

Implementing a Recovery Approach in Policy and Practice: A Review of the Literature

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Aims

This literature review examines some of the international literature to date relating to the implementation of recovery-orientated policy and practice. It aims to highlight the policy and practice contexts of initiatives, and their relevance to the Scottish context. It identifies key points from the international evidence and makes suggestions as to where this evidence may be used as a basis for Scottish policy and service development.

Methods and key findings

The review provides a summary of examples of international recovery influenced policy, before reviewing the Scottish context with relation to current mental health policy, legislation and practice. It provides the opinion that the Scottish mental health environment is receptive to recovery approaches and has already developed agencies, policy and legislation with the capacity to promote such approaches further. Lessons can be learnt from other countries, such as New Zealand, where the development of recovery competencies has led to their use by services, or England, where the adoption of 'good practice in recovery' guidelines has been introduced by the National Institute for Mental Health for England.

A recovery paradigm is introduced, consisting of 'individual' and 'exchange' characteristics. Individual characteristics are those features of the individual that have contributed to their recovery. Exchange characteristics relate to the interaction between the individual and their environment (in this case, mental health services and the professionals working within them). This provides a framework to explore some specific examples.

The first example examines exchange characteristics, by looking at the interaction between service users and health and social work professionals. The literature suggests that existing professionals re-examine their approach, to ensure that it is truly person centred and seeks to educate and work in partnership with service users. Optimism and hope should be a central

focus of the support provided to service users, as should the aim of maximising social inclusion. By changing the focus of the interaction between professional and service user, a recovery approach can be incorporated into current practice, particularly through the opportunities presented by Continuing Professional Development. The issue of risk, which can hamper innovative practices across all disciplines, is raised, and it is recommended that professionals are better supported in managing risk.

The wider environmental influences are examined, firstly by using mental health services as an example. Mental health nursing settings and employment services that have adopted recovery orientated approaches are described. The benefits and challenges presented by adopting such approaches (e.g. greater self-determination, which can benefit both service users and professionals) are discussed. Inpatient stays were reduced and staff job-satisfaction improved. There were challenges presented by changing workloads and the gaps in staff raining which had previously focused on issues like the management of untoward incidents, rather than the development of therapeutic relationships.

Environmental influences are further described, with different examples of peer support services and the growing influence of user involvement. There is great potential for the further development of peer delivered services in Scotland, as this would allow service users greater access to receiving support from people with similar experiences to themselves. Peer support services have the potential to widen meaningful employment opportunities for current and past service users. It is suggested that well resourced and supported peer support initiatives could be developed in Scotland. User involvement has become a key part of service planning, delivery and evaluation, but, for it to be meaningful, it requires resources and commitment from both agencies and professionals. It is suggested that all parties may benefit from training around effective working with both peer support and user involvement.

Conclusions

There are problems associated with fitting recovery approaches within the current climate of evidence based practice, because existing measures may not capture what is important to the service user. Recovery is a subjective experience and difficult to capture using standard outcomes and measurements. It is suggested that to overcome this, different types of evidence are accepted as having validity. The values based practice approach (which has arisen as a counterpoint to evidence based practice, with its central tenet being the values and perspectives of the service user) is seen as having an important role to play within the implementation of recovery orientated practice.

Moves to implement a recovery-orientated approach need underpinning by a firm evidence base. This review of the literature indicates a current lack of rigorous evidence, particularly in the peer-reviewed literature. Continuing research would be useful for policy makers and practitioners around what factors are promoting people's recovery. Different types of evidence and outcomes need to be valued, with efficacy not being judged solely on randomised control trials. To help build this evidence base, independent evaluation should be incorporated into service development and new initiatives that seek to promote recovery.

The Scottish Recovery Network is viewed as having a key role to play in continuing to promote recovery orientated approaches; in particular through its continued awareness raising. It is suggested that it has the potential to use this awareness raising capacity to influence training and research bringing recovery orientated practice to service planners and providers.

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