In support of personal recovery

Mike Slade

Professor of Mental Health Recovery and Social Inclusion
University of Nottingham

16 November 2016

Three arguments

1. Personal recovery has un-stuck the system

2. Personal recovery research exposes clinical assumptions

3. Personal recovery is a transitional discourse

Personal recovery has unstuck the system

Old paradigm

As compared to 30 years ago, there have been no new drugs or other biological treatments that are clearly more effective than what was available then. All current major psychotherapy schools had already outlined their models, and the common service models, including community mental health teams and day hospitals, had all been introduced.

Progress in fundamental research, such as genetics and neuro-science, has been considerable, and their applications to practice are regularly presented as imminent. However, as of now, achievements in fundamental research have led to no obvious breakthrough in treatment.

Priebe S (2016) A social paradigm in psychiatry – themes and perspectives, Epidemiology and Psychiatric Sciences, **25**, 521-527

New paradigm creating innovation

Peer workers / trainers / leaders

Recovery Colleges

No Force First

Housing First

Individual Placement and Support

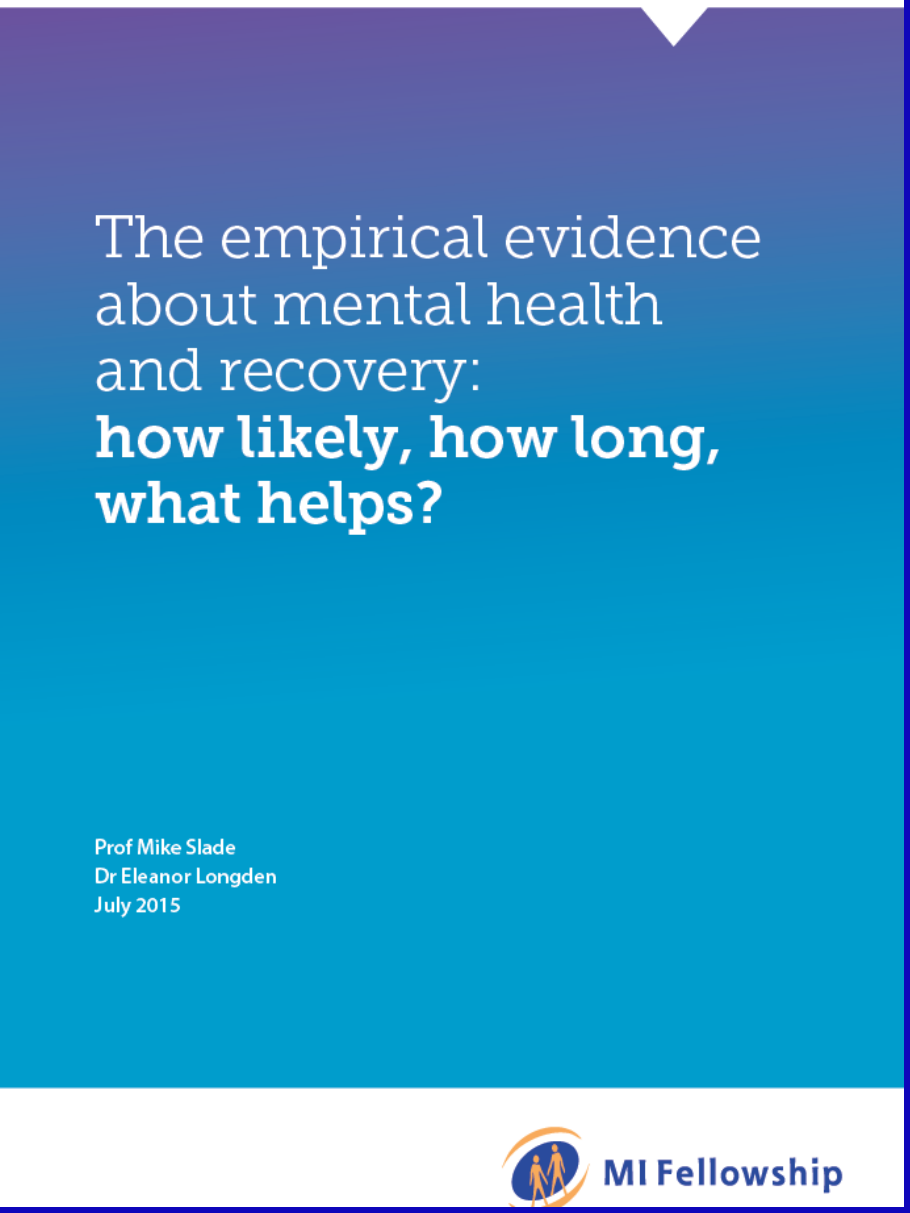
Wellness Recovery Action Planning

Trialogues

Shared decision making

Expert-by-experience etc. etc.

Personal recovery research exposes clinical assumptions



2015

Slade M, Longden E (2015) *Empirical evidence about mental health and recovery*, BMC Psychiatry, **15**, 285.

Seven messages

1. Recovery is best judged by the person living with the experience
2. Many people with mental health problems recover
3. If a person no longer meets criteria for a mental illness, they are not ill
4. Diagnosis is not a robust foundation
5. Treatment is one route among many to recovery
6. Some people choose not to use mental health services
7. The impact of mental health problems is mixed.

Everyday Solutions for Everyday Problems: How Mental Health Systems Can Support Recovery

Mike Slade, Ph.D.

People who experience mental illness can be viewed as either fundamentally different than, or fundamentally like, everyone else in society. Recovery-oriented mental health systems focus on commonality. In practice, this involves an orientation toward supporting everyday solutions for everyday problems rather than providing specialist treatments for mental illness–related problems. This change is evident in relation to help offered with housing, employment, relationships, and spirituality. Interventions may contribute to the process of striving for a life worth living, but they are a means, not an end. Mental health systems that offer treatments in support of an individual's life goals are very different than those that treat patients in their best interests. The strongest contribution of mental health services to recovery is to support everyday solutions to everyday problems. (*Psychiatric Services* 63:702–704, 2012; doi: 10.1176/appi.ps.201100521)

Is it more helpful to view people who experience mental illness as fundamentally different from, or fundamentally similar to, other members of their community? This question underpins a debate currently underway in the United States about the nature of mental health policy (1). Are services for persons with a mental illness best provided within a framework of mainstream public policy or through a mental health–specific policy geared to individuals with exceptional problems?

In a review of a series of articles that argued for a shift toward mainstream policy, the authors identified two conclusions (1). First, understanding the contribution of mental health research to mainstream public policy is in everyone's interest. Second, this shift changes the metrics for evaluating success away from traditional clinical imperatives, such as symptomatology and relapse rates, and toward valued social roles, such as residential stability and labor force participation.

In the United Kingdom, a similar shift toward emphasizing commonality over differences has occurred. Current mental health policy identifies six outcomes to improve mental health: improving physical health, supporting recovery, improving experience of services, reducing avoidable harm, decreasing stigma, and improving the population's well-being (2). This policy has shifted the balance away from a special policy for dealing with mental health problems and toward integration of mental health into mainstream social policy, a change reflected in the policy's title—"No Health Without Mental Health."

The same question that has preoccupied policy makers arises at the level of the individual. Although the question has been explored less at that level, two classes of problems and two classes of solutions can be distinguished. People using mental health services often have both everyday problems of the sort experienced by others in their community and problems specifically related to mental illness, such as symptoms and cognitive difficulties. The challenge for service provision is achieving the right balance between use of the everyday solutions used by others in their community and use of specialist solutions (treatments). The traditional approach, perhaps, has been to prioritize specialist solutions for mental illness–related problems—provide treatment so people can get on with their lives. However, in a recovery-oriented mental health system, the balance changes toward supporting everyday solutions for everyday problems.

A recovery orientation is now central to mental health policy throughout the English-speaking world (3). This Open Forum discusses the practical implications of the change in orientation and describes the scientific evidence underpinning this reorientation (4,5).

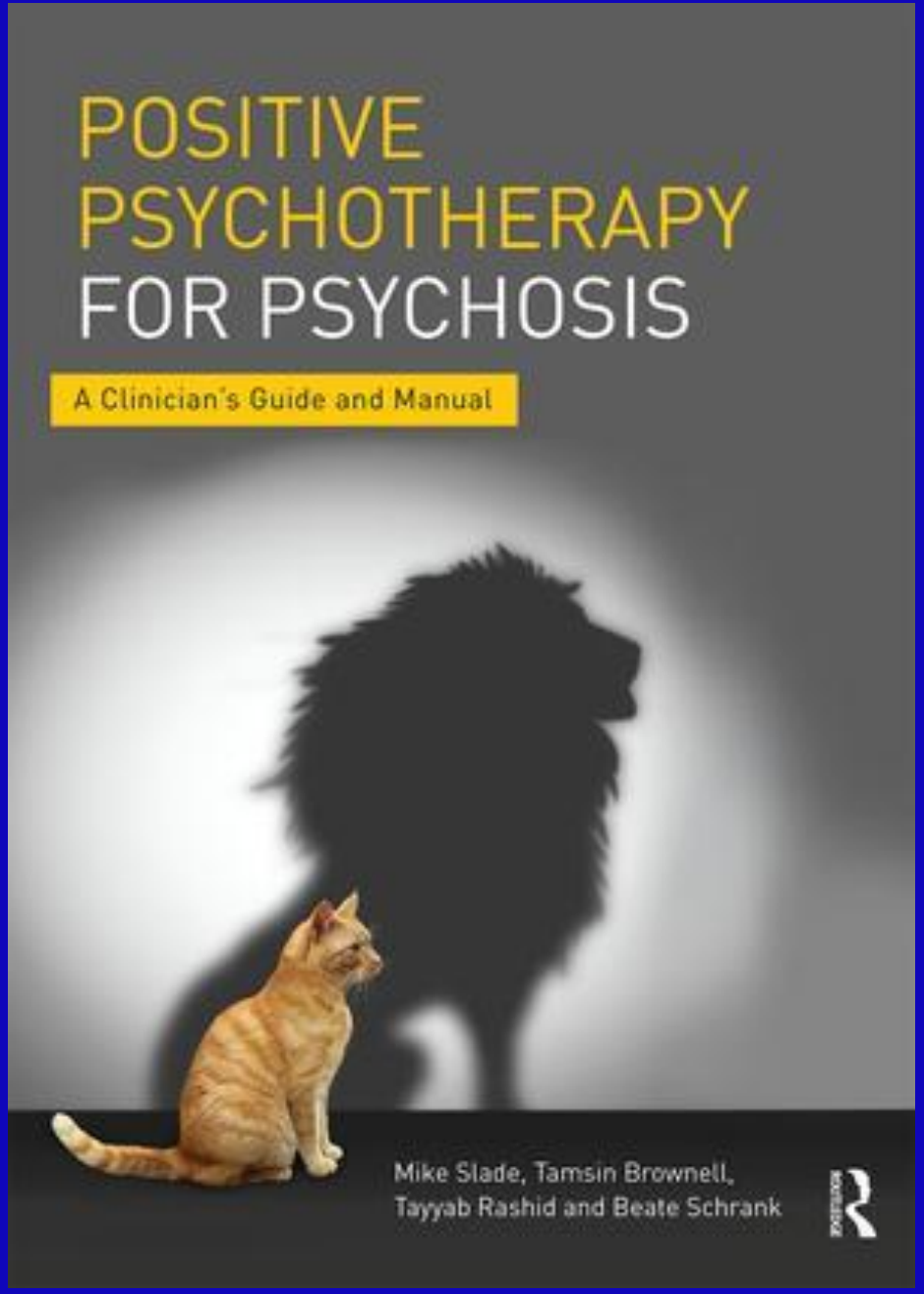
An illness or a person?

Development and consolidation of one's identity are central to recovery (6). The construct of identity has emerged from three academic disciplines (5). A sociological understanding of identity emphasizes commonality, the ways in which people are alike. A psychological understanding emphasizes difference, the ways in people are not alike. A philosophical understanding emphasizes permanence, the persistence of identity over time and space.

Mental illness creates a sense of being different than others—of being alone, helpless, tainted, or hopeless.

Prof. Slade is affiliated with King's College London, Health Service and Population Research Department, Institute of Psychiatry, Denmark Hill, Box P029, London SE5 8AF, United Kingdom (e-mail: mike.slade@kcl.ac.uk).

2012


POSITIVE
PSYCHOTHERAPY
FOR PSYCHOSIS
A Clinician's Guide and Manual
Mike Slade, Tamsin Brownell,
Tayyab Rashid and Beate Schrank

2017

Not everyone agrees…

We object to therapeutic techniques like 'mindfulness' and "positive thinking" being used to pacify patients and stifle collective dissent.

Recovery in the bin, key principle 7

Personal recovery as a transitional discourse

Personal recovery as political

Ignores issues of power

Morrow M, Weisser J (2012) *Towards a Social Justice Framework of Mental Health Recovery*, Studies in Social Justice, **6**, 27-43.

Maintains neo-liberalism

Braslow J (2013) *The Manufacture of Recovery,* Annual Review of Clinical Psychology, **9**, 781-809.

Allows continued denial of human rights

Forrest R (2014) *The implications of adopting a human rights approach to recovery in practice,* Mental Health Practice, **17**, 29-33.

Responsibilisation

Harper D, Speed E (2012) *Uncovering Recovery: The Resistible Rise of Recovery and Resilience,* Studies in Social Justice, **6**, 9-25.

Co-opted by system

Commandeered, hijacked

Mental Health "Recovery" Study Working Group (2009) Mental Health "Recovery": Users and Refusers, Toronto: Wellesley Institute.

Mind (2008) Life and times of a supermodel. The recovery paradigm for mental health, London: Mind.

Sadly, for those of us with lived experience, recovery has now moved beyond the personal to the corporate and commercially meaningful

Edwards B (2015) *Recovery: Accepting the unacceptable?*, Clinical Psychology Forum, **268**, 26-27.

Adm Policy Ment Health (2015) 42:429–438
DOI 10.1007/s10488-014-0585-x

ORIGINAL ARTICLE

Competing Priorities: Staff Perspectives on Supporting Recovery

Clair Le Boutillier · Mike Slade · Vanessa Lawrence · Victoria J. Bird · Ruth Chandler · Marianne Farkas · Courtenay Harding · John Larsen · Lindsay G. Oades · Glenn Roberts · Geoff Shepherd · Graham Thornicroft · Julie Williams · Mary Leamy

Published online: 19 August 2014

Abstract Recovery has come to mean living a life beyond mental illness, and recovery orientation is policy in many countries. The aims of this study were to investigate what staff say they do to support recovery and to identify what they perceive as barriers and facilitators associated with providing recovery-oriented support. Data collection included ten focus groups with multidisciplinary clinicians (n = 34) and team leaders (n = 31), and individual interviews with clinicians (n = 18), team leaders (n = 6) and senior managers (n = 8). The identified core category was Competing Priorities, with staff identifying conflicting system priorities that influence how recovery-oriented practice is implemented. Three sub-categories were: Health Process Priorities, Business Priorities, and Staff Role Perception. Efforts to transform services towards a recovery orientation require a whole-systems approach.

Keywords Mental health service provision · Recovery orientation · Staff perspective · Competing priorities

Introduction

Mental health staff are encouraged to support the recovery of individuals living with severe mental illness (Department of Health 2011a, b; Department of health human services 2003) by transforming services towards a recovery orientation (Bracken et al. 2012). Recovery is a unique, personal self-directed process of transformation, and discovery of a new self to overcome mental illness and reclaim control and responsibility for one's life decisions (Anthony 1993). It is a journey of hope and empowerment, connectedness, identity, and meaning and purpose (Leamy

2015

Le Boutillier et al. Implementation Science (2015) 10:87
DOI 10.1186/s13012-015-0275-4

IMPLEMENTATION SCIENCE

SYSTEMATIC REVIEW Open Access

Staff understanding of recovery-orientated mental health practice: a systematic review and narrative synthesis

Clair Le Boutillier[1*], Agnes Chevalier[1], Vanessa Lawrence[1], Mary Leamy[1], Victoria J Bird[1], Rob Macpherson[2], Julie Williams[1] and Mike Slade[1]

Abstract

Background: Mental health policy is for staff to transform their practice towards a recovery orientation. Staff understanding of recovery-orientated practice will influence the implementation of this policy. The aim of this study was to conduct a systematic review and narrative synthesis of empirical studies identifying clinician and manager conceptualisations of recovery-orientated practice.

Methods: A systematic review of empirical primary research was conducted. Data sources were online databases (*n* = 8), journal table of contents (*n* = 5), internet, expert consultation (*n* = 13), reference lists of included studies and references to included studies. Narrative synthesis was used to integrate the findings.

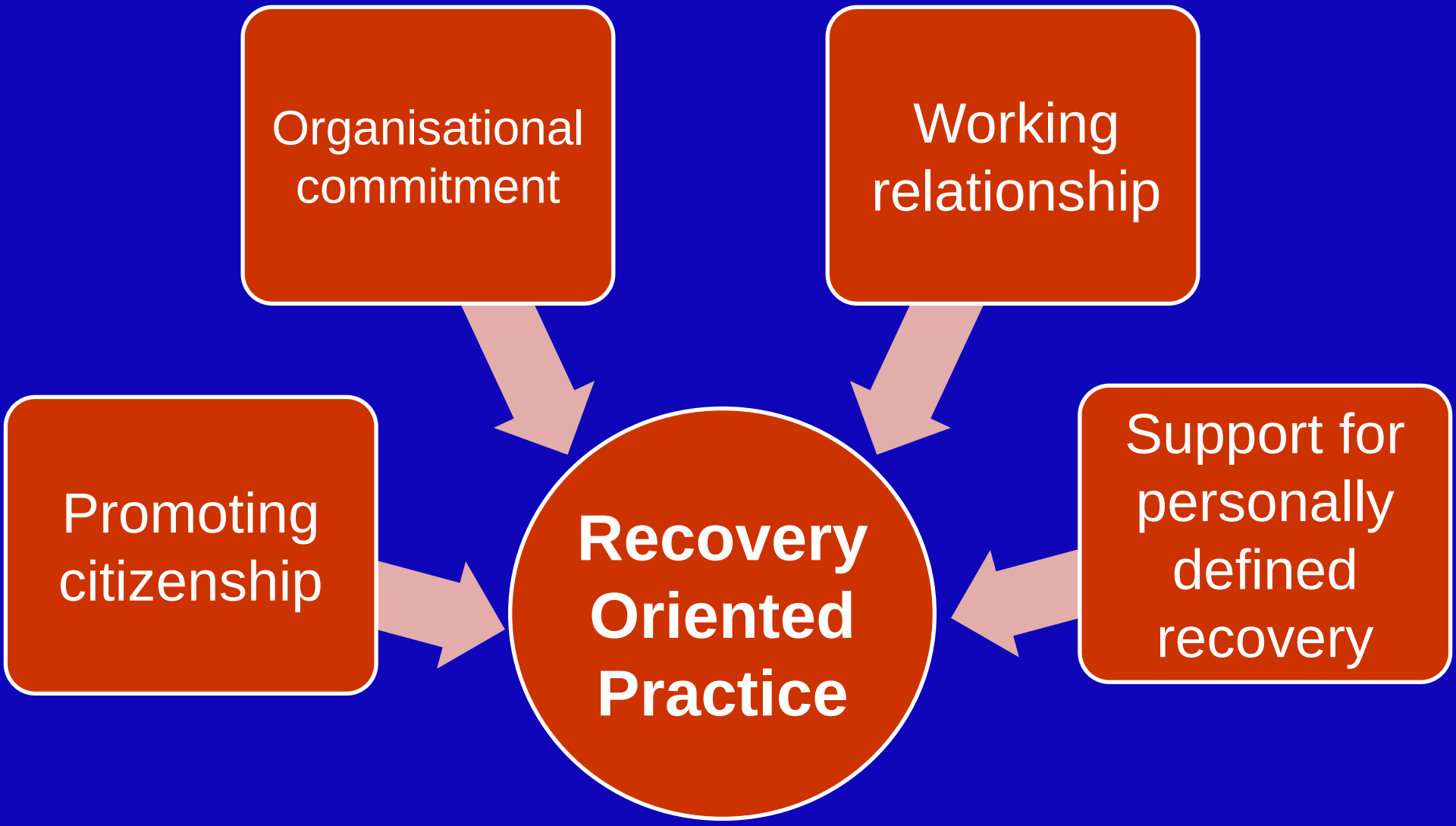
Results: A total of 10,125 studies were screened, 245 full papers were retrieved, and 22 were included (participants, *n* = 1163). The following three conceptualisations of recovery-orientated practice were identified: clinical recovery, personal recovery and service-defined recovery. Service-defined recovery is a new conceptualisation which translates recovery into practice according to the goals and financial needs of the organisation.

Conclusions: Organisational priorities influence staff understanding of recovery support. This influence is leading to the emergence of an additional meaning of recovery. The impact of service-led approaches to operationalising recovery-orientated practice has not been evaluated.

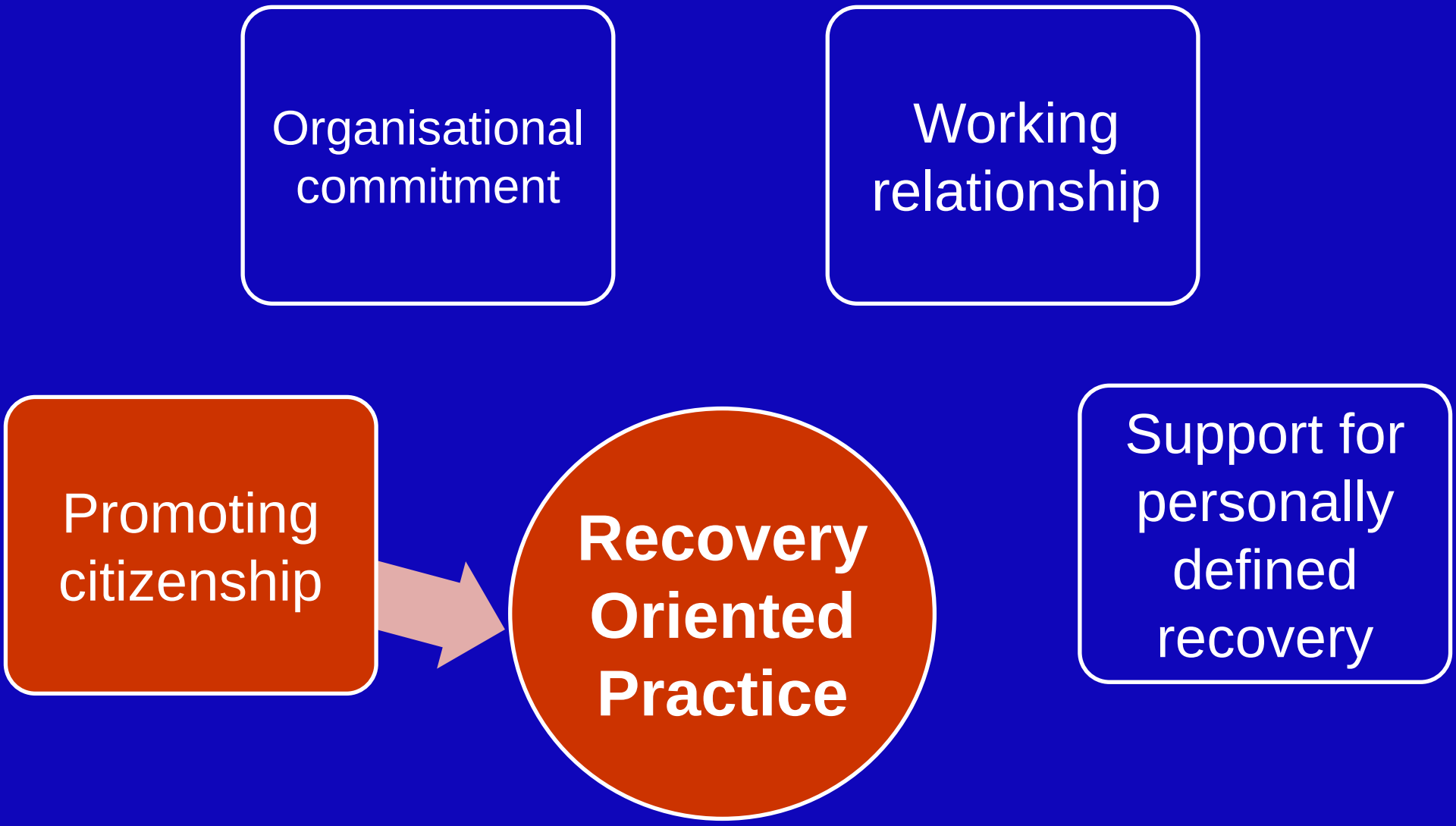
Trial Registration: The protocol for the review was pre-registered (PROSPERO 2013: CRD42013005942).

Keywords: Recovery-orientated practice, Staff perspective, System transformation

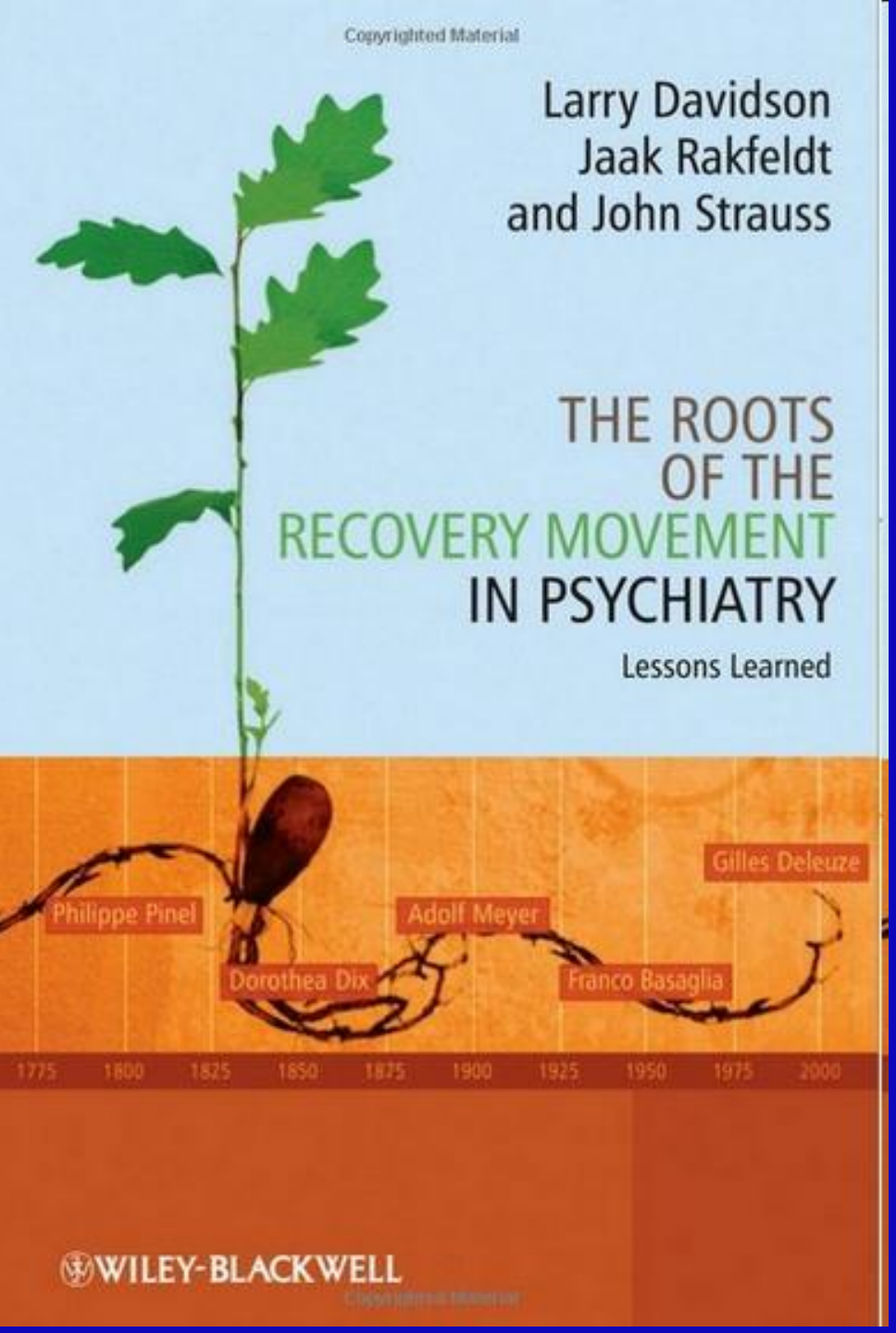
2015



Le Boutillier C, Leamy M, Bird V, Davidson L, Williams J, Slade M (2011) *What does recovery mean in practice? A qualitative analysis of international recovery-oriented practice guidance*, Psychiatric Services, **62**, 1470-1476.



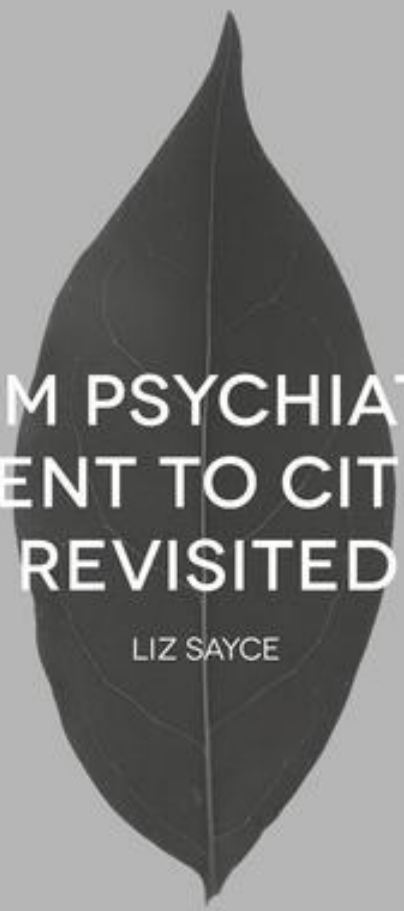
Le Boutillier C, Leamy M, Bird V, Davidson L, Williams J, Slade M (2011) *What does recovery mean in practice? A qualitative analysis of international recovery-oriented practice guidance*, Psychiatric Services, **62**, 1470-1476.



Nothing about us without us

2009

FOUNDATIONS OF MENTAL HEALTH PRACTICE



FROM PSYCHIATRIC PATIENT TO CITIZEN REVISITED

LIZ SAYCE

SERIES EDITORS:
THURSTINE BASSET & THEO STICKLEY

2015

Slade *BMC Health Services Research* 2010, **10**:26
http://www.biomedcentral.com/1472-6963/10/26

BMC Health Services Research

DEBATE Open Access

Mental illness and well-being: the central importance of positive psychology and recovery approaches

Mike Slade*

Abstract

Background: A new evidence base is emerging, which focuses on well-being. This makes it possible for health services to orientate around promoting well-being as well as treating illness, and so to make a reality of the long-standing rhetoric that health is more than the absence of illness. The aim of this paper is to support the re-orientation of health services around promoting well-being. Mental health services are used as an example to illustrate the new knowledge skills which will be needed by health professionals.

Discussion: New forms of evidence give a triangulated understanding about the promotion of well-being in mental health services. The academic discipline of positive psychology is developing evidence-based interventions to improve well-being. This complements the results emerging from synthesising narratives about recovery from mental illness, which provide ecologically valid insights into the processes by which people experiencing mental illness can develop a purposeful and meaningful life. The implications for health professionals are explored. In relation to working with individuals, more emphasis on the person's own goals and strengths will be needed, with integration of interventions which promote well-being into routine clinical practice. In addition, a more societally-focussed role for professionals is envisaged, in which a central part of the job is to influence local and national policies and practices that impact on well-being.

Summary: If health services are to give primacy to increasing well-being, rather than to treating illness, then health workers need new approaches to working with individuals. For mental health services, this will involve the incorporation of emerging knowledge from recovery and from positive psychology into education and training for all mental health professionals, and changes to some long-established working practices.

Background

The World Health Organisation (WHO) declares that health is "*A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*" [1]. However, creating health-oriented rather than illness-oriented services has proved rather more difficult than the clarity of this declaration would suggest. Efforts to generate a science of illness have been very successful, with shared taxonomies to identify types of illness, established and validated interventions to treat and manage these identified illnesses, and clinical guidelines and quality standards available to increase efficiency and equity. These successes have not been mirrored by equivalent advances in applying the science of well-being within health services. The typical health worker will know a lot about treating illness, and far less about promoting well-being.

In this article we use mental health services as an exemplar of the issue, and explore how mental health services could more effectively promote well-being. Our central argument is that mental health workers will need new approaches to assessment and treatment if the goal is promoting well-being rather than treating illness. Well-being is becoming a central focus of international policy, *e.g.* Canada [2] and the United Kingdom [3]. In the same way that tertiary prevention is an important health promotion strategy, well-being is possible for people experiencing mental illness.

We will discuss two new emerging areas of knowledge which are highly complementary, and provide a

* Correspondence: mslade@iop.kcl.ac.uk
Health Service and Population Research Department (Box P029), Institute of Psychiatry, King's College London, Denmark Hill, London, SE5 8AF UK

2010

Growing political consciousness

Psychology

Psychologists against austerity

https://psychagainstausterity.wordpress.com/

Psychiatry

Priebe S (2015) *The political mission of psychiatry*, World Psychiatry, **14**, 1-2.

The future…?

Peer-led services

Rose D et al (2016) *Service user led organisations in mental health today*, Journal of Mental Health, DOI:10.3109/09638237.09632016.01139070.

Human rights discourse

Forrest R (2014) *The implications of adopting a human rights approach to recovery in practice*, Mental Health Practice, **17**, 29-33.

Power shift – money, leadership

Brosnan L (2012) *Power and Participation: An Examination of the Dynamics of Mental Health Service-User Involvement in Ireland*, Studies in Social Justice, **6**, 45-66.

Politically-conscious theory

Watson D (2012) *The Evolving Understanding of Recovery: What the Sociology of Mental Health has to Offer*, Humanity & Society, **36**, 290-308.

Foresight five ways to wellbeing

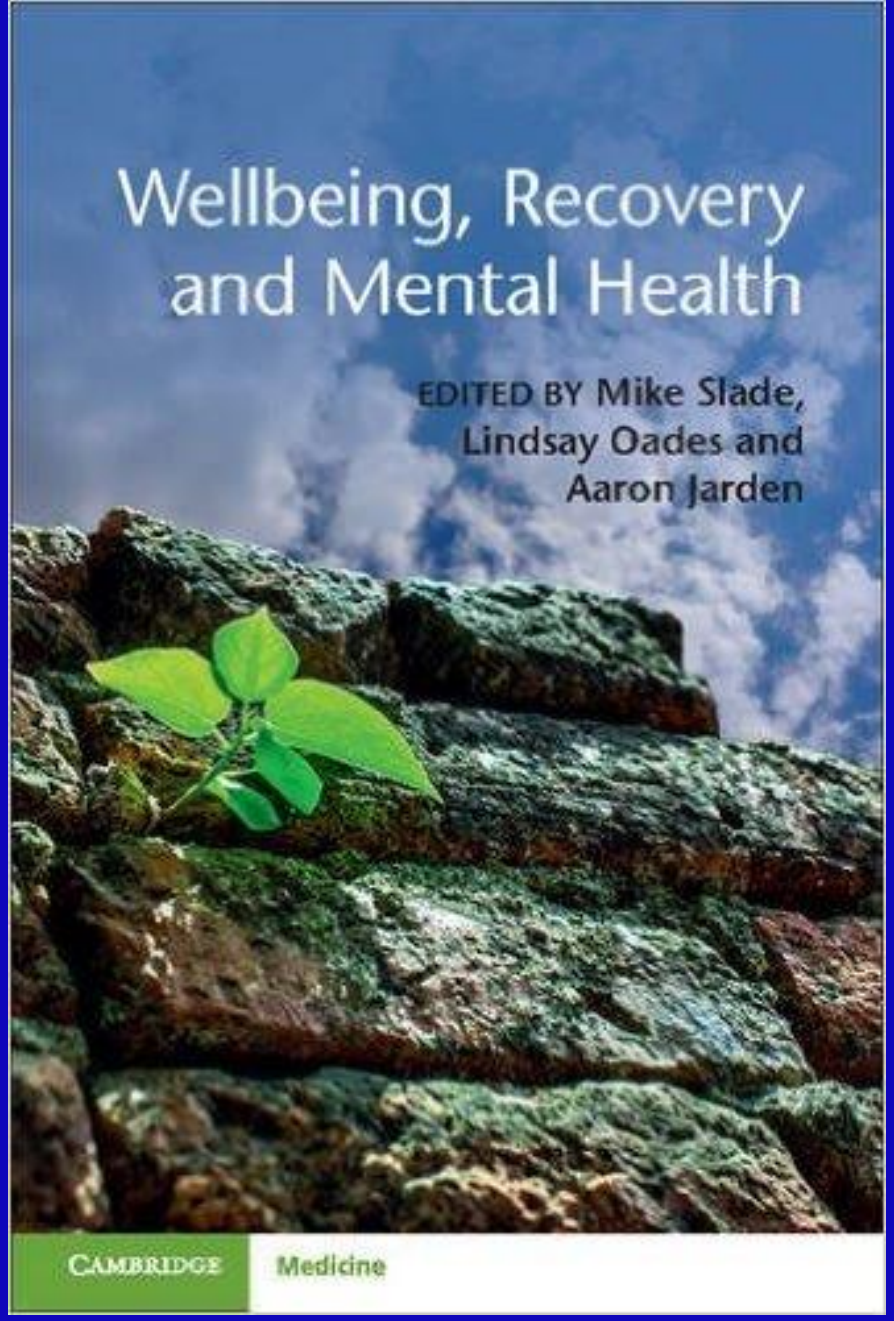
Connect

Be active

Take notice…

Keep learning…

Give…


Wellbeing, Recovery and Mental Health
EDITED BY Mike Slade, Lindsay Oades and Aaron Jarden
CAMBRIDGE
Medicine

2017

Thank you

More information at researchintorecovery.com

Email: m.slade@nottingham.ac.uk