

Recovery is the “single most important goal” for the mental health service delivery system. (National Consensus Statement on Mental Health Recovery, [www.samhsa.gov](http://www.samhsa.gov)) In the past it was thought that a diagnosis of serious mental illness meant a lifetime of disability. Research, however, has shown that this is not true.

Since the mid-1980s, a great deal has been written about mental health recovery from the perspective of the consumer (client), family member and mental health professional. The amount of research of various aspects of recovery continues to grow. Early research by Courtney Harding (1987) and others challenged the belief that severe mental illness is chronic and that stability is the best one could hope for. They discovered there are multiple outcomes associated with severe mental illness and that many people did progress beyond a state of mere stability. As such, the concept of recovery began to obtain legitimacy (Sullivan 1997).

The chart below summarizes research that has been done on Recovery over the last thirty-five years.

**Recovery**

Study	Study Size	# Years	Positive Recovery Outcome
Bleuler (1972) Zurich	208	23	53-68%
Huber (1975) Germany	502	22	57%
Ciampi & Muller (1976)	289	37	53%
Tsuang (1979) Iowa	186	35	62-68%
Harding (1987) Vermont	269	32	62-68%
Ogawa (1987) Japan	140	22.5	57%
Desisto (1995) Maine	269	35	49%

Although there are many perceptions and definitions of recovery, William Anthony, Director of the Boston Center for Psychiatric Rehabilitation seems to have developed the cornerstone definition of mental health recovery.

Anthony (1993) identifies recovery as “a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.”

Ultimately, because recovery is a personal and unique process, everyone with a

psychiatric illness develops his or her own definition of recovery. However, certain concepts or factors are common to recovery. Some of these are listed below.

## **Hope**

Hope is a desire accompanied by confident expectation. Having a sense of hope is the foundation for ongoing recovery from mental illness. Even the smallest belief that we can get better, as others have, can fuel the recovery process.

Early in the recovery process, it is possible for a treatment provider, friend, and/or family member to carry hope for a consumer. At some point, however, consumers must develop and internalize their own sense of hope.

## **Medication/Treatment**

While many people are frustrated by the process of finding the right medications and the side effects of medications, most persons with a psychiatric disorder indicate that medications are critical to their success (Sullivan, 1997). For many, the goal is not to be medication-free, but to take the least amount necessary.

Likewise, mental health consumers often report that mental health professionals and treatment programs are valuable to their recovery. Especially when consumers feel they are engaged in a partnership with their treatment provider and are involved in their treatment planning.

## **Empowerment**

Empowerment is the belief that one has power and control in their life, including their illness. Empowerment also involves taking responsibility for self and advocating for self and others. As consumers grow in their recovery journeys, they gain a greater sense of empowerment in their lives.

## **Support**

Support from peers, family, friends and mental health professionals is essential to recovery from mental illness. It is especially beneficial to have multiple sources of support. This not only reduces a consumer's sense of isolation, but also increases their activity in the community, allowing them to obtain an integral role in society.

In addition to support from individuals, participation in support groups is an important tool for recovery. Consumers frequently report that being able to interact with others who understand their feelings and experiences is the most important ingredient for their recovery.

## **Education/Knowledge**

In order to maximize recovery, it is important to learn as much as possible about our illnesses, medications, best treatment practices and available resources. It's also important to learn about ourselves, including our symptoms so that we can gain better control over our illnesses.

Consumers can educate themselves by speaking with health care professionals, attending workshops and support groups, reading books, articles and newsletters, browsing the internet and participating in discussion groups.

## **Self-help**

While most consumers recognize the value of professional treatment, self-help is often viewed as the conduit to growth in recovery. Self-help can take many forms including learning to identify symptoms and take actions to counteract them, reading and learning about an illness and its treatment, learning and applying coping skills, attending support groups and developing a support system to rely on when necessary.

## **Spirituality**

A broad definition of spirituality is that it's a partnership with one's higher power. For many consumers spirituality provides hope, solace during their illness, peace and understanding and a source of social support.

## **Employment/Meaningful Activity**

Frequently, when we meet new people, they ask "what do you do?" Whether it is fair or not, what we do shapes others' opinions of who we are. As a result, it is common for a person's identity to be significantly impacted by what they do. Likewise, what a person does influences his/her confidence, esteem, social role, values, etc. Simply put, employment/meaningful activity affords most consumers the opportunity to regain a positive identity, including a sense of purpose and value.

Recovery is a continuous process that has many elements. These guidelines will attempt to delineate most of the parts that make up the Recovery process.

Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990's. *Psychosocial Rehabilitation Journal*, 16(4), 11-23.

Harding, C. M., Brooks, G. W., Asolaga, T. S. J. S., and Breier, A. (1987). The Vermont longitudinal study of persons with severe mental illness. *American Journal of Psychiatry*, 144, 718-726.

Sullivan, W.P. (1997). A long and winding road: The process of recovery from severe mental illness. In L. Spaniol, C. Gagne and M. Koehler (Ed.), *Psychological and social aspects of psychiatric disability* (pp. 14-24). Boston: Center for Psychiatric Rehabilitation.



This document was created with Win2PDF available at <http://www.daneprairie.com>.  
The unregistered version of Win2PDF is for evaluation or non-commercial use only.