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# When Hope Doesn't Count: Self Management And Meaning In Mental Health (or "Recovery 2.0")

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# About us



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# Content



- ▶ Introduction
- ▶ Recovery 1.0
  - ▶ Recovery oriented services
  - ▶ Making recovery a reality
  - ▶ The case for refinement
- ▶ Recovery 2.0



- ▶ Personal experiences in clinical practice → dissatisfaction with the implementation of recovery in practice
- ▶ Research project on experiences of people living with mental illness in Switzerland → creating meaning as key theme
- ▶ Similarities between personal recovery and creating meaning
- ▶ Creating meaning does not require hope
- ▶ Ongoing debate around different aspects of recovery → what has become of it?

# Recovery 1.0

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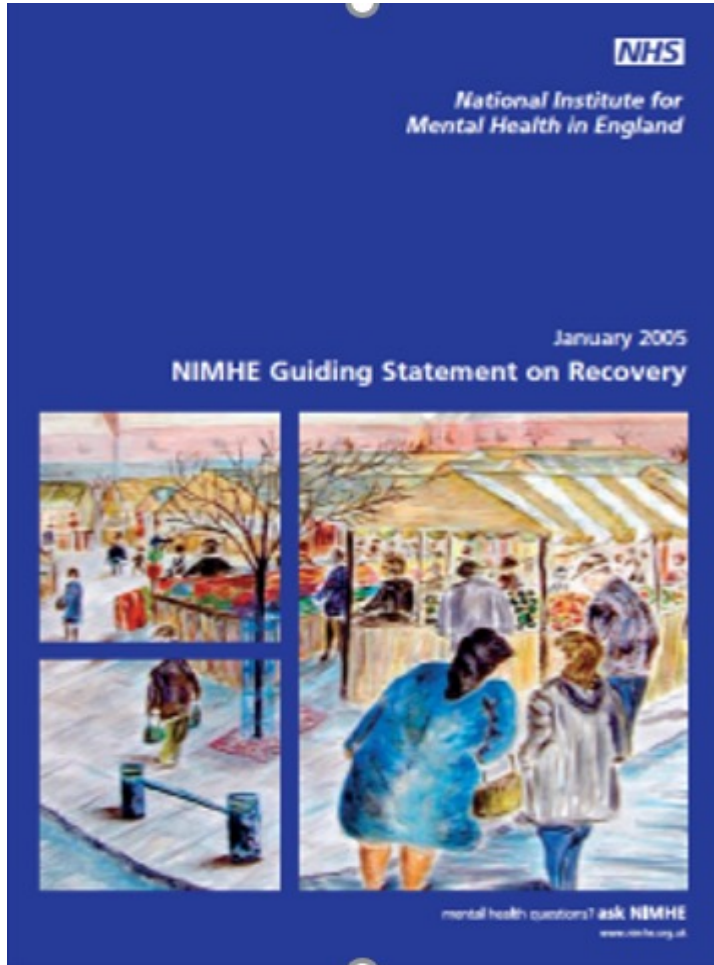
- ▶ Stems from service user movement
- ▶ Judi Chamberlin (1977) 'On Our Own'
  - ▶ First described how people with mental health challenges can – individually and collectively, within and alongside wider communities – find solutions to the problems they face.
  - ▶ The foundations of this work lay in the real-life narratives of people who had lived with, and moved beyond the mental health challenges they face

# Recovery – a Transformational Process



- ▶ Transformation from *patient* to *agent*
- ▶ Transformation from *service-user* to *person-in-recovery* (process)
- ▶ Emphasis on citizenship and inclusion
- ▶ Importance of the healthcare professional's role to facilitate and support recovery

# NIMHE Guiding Statement on Recovery (2005)



- ▶ A return to a state of wellness
- ▶ Achievement of a personally acceptable quality of life
- ▶ A process or period of recovering
- ▶ A process of gaining or restoring something
- ▶ An act of obtaining usable resources from apparently unusable resources
- ▶ To recover optimum quality of life and have satisfaction with life in disconnected circumstances



# Characteristics of a Recovery Orientated Services



- ▶ Focus on people rather than services
- ▶ Emphasise strengths rather than deficits or dysfunction
- ▶ Educate people who provide services, schools, employers, the media and the public to combat stigma
- ▶ Evaluation of services considers evidence relating to things like service user satisfaction, hope, self-esteem, social outcomes (work, education, relationships) as well as traditional symptom reduction outcomes.

# Making Recovery a Reality I



Shepherd,  
Boardman &  
Slade 2008

- ▶ Recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems.
- ▶ Recovery represents a movement away from pathology, illness and symptoms to health, strengths and wellness.
- ▶ Self-management is encouraged and facilitated.
- ▶ Family and other supporters are often crucial to recovery and they should be included as partners wherever possible.
- ▶ The helping relationship between clinicians and patients moves away from being expert / patient to being ‘coaches’ or ‘partners’ on a journey of discovery. Clinicians are there to be “on tap, not on top”.

# Making Recovery a Reality II



Shepherd,  
Boardman &  
Slade 2008

- ▶ People do not recover in isolation.
- ▶ Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles within local communities, rather than in segregated services.
- ▶ Recovery is about discovering – or re-discovering – a sense of personal identity, separate from illness or disability.
- ▶ The language used and the stories and meanings that are constructed have great significance as mediators of the recovery process.
- ▶ The development of recovery-based services emphasises the personal qualities of staff as much as their formal qualifications.

# Making Recovery a Reality III



Shepherd,  
Boardman &  
Slade 2008

- ▶ It seeks to cultivate their capacity for hope, creativity, care, compassion, realism and resilience.
- ▶ The language used and the stories and meanings that are constructed have great significance as mediators of the recovery process.
- ▶ The development of recovery-based services emphasises the personal qualities of staff as much as their formal qualifications.
- ▶ It seeks to cultivate their capacity for hope, creativity, care, compassion, realism and resilience.

# Conceptual Framework of Personal Recovery



(CHIME – Framework (Leamy, Bird, Le Boutillier, Williams & Slade 2011))

## ▶ **Connectedness**

- ▶ Peer support and support groups, relationships, support from others, being part of the community

## ▶ **Hope and optimism about the future**

- ▶ Belief in possibility of recovery, motivation to change, hope-inspiring relationships, positive thinking and valuing success, having dreams

## ▶ **Identity**

- ▶ Dimensions of identity, rebuilding/redefining positive sense of identity, overcoming stigma

## ▶ **Meaning in life**

- ▶ Meaning of mental illness experiences, spirituality, quality of life, meaningful life and social goals/roles, rebuilding life

## ▶ **Empowerment**

- ▶ Personal responsibility, control over life, focusing upon strengths

# Recovery 2.0

# The Case for Change



- ▶ Time for a review – a re-think?
- ▶ How effective has Recovery 1.0 been in reality? Where is our evidence?
- ▶ Do we need more than statement of aims but perhaps a guiding model?
- ▶ Does Recovery 1.0 play encourage victim-blaming?
- ▶ New and emerging approaches challenging traditional psychiatry e.g. [Power Threat Meaning Framework](#) (PTM)

# The Case for Change



- ▶ Perhaps there is a need for prevention, public mental health, health promotion as well as support for recovery from mental health challenges?
- ▶ Perhaps mental health services should re-align to support not only on individuals but the general population to help maintain and improve community wellness?
- ▶ Self-Management vs Dependence
- ▶ Hope vs Meaning – where is spirituality?
- ▶ Spotlighting social and economic determinants of health





# The Un-Recovery Approach (Collins 2019)



- ▶ Recovery Approach has failed to consider the socio-economic determinants of mental health and wellbeing such as unstable housing, homophobia, transphobia, discrimination, sexism, racism, iatrogenesis, economic inequality
- ▶ People's experience of recovery differ according to sociodemographic, socioeconomic and intersectional factors
- ▶ Solutions for people with mental health problems do not always lie within the person
- ▶ Need for social and economic equality and social change

# Updating Recovery



- ▶ Our proposed Recovery 2.0 is an updating of the Recovery Approach.
- ▶ It builds on the values of the approach but reframes it by focusing on it within a personal development/ health and wellbeing framework within which the person is supported to make sense of their experiences and, with insightful, timely and meaningful support, decide a course of action which will improve their overall quality of life.
- ▶ Crucially, the focus is explicitly on how the individual can be enabled to *self-manage* their challenges by choosing to use services and/or support which they feel is relevant to their needs, in an empowered, autonomous and intelligent way.

# Recovery 2.0 – Proposed New Framework



- ▶ Recovery 2.0 proposes a model of framing health care support as well an ideology and philosophy of all of our recovery from mental health challenges
- ▶ It offers an inclusive, unifying framework and integrated model
- ▶ Sees the person within their own personal, interpersonal, economic and environmental eco-system
- ▶ Strengths-based, relevant, positive

# Recovery 2.0 – Proposed New Framework



- ▶ humanistic, transpersonal and existential concepts;
- ▶ an ideology representing a set of beliefs about mental health, ill-health and wellbeing
- ▶ a philosophy of person-centred health facilitated by collaboration and partnership leading to meaningful self-determination, personal development and control
- ▶ a person-centred intervention strategy for healthcare staff which seeks to emancipate people experiencing mental health challenges.
- ▶ a political and campaigning movement to highlight economic deprivation and intersectionality as precursors to mental health challenges
- ▶ promotion of mental health at an individual and community level
- ▶ a framework for collaborative evaluation of the outcomes of support and the evaluation of services

# Recovery 2.0 - Essential Elements (Equality and Power)



- ▶ a collaborative framework for person-in-recovery and nurse
- ▶ equality of partnerships, sharing expertise
- ▶ insightful, positive and meaningful care, support and intervention
- ▶ challenges 'traditional' power imbalance
- ▶ personal narratives
- ▶ 'assessments' vs understanding a person's frame of reference
- ▶ re-focusing risk to safety plans
- ▶ equal partnership in health care policy, service design and delivery and research from design to impact evaluation
- ▶ collaborative research design and strategies

# Recovery 2.0 - Essential Elements (Integrative Wellbeing)



- ▶ integrative holistic health and wellbeing (from mind and body to the spirit)
- ▶ making sense of one's life and personal experiences
- ▶ a focus on strengths and assets, personal development and growth
- ▶ enabling self-management, improving self-efficacy and personal control
- ▶ personal goal planning

# Recovery 2.0 – Essential Elements (Inclusivity and Social Justice)



- ▶ **inclusiveness, acceptance, social and community integration**
- ▶ **destigmatising, ‘normalising’ and validating mental health challenges**
- ▶ **addressing social inequalities and discrimination**
- ▶ **challenging personal and societal biases**
- ▶ **social issue campaigning**

# Recovery 2.0 – Essential Elements (Professional Support)



- ▶ Mental health promotion and ill-health prevention (public mental health support at individual, group and community levels)
- ▶ Nursing and healthcare interventions which:
  - ▶ are based on open, meaningful collaborative dialogues
  - ▶ support coping, personal and interpersonal skills of self-management
  - ▶ help people to make sense of their experience
  - ▶ develop knowledge to support health literacy
  - ▶ emphasise connectedness with interpersonal, community and environmental/ ecological contexts



# Recovery 2.0: For Discussion



- ▶ What are your views on Recovery 1.0?
  - ▶ Do we need a new approach?
  - ▶ If so, why? If not, why not?
- ▶ How do our suggestions for Recovery 2.0 sound to you?



Thank you for your attention and your participation!

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# References/ Further Reading



- ▶ Collins, B. (2019) *Outcomes for Mental Health Services: What Really Matters*. Available at: [https://www.kingsfund.org.uk/sites/default/files/2019-03/outcomes-mental-health-services\\_0.pdf](https://www.kingsfund.org.uk/sites/default/files/2019-03/outcomes-mental-health-services_0.pdf)
- ▶ Johnstone, L. & Boyle, M. with Cromby, J., Dillon, J., Harper, D. et al. (2018). *The Power Threat Meaning Framework: Overview*. Leicester: British Psychological Society. Available from <https://www.bps.org.uk/power-threat-meaning-framework>

See also:

- ▶ [www.recoveryinthebin.org](http://www.recoveryinthebin.org)
- ▶ Trenoweth, S. (ed) (2016) *Promoting Recovery in Mental Health Nursing*. London; Learning Matters