary organisations, community groups, faith communities and other social support services)
- **dynamic** – it is open and responsive to change
- **reflective** – it combines self-monitoring and self-management with positive self-regard
- **balanced** – it emphasises positive as well as negative values
- **relational** – it puts positive working relationships supported by good communication skills at the heart of practice

NIMHE will encourage educational and research initiatives aimed at developing the capabilities (the awareness, attitudes, knowledge and skills) needed to deliver mental health services that will give effect to the principles of values-based practice.

For details on what is happening in your areas see list below:

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User artwork: *'South Shields Market'* – by Dave Barras

NIMHE is part of the modernisation Agency at the Department of Health