

Plotting the Story of Recovery in Edinburgh and Scotland

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Introduction

The 'recovery' agenda asserts that the voice of the service user in determining her or his own story of recovery has to be given priority. Recovery emerged in the 1990s as a major topic in mental health ideology, policy, practice and politics, notably in the US (Jacobson, 2004) and New Zealand (Mental Health Commission, 2007). Often cited is Anthony's (1993) account of recovery as 'a way of living a satisfying, hopeful and contributing life even with limitations caused by illness' and 'guiding vision for mental health service systems'.

'Supporting and promoting recovery' is one of the four key aims of Scotland's National Programme for Improving Mental Health and Well-being. The Scottish Recovery Network is funded to work towards this aim. We intended the study on which this discussion paper is based (completed mid-2006) to contribute to development of recovery in Scotland through critical inquiry.

The study

The main *aim* of this small-scale interpretive study was to provide **one** initial and provisional – not the – answer to the question 'What's the story of recovery in Edinburgh and Scotland?' Three linked *methods* were used:

- review of key *local, national and international texts* on experience, policy, practice and recovery-focused research;
- *semi-structured, informal interviews with 11 key actors* from the four constituencies on their perceptions of the emergence and development of 'recovery' and implications for implementation of a recovery agenda. Key actors were identified (by the authors or others) as well-placed to give informed views; some of those invited to take part did not;
- *notes taken at local and national recovery events, meetings or conferences* documenting content and use of recovery language in public settings.

We took a 'grounded', interpretive approach to analysis; interpreting parts of the data set in relation

to the whole, and vice versa. Reliability and validity were strengthened by: triangulation; checking interpretations with respondents in interviews; and getting respondent feedback on a draft report. Respondents' feedback was taken into account in further development of the report and this discussion paper. The project was carried out during 2005-06.

Plotting the story

This story we constructed is one of remarkable progress of the recovery agenda to date, but also of obstacles potentially to be addressed in order to effect the radical change in mental health provision the agenda promotes. It is characterized by cooperation, dialogue and optimism about the future of those who address mental health issues and those who support them in their recovery journeys; but also by ambiguities, tensions and uncertainties.

Remarkable progress in a short period of time...

In the early 2000s a set of events organised by key individuals and agencies in Scotland introduced to a wide range of mental health constituencies the new language and set of aspirations and ideals drawn from international sources, and highlighted contributions by Scottish individuals to international developments. A workshop in September 2004 entitled *Would Recovery Work in Scotland?* was seen by a number of the people interviewed as a key event which put recovery on the national map. The Scottish Executive established the Scottish Recovery Network (SRN) in November 2004 as the key agency for taking forward the National Programme aim.

Since 2004 this *policy initiative* has made remarkable progress. The SRN has developed and sustained a substantial process of information-sharing, debate and discussion vital to advancing the recovery agenda; stimulated development of local recovery networks; and mediated international inputs (some linked to the International Initiative for Mental Health

Leadership) to Scottish initiatives. Individuals' and collectives' work on their own journeys of recovery have been shared and brought to wider public attention through various events and media.

Among specific achievements, SRN activities have raised awareness of the fit of recovery values, principles and practices with those of major national legal, policy and practice developments. These include the Mental Health (Care and Treatment) (Scotland) Act 2003, policies on social inclusion, and reviews of mental health professions (notably their focus on service users as persons). It has also:

- raised awareness of the recovery evidence base, and supported Scottish recovery research (notably on Scottish narratives of recovery)
- contributed to national and local initiatives on recovery training and peer support
- contributed to the establishment of recovery commitments in local and national mental health strategies and plans.

Most of the data collected in the course of this study related to wider and more general issues though these were also discussed in relation to the Edinburgh context. Developments noted in Lothian included establishing a local recovery network, recovery training and peer support, and recovery as a theme in the *Joint Mental Health and Wellbeing Strategy for Lothian 2005-2010* (Lothian Health Board, 2005).

But...

We note obstacles needing further scrutiny if the recovery agenda is to effect the radical change in mental health care provision it promotes. We offer these issues as contributions to further dialogue and debate; feedback from interviewees indicated differing views on some.

Further clarification of what is implied in the recovery agenda is still needed, regarding both recovery 'talk' and implications for individual and collective action. Different understandings entail different implications for who can recover, roles in recovery and implementation of a recovery agenda; a slower pace for introduction of recovery values and principles may be needed to allow the various constituencies involved to properly address and debate contested issues. There are indications that some individuals feel under pressure to 'recover' and that not recovering could be seen as a failure. Some scepticism is expressed about the recovery movement. Some interviewees commented on 'token' acceptance and expression of recovery values and principles by some professionals and mental health

providers; and some concern was voiced that the 'maintenance' or 'medical' model has not been sufficiently challenged. There is a concern for some about too little ownership of the recovery agenda by service users, and that dissemination of notions of recovery is too 'top down'. Involvement of service users is needed at all levels, not just in addressing their recovery issues, but also in policy and practice development.

The data suggest that there is still a long way to go in translating recovery 'talk' into practical implementation of recovery values and principles. The focus is, on occasion, too much on related agendas e.g. social inclusion and social justice, and less clearly on the recovery agenda. The availability and distribution of resources is a key issue in several ways. Training is not sufficiently extensive; practice demands human decency, and the implications of this for all persons addressing the work of recovery require further consideration. There may be need for further attention to implications for the geography of recovery (e.g. rural and urban; recovering communities) and demography of recovery (e.g. young people and older people). Voluntary organisations play a crucial role in promoting and working to a recovery agenda; however, mainstream services also need to be equipped to work according to recovery values and principles. There is a perceived need for key caring agencies and organizations to work better together in providing services. There is not yet a sufficiently robust research base for implementing 'recovery' in policy and practice (Berzins, 2006).

And...?

This study notes remarkable achievements of key actors and agencies promoting the recovery agenda but suggests that recovery values and principles are not accepted completely and by all. Addressing many of the issues noted above, in the continuing story of recovery in Scotland and Edinburgh, entails a political exercise in challenging current arrangements for the distribution of resources; and in preparing and supporting communities to include meaningfully those addressing mental health problems. We hope this discussion paper contributes to the wider collective effort.

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