



Guest Editorial

Recovery in Australia: Slowly but surely

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“Australia has not gone as far down the recovery track as New Zealand has, though Australians appear to be showing an increasing interest in recovery” according to Mary O’Hagan in her preceding guest editorial (O’Hagan, 2004). While Australia may not be as far down the recovery track, we have certainly been undergoing significant and progressive change in mental health service delivery over the past decade and recovery is clearly on the agenda.

Recovery is a major principle of the *National Mental Health Plan 2003-2008* (Australian Health Ministers, 2003), where it is stated that “A recovery orientation should drive service delivery”. Recovery is, therefore, a foundation of current mental health policy. Furthermore, while recovery was not a term that was used in the First or Second Mental Health Plans, its intent was evident in the emphasis on mental health promotion within the Second Plan. Mental health promotion is “action to maximise mental health and well-being among both populations and individuals” (Australian Health Ministers, 1998).

The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (Commonwealth Department of Health and Aged Care, 2000), which was an outcome of the Second Plan, elaborated on this approach and emphasised that mental health promotion applied regardless of mental health status. Mental health promotion is equally relevant across all levels of the spectrum of interventions for mental health and was particularly important in order to maximise the well-being of people with mental illness. Although it applies a different paradigm

and terminology, mental health promotion for people with mental illness incorporates the process of adopting a recovery orientation within mental health services.

Recovery is defined in the *National Mental Health Plan 2003-2008* (Australian Health Ministers, 2003) 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. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of psychiatric disability” (p.11). This definition is taken from William Anthony, who has made a major contribution to incorporating a recovery orientation within psychiatric rehabilitation in Boston in the United States. Our understanding of recovery has, therefore, been derived from the American recovery literature, but is also strongly influenced by innovative work in Canada, New Zealand and also here in Australia.

Like New Zealand, the term 'recovery' is not universally accepted in Australia. It is a term that can be especially contentious for people who have experienced mental illness for long periods of time. “How can I be expected to recover now, I’ve been sick for 35 years, and now you expect me to recover”. Unfortunately, the word ‘recover’ implies, in everyday usage, full recovery to a state of wellness. While this is not part of its definition in the recovery literature, recovery nevertheless has this association for many people, especially people who are not familiar with the literature. It will be an ongoing

challenge to implement a recovery approach while ensuring that people recognise that this does not necessarily mean becoming completely symptom free (although this is an achievable goal for many), but rather that recovery means maximising well-being, empowerment, opportunities and meaning in the lives of people with mental illness.

All Australian states and territories have initiatives underway related to recovery, although there is considerable variation evident in the level of knowledge, commitment and implementation. Service providers in some areas have barely heard of recovery, while others are far down the track, adapting the concept of recovery to local needs and developing and implementing a recovery orientation within their service frameworks. The following provides an example of initiatives that are occurring in each of the states and territories:

- NSW has developed a policy document entitled *Framework for rehabilitation for mental health*, which identifies wellness as the focus for psychiatric rehabilitation, and which is in turn linked to consumer participation, empowerment and ownership of the process.
- In Victoria, the peak body for psychiatric disability rehabilitation, Vicserv, has developed a policy paper, *Finding our place: Rehabilitation and support in the spectrum of mental health interventions*. Vicserv is also hosting a conference focused on recovery in April in Melbourne (see www.conference.vicserv.org.au/).
- Queensland has developed a paper entitled *Recovery - A guide for the future*, which discusses in detail the complex concept of recovery.
- Western Australia has undertaken comprehensive state-wide consultations to develop a *Psychiatric rehabilitation policy and strategic framework*.
- Pilot programs are underway in South Australia to test different rehabilitation and recovery models for diverse target groups.
- Tasmania has recently completed a mapping process to identify the current status of rehabilitation and recovery practices in the state.

- The ACT is trialling a collaborative therapy approach within adult mental health services and funding an external evaluation of this approach.
- The Northern Territory is developing a better understanding of current strategies in psychoeducation for clients and carers and the use of care plans, particularly for remote service providers. The Mental Health Association of Central Australia is implementing a pilot program of a recovery oriented model for consumers in Alice Springs.

These are but a few of the many recovery-related initiatives taking place across the country. Perspectives on recovery are also the focus of a conference jointly auspiced by the Australian Mental Health Consumer Network and the New Zealand Consumer Network to be held in August in Brisbane (see www.amhcn.com.au/).

Despite these many and varied initiatives taking place across the states and territories and the national policy emphasis on recovery, this orientation has not been widely adopted and implemented. There is a long way to go before a recovery orientation is standard practice for mental health services and there remain significant barriers to changes in service orientation. Many of these barriers were documented in the *Evaluation of the Second National Mental Health Plan* (Commonwealth Department of Health and Aged Care, 2003) and the Mental Health Council of Australia's major report, *Out of Hospital, Out of Mind!* (Groom Hickie & Davenport, 2003). These reports identified continuing problems in implementing several areas of mental health policy, but particularly problems with service reorientation. Consumers are still often unable to access mental health care as and when they need. Service availability does not meet population needs in many places, particularly in rural and remote areas and for some demographic groups (such as older people). The social and emotional well-being of Aboriginal peoples and Torres Strait Islanders remains a source of national shame.

Special emphasis in these reports was given to the attitudes of service providers, which were identified as a major and continuing concern that was impeding mental health service reform and

perpetuating stigma for people with mental illness. A change in attitude among service providers is fundamental to working within a recovery orientation. Many service providers, particularly of clinical services, still hold outdated beliefs that a diagnosis of mental illness is a life sentence to an incurable condition that invariably will have only negative consequences for a person's life course. This view of mental illness needs to be eliminated, and instead, an atmosphere of hope and a belief in human potential and growth must pervade mental health service delivery. Implementing a recovery orientation requires an attitude shift for many service providers in order to support consumer rights and provide the types of services that maximise well-being for people with mental illness.

Workforce training and development is fundamental to the roll-out of a recovery orientation. All sectors of the mental health workforce need to be trained to enable them to operate within a framework that supports the empowerment of consumers and personal capacity building. Also required is better understanding of the factors that impact on recovery, rehabilitation and relapse, along with coordinated provision of the support services that are essential to recovery. Equitable access to and better coordination of support services must be achieved, particularly for accommodation, disability, and employment services.

In summary, at a national level, Australia has explicitly adopted recovery as a basic principle for mental health services. Change can be frustratingly slow, however, especially for people – consumers and their families and carers, as well as many service providers – who are currently involved in the mental health system. These people need an effective and mental health promoting service response *now*. Nevertheless, if we look back at the mental health system as it was just over 10 years ago, at the commencement of the *National Mental Health Strategy*, we can see that major and significant changes have been achieved. There has been a total shift in orientation and attitude from locking up and stigmatising people with mental illness toward recognising their rights and enabling their integration within communities.

There is still a long way to go, change is slow, and the barriers can at times be considerable, but Australia is slowly but surely moving toward a mental health service system that empowers and promotes the well-being of people with mental illness – adopting and adapting a recovery orientation to Australia's unique needs. However, it needs to be said that an adequate resource base for mental health, commensurate with its health burden, would considerably hasten this process; commitment at the policy level has not been supported by mental health funding.

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