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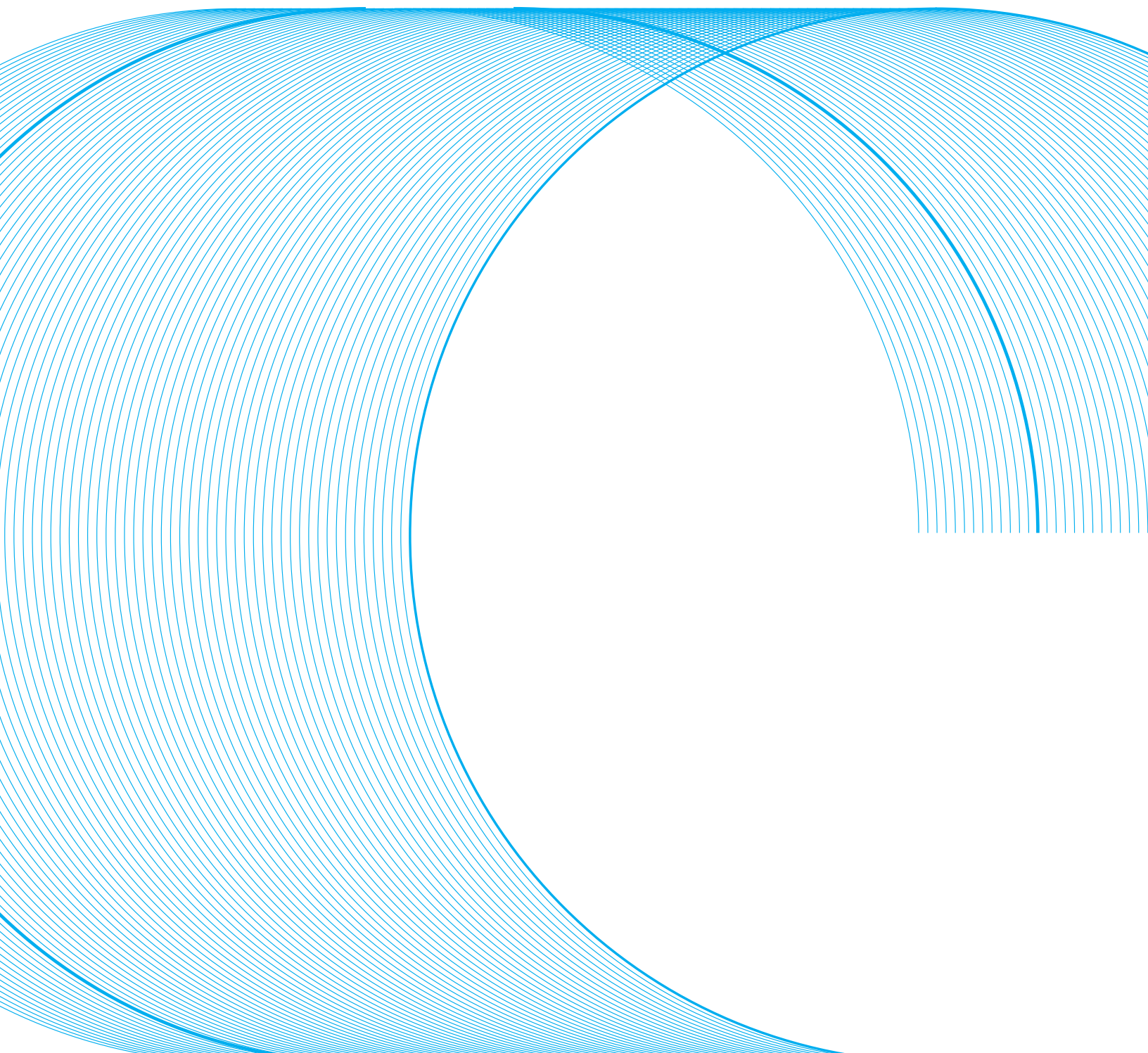
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Executive Summary

In Scotland the opportunities provided by policies that promote mental health recovery and social justice have coincided and supported this research and have created the space for learning from the research to be more widely adopted in services and communities. (For further policy information, see, Mental Health (Care and Treatment) (Scotland) Act, 2003; Rights, relationships and recovery, 2006; National Programme for Promoting Mental Health and Wellbeing, 2003b; Delivering for Mental Health, 2006)

Although the data set for this study encompassed a diverse range of views, clear themes emerged which reflected the findings of similar international studies (See: Barnett & Lapsley, 2006; Jacobson, 2001; Jacobson & Greenley, 2001; Lapsley *et al.*, 2002; M. A. Mancini *et al.*, 2005; S. Onken *et al.*, 2002).

Across the stories consistent internal and external elements could be found. For a recovery journey to begin and continue to prosper, narrators accounts of their experiences suggest that six basic **internal** (individual and self controlled) elements were required (though not necessarily in this order and not necessarily seen in every case):

- Belief in self and developing a positive identity.
- Knowing that recovery is possible.
- Having meaningful activities in life.
- Developing positive relationships with others and your environment.
- Understanding your illness, mental health and general wellbeing.
- Actively engaging in strategies to stay well and manage setbacks.

Six **external** (social or environmental) elements that helped promote recovery journeys encompassed:

- Having friends and family who are supportive, but do not undermine narrator's self-determination.
- Being told recovery is possible.
- Having contributions recognised and valued.
- Having formal support that is responsive and reflective of changing needs.
- Living and working in a community where other people could see beyond your illness.
- Having life choices accepted and validated.

The answers and drivers to recovery were often found internally. Finding comfort 'in your own skin' and developing self-confidence, **self-belief** and self-determination were key factors in facilitating and maintaining many recovery journeys. This often involved a reframing of one's self-perception and a shedding of factors that promoted negative identity. It also involved recognising and appreciating the more positive aspects of self, for example one's creative, spiritual, or social nature. **Re-finding and re-defining one's sense of self was as important to recovery as symptom alleviation.**

Acknowledging the small achievements that one makes in everyday life, recognising strengths and being **given optimistic messages of recovery potential** (from friends and family, professionals, carers, peers) whilst **witnessing the recovery journeys of others** made a positive impact on individuals and gave them the emotional strength to fuel their own recovery journeys. Relating with others who have mental health problems in a positive and safe environment is beneficial to recovery.

Many narrators found that the knowledge they held about their ill health could in fact help their recovery. They found that **taking note of triggers**, events and symptoms could help them if they used these as indicators of wellbeing and what keeps them well. Knowledge of these factors could also better prepare individuals for dips in recovery and provided them with the reassurance that **problems are not insurmountable**. Learning to value the unique episodes of ill health that have made individuals more fully formed as people was often an empowering step forward.

Having a diagnosis was found to be empowering for some and catastrophic for others.

The positive or negative impact of a diagnosis often stemmed from how it was given.

The power of an optimistic or positive message often cushioned the impact of diagnosis and additional information about symptoms and coping strategies empowered individuals.

Having some **close friends and supporters who develop a good understanding of your health** and an understanding of how to react (with action or inaction) to patterns of behaviours was valued as a great support to recovery. Whilst help from friends was often appreciated during dips in wellness, knowing when to let individuals 'work it out for themselves' was a skill that was equally valued.

Although narrators were mostly positive about mental health services, they argued that **services need to be more responsive to the changing and diverse needs of people**. Many believed that a greater range of **person centred services would help recovery** and that current services should focus more on recovery in their design and practices.

Narrators had striven to develop a new positive identity, but at times this was at odds with the way that society perceives mental health, wellbeing and illness. People recovering from mental health problems develop ways of engaging and contributing that may challenge the norm of 'nine-to-five' working. Creativity, working, and volunteering all provided meaning and purpose to individuals. These forms of **meaningful activity also provided structure and responsibility** which was found to be helpful to individuals. It helped them take control of their life by moving from being internally focussed to viewing themselves in relation to others and the environment in a way that facilitated control of illness, health and life. These **alternative forms of engagement** and any contributions made by individuals in voluntary, paid or creative employment provided the opportunity to **socialise and gain a sense of achievement** and allowed individuals to **feel valued** in their internal and external communities as a social or economic contributor.

Belonging to a group with which individuals can identify, either within or outside of the mental health arena, gave individuals a positive identity. The groups existed in workplaces, voluntary organisations, within social networks and within mental health networks. Where for some individuals the experience of being part of a group was positive, the experience was found to be exclusionary or difficult for others.

Many individuals began their recovery journey with an identity transformation. Whether this transformation occurred through **finding value in self**, or **recognising that others value you**, or through embracing a **collective and socially supported 'recovery identity'** was irrelevant. The important measure was that the **identity gained through recovery was a positive one**.

External factors such as the availability of necessary or desired treatments and services, financial pressures, the availability of support from non-mental health services such as housing, fear of fluctuating benefit income, the perceived stigma and isolation of mental health problems, and the fluctuating nature of these **external problems often had to be addressed and managed in order to further individuals recovery journeys.**

Other social influences on recovery included the **flexibility and responsiveness of services to individual needs**, the willingness of friends, family and community to encourage, enable and **empower individuals to take risks**; and the willingness and cooperation of others not to undermine individuals by allowing them the **right to self-determination.**

Recovery usually followed an **acceptance of illness, rejection of the stigma** associated with mental illness, and a determination that the illness will not rule one's life.

All these factors combined in various measures to provide a rich tapestry of recovery experiences that were diverse in nature and inspirational in content.