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Research Paper

Recovery Model of Illness in Mental Health Care System

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ABSTRACT

The late 20th century faced several changes in medicine and society. Contradictions between social policies, individual values, and institutional contexts led to reexamination of mental health issues. The general discomfort with the government and institutional authority led to a review of perspectives regarding mental illness. The traditional approaches to mental illness impose limits of individuals with mental health. Recovery is about looking beyond these limits to help individuals achieve their goals, aspirations and dreams. Recovery aims to reach self-discovery and personal growth. The recovery model views mental illness from a perspective radically different from traditional psychiatric approaches. The following paper reviews the recovery-oriented factors in mental health. Various research studies have been reviewed in order to understand the emergence of recovery model in mental health. The recovery model has also been understood from the perspective of its application in psychological management of psychiatric illnesses. Recovery is viewed as a process rather than an outcome. The process of recovery facilitates meaningful lives irrespective of the extent of illness severity.

Keywords: *Recovery, Mental Illness, Self-Discovery, Personal Growth, Meaningful Lives*

The approach of recovery does not focus on symptom resolution but emphasizes upon the resilience of people with mental illness (Davidson 2005, Bonney & Stickley, 2008, Ramon, Healy, & Renouf, 2007). The language of recovery is being increasingly employed in service delivery, mental health policy and psychiatric research (Ramon, Healy &Renouf, 2007). Recovery is often referred to as a process, an outlook, a vision, a conceptual framework or a guiding principle. It emphasizes upon a strong belief that it is possible for people with mental illness can regain a meaningful life, despite persistent symptoms (Jacob, 2015). The dominant themes of recovery model are identity, service provision, social domains, power and control, hope, optimism, risk and responsibility (Bonney & Stickley, 2008).

The recovery process focuses on the holistic view of people with mental illness, and not just the symptoms (Davidson, 2008). The process of recovery does not imply on reaching pre-morbid level of functioning or asymptomatic phase. The process calls for optimism and commitment from people with mental illness, their families, mental health professionals,

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public health teams, social services and the community. It is profoundly influenced by people's expectations, attitudes and requires a well-organized system of support from family, friends or professionals.

Protective Factors in mental health

Mental health workers devoted their energies to the study of maladaptation and incompetence for years (Garmezy & Rutter, 1983) as attempts were made to identify patterns of functioning in childhood that might portend the future development of mental disorders. Garmezy and Rutter (1983) described this preoccupation as a "regrettable tendency to focus gloomily on the ills of mankind and all that can and does go wrong." But not everyone with risk factors goes on to develop a mental disorder and the importance of protective factors is becoming more recognized. Recent researches have been directed towards understanding why some children appear to be resilient, and why they come to maturity relatively unaffected by the organic and psychosocial insults that prevent so many of their peers from achieving optimal intellectual, social, and emotional functioning (Werner and Smith, 1992). Theoretical explanations for the phenomenon of resilience involve the interaction of risk factors, including individual vulnerability, and protective factors to explain why some are spared and others are not. Vulnerable individuals are considered to be those who, by virtue of genetic predisposition, chronic illness, hardship, deprivation, or abuse, are more susceptible to life stressors than others. Thus "they are at risk for failure to master, mature and adapt" (O'Grady and Metz, 1987). Rutter defined protective factors as "those factors that modify, ameliorate or alter a person's response to some environmental hazard that predisposes to a maladaptive outcome." Protective factors seemingly function in a catalytic fashion. They do not necessarily foster normal development in the absence of risk factors, but they may make an appreciable difference on the influence exerted by risk factors. Protective factors can reside with the individual or the family, community, or institutions and can be biological or psychosocial in nature (Jacob, 2017).

Reviews of community surveys and longitudinal epidemiological studies have emphasized that each mental disorder is likely to have multiple risk factors (Hawkins, Catalano, and Miller, 1992). In order to look for possible opportunities for intervention, it is necessary to identify as many risk and protective factors that impinge on individuals at different stages of development as possible. Not all evidence from risk research is conclusive enough to warrant the design of a preventive intervention. Even where the evidence is strong, it is still worth seeking other potential markers and causal risk factors because targeting multiple risks may increase the success of a preventive intervention program.

Recovery model of illness in mental health

The recovery model aims to help individuals with mental illness and distress beyond survival and existence. It encourages them to make goals, to work towards them, make relationships and lead meaningful lives (Davidson 2005, Bonney & Stickley, 2008, Ramon, Healy & Renouf, 2007). **T**he model of recovery emphasizes that a person may recover without necessarily experiencing symptom reduction or return to pre-morbid functioning (Anthony, 1993; Davidson et al., 2005). The main tenets of recovery model are hope, spirituality, personal responsibility and control, empowerment, connection, purpose, self-identity, symptom management, overcoming stigma and adequate functioning (Slade & Schrank, 2007).

According to the model, recovery has been associated with ameliorating people's impairment, dysfunction, disability, and disadvantage. Recovery also contributes to more

meaning, purpose, more success, and satisfaction with one's life beyond the catastrophic effects and limitations of mental illness. Recovery addresses areas of symptoms management, role functioning, services assessed, entitlements assurance. Recovery outcomes are associated with positive outcomes such as self-esteem, empowerment, and self-determination (Anthony, 1993).

On examining the common factors involved in various recovery models of therapy, it has been found out that recovery in mental health is attributed to the non-specific and common factors (confronting problems, therapeutic alliance, empathy, consumer's input) than the specific techniques. The recovery model is an overarching model of change which incorporates empirically validated treatments and makes use of common factors leading to improvement in mental health (Reisner, 2005).

In a randomized controlled trial of intensive case management which emphasized the recovery model among patients with severe and enduring mental illness revealed that recovery principles contributed to significant improvements across psychopathological and functional domains. Improvements were linked to enhanced engagement with structured daily activities, independent living skills, patient satisfaction, social functioning, and improved quality of care. Recovery oriented practices can be integrated into existing mental health practices alongside traditional models of care (O'Brien et al., 2012).

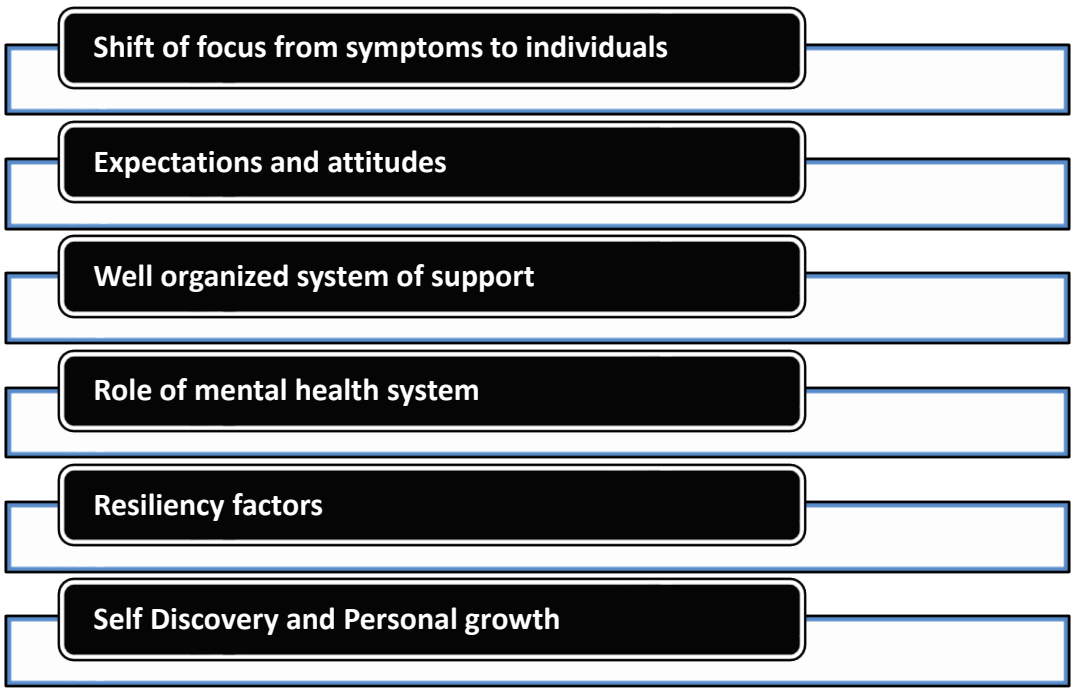

Figure 1: Recovery Model of illness (Jacob, 2015)

DISCUSSION

Individuals hold multiple and contradictory illness beliefs and various help seeking behaviors sought from diverse sources. It has been established that explanatory models do not predict illness outcomes and illness outcomes are dependent on the socio-cultural environment. Recovery of the patient is determined by his context, the description of his reality, his coping mechanisms and an attempt to make sense of illness experiences, control them, and improve quality of life. Nevertheless, the variability within psychiatric

syndromes and the inability to predict individual trajectories of illness support cultural beliefs about uncertainties of life. These are identified by cultures through idioms and metaphors and labeled as luck, chance, karma, fate, punishment by God, evil spirits, black magic, disease and so on (Jacob, 2017).

In a longitudinal study on relationship between positive life change and recovery from depression and anxiety, excessive positive life changes were found in the three-month period before recovery. It was found that positive life changes facilitate recovery but is neither a necessary nor sufficient condition for recovery. The most important recovery enhancing factors identified are reduction in difficulties, events neutralizing difficulties, and events eliminating barriers towards difficulty reduction as well as anchoring events that occur prior to recovery (Leenstra, & Ormel & Giel, 1995).

A review study on the implementation of recovery model on anorexia nervosa revealed the patient's perspectives on recovery principles identified in anorexia nervosa. Several identified factors were connection, satisfactory relationships, hope, positive clinician attitudes towards prognosis, autonomy, empowerment, internal locus of control, active decision making that could aid in recovery from anorexia nervosa. In contrast, lack of social support, low self-esteem, and ineffectiveness were identified as barriers to recovery. A successful outcome in anorexia nervosa has been associated with positive life experiences, spirituality, satisfactory relationships, new interests, and meaningful life activities. Various studies have empirically supported the effectiveness of recovery model on management of anorexia nervosa (Dawson, Rhodes & Touyz, 2014).

In a study conducted on scientific and consumer models of recovery in schizophrenia, it has been found that treatment revolving around the recovery model involved client and family's centered treatment, opportunity for making meaningful choices, service provider's involvement, desirability for treatment, as well as active decision making of the consumer.
Recovery models assume that clients gradually adapt and move beyond the illness. It emphasizes on peer support, personal responsibility, hope, control, autonomy, and sense of self in contrast to scientific clinical professionals which focus on reduced symptoms and improved functioning (Bellack, 2006).

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Conflict of Interest

The author(s) declared no conflict of interest.

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