

LIVING WELL

Mary O'Hagan describes how recovery has been redefined in New Zealand

Published in *Openmind* 118, Nov/Dec 2002, pp 16-17

Why we nearly didn't adopt 'recovery'

Since 1998, all mental health services in New Zealand have been required by government policy to use a recovery approach. There is now wide acceptance of 'recovery' in New Zealand's mental health sector, which is paradoxical given that 'recovery' nearly didn't make it into the policy at all.

I was one of a small team of service users who wrote the recovery content in the Mental Health Commission's *Blueprint for Mental Health Services in New Zealand*.⁽¹⁾ We debated at length about whether to use the term 'recovery' or not. If we had been able to agree on another word we would have jumped for it. It was partly by default that recovery found its way into our policy and discourse.

People in New Zealand had been talking about recovery for some years and there was a lot of support for the concept. But we knew some service users didn't like the word. 'Recovery takes you back to where you were, but my experience transformed me.' 'I'll always have mental health problems so I'll never recover.' 'I don't believe I had an illness but recovery implies I did have one.' 'I don't see my madness as undesirable, so what is it I need to recover from?.' 'To recover means to cover up again, but I don't want to cover up my distress.'

Some people had other concerns about recovery that went deeper than semantics: first, that recovery is an import from America; second, the Americans, in emphasising recovery as an individual process, have seemed to overlook that it is a social process as well; and third, that recovery in America evolved out of psychiatric rehabilitation and was perhaps driven more by professionals than by service users.

Were we right to go with the term 'recovery'? Yes we were, but only because we have redefined recovery for the New Zealand context and passed ownership of it to service users.

The New Zealand redefinition of recovery

The Blueprint loosely defines recovery as 'living well in the presence or absence of one's mental illness'. It mentions the importance of hope and personal and social responsibility. It states that families, communities and people with mental health problems themselves need to be as actively involved in recovery as mental health services. The Blueprint also asserts that discrimination is the biggest barrier to

recovery. Although the Blueprint reflects our early thinking about recovery, it shows some differences in emphasis to much of the mostly American recovery literature around at the time.

The American literature is strong on the individual process of recovery, especially the view that people with ongoing mental health problems have reason for hope and that recovery is the service user's own unique, self-determined journey. However, some of this literature has an almost evangelical feel about it at times, which is slightly at odds with New Zealand's more understated culture.

But it was the gaps in the American recovery literature that struck us most, from our perspectives as both New Zealanders and as service users. New Zealand is one of the few western countries that has seriously attempted to right the wrongs of white colonialism. The recovery literature was very monocultural and we needed to acknowledge cultural diversity and a connection to one's own culture as a key to recovery. Coming from the most individualistic country in the world, the American literature focuses mainly on the individual's process rather than the social, economic and political processes that also enable recovery. Again, we wanted to emphasise citizenship and the breaking down of stigma and discrimination as central to recovery. An emphasis on social as well as personal responsibility for recovery may not sit easily with American libertarianism but it does fit New Zealand's traditions of egalitarianism and collective responsibility.

Much of the American recovery literature accepted, at least implicitly, the biomedical model of 'mental illness'. It did not place a great deal of emphasis on challenging the veracity or the dominance of the biomedical model in mental health services. We wanted the recovery approach in New Zealand to signal that there are many ways of understanding and responding to mental health problems and that no one way should dominate at the expense of others.

We also found that the recovery literature did not necessarily reflect all the values of the user/ survivor movement. Yet we believed that user/survivor movement values should drive recovery more strongly than any other movement, such as psychiatric rehabilitation. Indeed, we have described recovery as the approach that service users have been asking for all along. So we put the spotlight on human rights, advocacy and on service user partnerships with professionals at all levels and phases of service planning, delivery and evaluation.

So, we added quite a lot of content to the recovery 'container' that we'd inherited from America. We were confident that New Zealanders would as a result come to associate the label 'recovery' with the fuller 'container'. Some service users in New Zealand still don't like the word 'recovery' but I have not heard one of them object to the way we have defined and interpreted it.

Recovery competencies for New Zealand mental health workers

The Blueprint was light on detail, so the Mental Health Commission has continued to define recovery and to interpret what it might look like in the world of practice and experience. Our first major publication after the Blueprint was a description of recovery competencies for mental health workers.(2) These competencies fall into ten major categories which are elaborated on in the text:

A competent mental health worker:

- understands recovery principles and experiences in the New Zealand and international contexts
- recognises and supports the personal resourcefulness of people with mental illness
- understands and accommodates the diverse views on mental illness, treatments, services and recovery
- has the self-awareness and skills to communicate respectfully and develop good relationships with service users
- understands and actively protects service users' rights
- understands discrimination and social exclusion, its impact on service users and how to reduce it
- acknowledges the different cultures of New Zealand and knows how to provide a service in partnership with them
- has comprehensive knowledge of community services and resources and actively supports service users to use them
- has knowledge of the service user movement and is able to support their participation in services
- has knowledge of family perspectives and is able to support their participation in services.

The recovery competencies have been promoted to people who set the curricula in mental health education, but the document has also been used by services for quality improvement, job descriptions and performance appraisal. Later, the Commission produced a starter kit of recovery articles and teaching aids for educators, which has been well received.(3)

Kia Mauri Tau!

The Commission has also published a research report, providing a thematic analysis of 20 Maori and 20 non-Maori people's narratives of recovery from disabling mental health problems.(4) One of the interviewees led and wrote up the research. This research is unprecedented in New Zealand: it focuses on recovery rather than just illness or distress; it is a bicultural partnership between Maori and people of European descent; and it takes people with experience of mental health problems at their word.

What next for New Zealand?

Although recovery is widely accepted as a concept by people in the mental health sector in New Zealand, the Commission still has a long way to go to ensure that recovery as we have defined it becomes embedded in mental health services. So far, we've highlighted how individuals can contribute to recovery – both mental health workers and service users themselves. But we also need to define and promote the social environments and service systems that support recovery. Most importantly, this needs to be led by service users as bureaucrats, advocates, researchers, educators, academics, service providers and people who simply want a better service.

Recovery in Britain

Recently I visited Britain and everyone seemed to be talking about recovery. Some service users were very sceptical about it and raised similar concerns to those raised in New Zealand. They also expressed a fear that that recovery in Britain was being led by professionals rather than service users, giving tired, old paternalistic practices a new name and forcing people out of mental health services before they were ready. And there was of course resistance to adopting an approach developed in another country that is famous for its cultural imperialism.

The New Zealand experience has shown that a problematic concept like 'recovery' can be adapted to suit both local circumstances and the need for service users to lead it. What 'recovery' conjures up in people's thoughts and behaviour, and who leads it, is much more important than circular semantic debates about the meaning of the word. 'Recovery' is a fairly simple, generic word with multiple meanings – not just medical but economic, legal, military and psychological meanings as well. Who knows, perhaps dictionaries in a hundred years' time will add another meaning as well: 'the individual and social processes that ensure people with ongoing or episodic mental health problems can live well'.

Notes

1. Mental Health Commission (1998) *Blueprint for Mental Health Services in New Zealand*.
2. Mental Health Commission (2002) *Recovery Competencies for New Zealand Mental Health Workers*.
3. Mental Health Commission (2002) *Mental Health Recovery Competencies Teaching Resource Kit*. Available on CD-ROM from the Mental Health Commission: email info@mhc.govt.nz
4. Lapsley, H., Nikora, L. and Black, R. (2002) *Kia Mauri Tau! Narratives of Recovery from Disabling Mental Health Problems*, Mental Health Commission.

These publications are freely available at www.mhc.govt.nz