

3. The recovery approach

“Recovery is a deeply personal unique process ... it is a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness. Recovery involves the development of a new meaning and purpose in one’s life as one grows beyond the catastrophic effects of illness.”ⁱ

Making it! is a booklet that was written for people experiencing mental health problems but it is also a very useful introduction to the recovery approach for families and friends who are supporting a relative, partner or friend with mental health problems.

ⁱ Anthony, W. A. (1993) Recovery from mental illness. *Innovations and Research*, 2, 17-24

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Making it! an introduction to ideas about recovery

Many people find a diagnosis of mental health problems devastating.

“When I was diagnosed I felt ‘this is the end of my life’. I felt I was not viable, flawed, defective.” ii

Perhaps those ordinary everyday things you have always done without thinking feel impossibly difficult.

You may have to cope with strange and frightening experiences that no-one around you believes or understands.

People may start treating you differently –maybe they avoid you, or stop believing what you say.

You may lose confidence in yourself and feel very alone, and very frightened:

...frightened about what is happening to you

...frightened about the prospect of using mental health services

...frightened that you will lose everything you value in life, like your friends, your work, your home, your college place, your position in the community

...frightened that you won't be able to achieve your ambitions - do all the things you had planned to do in life like raise a family, travel, get a good job.

“Last month I was a regular mum walking down the street with my kids in their push-chair ... now I'm just a mental patient.” iii

“Out of the blue your job has gone, with it any financial security you ever had. At a stroke, you have no purpose in life, no contact with other people. You find yourself totally isolated from the rest of the world. No one telephones you, much less writes. No-one seems to care if you are alive or dead.” iv

Too often it feels that you cease to be a person and become a 'mental patient'. It may feel like all those things that some people say about 'mental patients' suddenly apply to you. Things

ii Cited in Sayce, L. (2000) From psychiatric patient to citizen. London: Macmillan

iii From South West London Mental Health Trust Surveys of the Experience of Using Inpatient Services (2005/7)

iv Bird, L. (2001) Poverty, social exclusion and mental health, A Life in the Day, 5, 3

like, ‘they are dangerous and unpredictable’, ‘they are stupid and cannot make decisions for themselves’, ‘they are like children and need others to look after them’, ‘they cannot work, study, have a home of their own, raise children, live a decent and successful life’.

None of these things are true, but they are widely believed and this can make the prospect of having mental health problems terrifying.

But it does not have to be this way. Whether your problems have started recently or whether you have had a diagnosis for some time ...

RECOVERY IS POSSIBLE.

It may not always be easy, but many, many people with mental health problems have shown us that it is possible to lead a satisfying and successful life.

Most people with mental health problems have homes of their own, families, friends, a social life. With the right sort of help and support, most can study, work and contribute to their communities in many different ways. And think about all the famous people who have had mental health problems and been successful – people like Winston Churchill, Napoleon Bonaparte, Agatha Christie, Frank Bruno, Beethoven, Spike Milligan, Stephen Fry, Einstein and many, many more.

What is recovery all about?

When we talk about ‘recovery’ we are talking about the experience of people as they accept and overcome the challenge of mental health problems.

Recovery is the process of developing a new

sense of self, meaning and purpose in life. Recovery is the process of rebuilding a satisfying, hopeful and contributing life with a diagnosis of mental health problems.

“Recovery is a process of healing ... of adjusting one’s attitudes, feelings perceptions, beliefs, roles and goals in life. It is a painful process, yet often one of self-discovery, self-renewal and transformation.

Recovery is a deeply emotional process. Recovery involves creating a new personal vision for one’s self.” v

With the right sort of treatment and support, some people’s problems and symptoms can be eliminated. But you may still need help to rebuild your life and do the things you want to do.

There are other people whose symptoms remain or come back from time to time. But recovery is still possible. You can live a meaningful and contributing life even if your problems continue.

Indeed some people think that their success is, at least in part, a result of their mental health problems, that these problems have made them more sensitive and creative. Although they have problems that, at times, may be distressing or debilitating, they also see their experience as positive and creative.

In her book *Touched with Fire* (and various other academic papers) Professor Kay Jamison demonstrates that there is a relationship between creativity and mood disorders. She describes the relationship

v Spaniol, L. et al (1997) Recovery from serious mental illness: what it is and how to assist people in their recovery, *Continuum*, 4(4), 3-15

between manic depression and depression and creativity in many artists and writers. And remember that Winston Churchill successfully led the country through the trials and tribulations of the second world war in the face of recurrent depression.

“I look forward to every day of my life now ... It has made me appreciate the good times even more. It may sound odd that I arrived in this place through the darkness of a severe depression. Yet I can appreciate the experience. I am reminded of that Dickens novel, Tale of Two Cities, which begins: ‘It was the best of times, it was the worst of times.’ Having been through the worst, I can now fully appreciate the best.” vi

Peggy, author and grandmother, talking about her depression

“As I found myself, psychosis ... can be at least the beginning of spiritual enlightenment. It may open doors to such experiences that a person can make productive use of later when they are well.” vii

Academic, author and university lecturer Dr Peter Chadwick talking about his experience of schizophrenia

“Because I have faced this pain, I am able to feel more deeply, reach out to others more authentically.” viii

Student David Alexander talking about his experience of schizophrenia

“I have often asked myself whether, given the choice, I would choose to have manic depressive illness. ... Strangely enough I think I would choose to have it. It’s complicated. Depression is awful beyond words or sounds or images ... So why would I want anything to do with this illness? Because I honestly believe that as a result of it I have felt more things, more deeply; had more experiences, more intensely; loved more, and been loved; laughed more often for having cried more often; appreciated more the springs, for all the winters; worn death ‘as close as dungarees’, appreciated it - and life - more; seen the finest and the most terrible in people, and slowly learned the values of caring, loyalty and seeing things through.” ix

Professor Kay Jamison talking about her own experience of bipolar disorder (manic depression)

vi See personal stories on www.mcmanweb.com

vii Chadwick, P. (1995) Schizophrenia. The positive perspective. In search of dignity for schizophrenic people. London: Routledge

viii Alexander, D. (1994) A death–rebirth experience, in Spaniol, L. and Koehler, M. (eds) The Experience of Recovery. Boston: Center for Psychiatric Rehabilitation

ix Jamison, K. R. (1995) An Unquiet Mind. Memoir of moods and madness. New York: Alfred Knopf

“Now I view myself as the new, improved product. For the first time in my life I know what empathy feels like. Not a coping, professional façade but actually sharing the pain and joy of others. Perversely I find it to be a wonderful gift. I do still have the occasional setback, periods of anxiety, but I know that they are not permanent. An hour, a day or a week long but they do pass.” x

Eddie, a policeman, talking about his experience of depression

It may not be possible for everyone to become a famous writer, scientist, artist or musician. But you can make most of your experiences and talents. You can find meaning, purpose and satisfaction in life.

Recovery is not something that mental health services do. It is the deeply personal journey of growing beyond your mental health problems and/or other challenges that you have faced.

Mental health workers may be able to help you in your recovery journey. However, you may find the support and encouragement of friends, relatives, and others who are close to you, at least as valuable. Many people have also described the hope and inspiration they have gained from others who have experienced mental health problems.

x See personal stories on www.mentalhealth.org.uk

xi Deegan, P. (1988) Recovery: The lived experience of rehabilitation. *Psychosocial Rehabilitation Journal*, 11, 11-19

xii Allen, C. (2007) The future just vanished: the doors shut and I was left outside, *The Independent* on Sunday, 25th March

We must never “forget the gift that people with mental health problems can give each other ... hope, strength and experience as lived through the recovery process ... a person does not have to be ‘fully recovered’ to serve as a role model. Very often a person who is only a few ‘steps’ ahead of another person can be more effective.” xi

“What was helpful and comforting was the other patients. I learnt a great deal from them ... I don’t mean to glamorise them but they were great people, prepared to face up to things.”

xii

While others can help (or hinder) you along the way, each person owns their own recovery journey, and everyone’s journey is different.

It can be a rocky road with lots of ups and downs along the way ... but many, many people with mental health problems have shown that a meaningful, valued and satisfying life is possible.

What helps people along their journey of recovery?

Many people who have faced the challenge of mental health problems have described what has been important in assisting their recovery. While everyone's journey is different, and people find different things helpful, there are three things that seem to be particularly important: hope, control and opportunity.

Let's start with hope ...

Hope is central to recovery. No matter what challenges you face, if you cannot see the possibility of a decent future for yourself it is not possible to rebuild your life.

Relationships with other people can be very important in helping you to hold on to hope. What others think of you affects how you think about yourself. If everyone around you believes that you will never amount to very much then it is very difficult to believe in yourself and your own possibilities. We all need someone to believe in us!

Sometimes it is difficult to live hopefully in the face of what seem like overwhelming odds. At times like this you need others – friends, relatives, mental health workers – who can hold on to hope for you. You need people to believe in you when you find it difficult to believe in yourself.

xiii Donna, cited in Vincent, A.A. (1999) Using findings from qualitative research to teach mental health professionals about the experience of recovery from mental health problems. Proceedings of the Harvard University Graduate School of Education Fourth Annual Student Research Conference, Cambridge MA, 71-81

xiv Claire Allen, Independent on Sunday 25th March 2007

“The turning point in my life was... where I started to get hope that I could actually make the leap from being sick to being well ... Dr. Charles believed that I could. And Rev Goodwin believed that I could. Certain people believed that I could... and held that belief even when I didn't believe in myself.” xiii

“When I left hospital I was given a social worker. She was my lucky break, she was fantastic. She was interested in all of me. I still see her every week and the book is dedicated to her. She was the one who said I should apply for the Creative Writing Course at the University of East Anglia. She always saw a future for me outside the psychiatric system, even when I didn't.” xiv

Receiving a diagnosis of mental health problems can be devastating. It is a kind of bereavement. Just like with any other bereavement like losing someone you love, redundancy or divorce. People often experience a range of emotions – shock, fear, denial, anger, despair, guilt.

In the face of mental health problems people often ask themselves questions like, ‘*Why me?*’, ‘*What have I done to deserve this?*’, ‘*What is the point in my life?*’

Everyone has to make sense of what has happened to them – and you need time and space to do this. Sometimes it helps to talk things through with a mental health worker, someone close to you who you trust or someone else who has experienced what you are going through.

When you are feeling at a low ebb, it is easy only to see the bad things about yourself and your life.

Sometimes it is helpful to make lists of your skills and abilities. The things you are doing and have achieved. Doing this can help you see that things may not be quite as bleak – that there may be possibilities open to you.

Sometimes it can be helpful to ask someone else to help you think about your skills and achievements and the opportunities that may be open to you.

Sometimes it is helpful to get encouragement and inspiration from talking to other people who have experienced mental health problems, or to read books or articles they have written.

Most of all, it is important to remember that you are not alone. Many, many people really have made it with mental health problems, discovered a new sense of value and purpose and successfully rebuilt their lives.

“Recovery to me is not only coming to terms with what has happened in my life, the dark side of me and the things I have done, but having grown as an individual because of my experiences. Focusing on this experience as a source of growth has been the source of inspiration for recovery. I can now look back in time and know that everything that happened helped me to become the person I am today.” xv

Believe in yourself and your possibilities. However bad things seem, it is possible to move forward.

There is always hope.

But as well as hope, you also need to regain as much control as possible over your problems and your life.

So let’s move on to taking back control ...

“We are learning that those of us with psychiatric disabilities can become experts in our own self-care, can regain control over our lives, and can be responsible for our own journey of recovery.” xvi

It often feels as if mental health problems are completely beyond your control. It can be tempting to think that you must leave the expert professionals to sort out your difficulties for you. Mental health workers have developed some treatments and therapies that can be helpful. They can provide some support. But each person with mental health difficulties can become the real expert in their own self-care.

“I have more control over my illness than I ever realised ... knowing that gives me hope because I know that next time I start to get ill I can turn it around. You don’t have to let your illness run your life.” xvii

xv Reeves, A. (1998) *Recovery. A holistic approach*. Runcorn: Handsell Publishing

xvi Deegan, P. (1992) *Recovery, rehabilitation and the conspiracy of hope*. Keynote address at the Eight Annual Education Conference for the Mentally Ill of New York State, reproduced by the Center for Community Change, Trinity College, Burlington Vermont.

xvii Cited in Kirkpatrick, H. et al (2001) How people with schizophrenia build their hope. *Journal of Psychosocial Nursing*, 39, 46-53

It is important that you have all the information you want, and are fully involved in making decisions about what treatments work best for you. But finding the best treatment is only part of the story.

By reviewing the pattern of your own difficulties you can find things you can do yourself to keep well. You can learn to identify the things that may make your problems worse and manage your own ups and downs.

You may find it helpful to write down plans for yourself:



Some people find it useful to make lists of possible supporters who can help them in their recovery journey like relatives, friends, mental health workers, religious leaders, colleagues, fellow students, voluntary organisations and other people who have had mental health problems.

“To me recovery means being in the driving seat of my life. I don’t let my illness run me. Over the years I have worked hard to become an expert in my own self-care. Over the years I have learned different ways of helping myself. Sometimes I use medications, therapy, self-help, mutual support groups, friends, my relationship with God, work, exercise, spending time in nature – all of these measures help me remain whole and healthy even though I have mental health problems.” xviii

What you will do each day and each week to keep yourself on an even keel (like getting fresh air and exercise, talking to friends, eating well, getting enough sleep, not drinking too much)

How you can tell when things are not going so well (maybe you get into arguments with friends, feel anxious or elated, withdraw from others, start to drink too much) and what you can do to make yourself feel better (for example, take some time out from activities you find stressful, talk things through with a friend, listen to music, give yourself a treat)

Things that may trigger your problems (like painful anniversaries, starting new activities or meeting new people, pressure from work or studies, relationship difficulties) and ways to decrease the effect that these have on you (like reminding yourself of the things you have achieved, pacing things, seeking the company and support of people you trust)

What you would like others to do if things get so bad that you cannot look after yourself – sometimes these plans are called ‘Advance Statements’

How you will get back to your life after a crisis, for instance, how you will resume responsibilities like working or studying or how you will get back to your usual leisure activities and catch up with friends

xviii Deegan, P. (1993) Recovering our sense of value after being labelled. *Journal of Psychosocial Nursing*, 31(4), 7-11

Taking control over your life also involves making decisions about what you want to do in life: your dreams, ambitions and goals. It might help to think about the steps you can take to pursue your ambitions, the sort of help you might need, and how you can go about getting it.

But this means that you need to have the opportunity to do the things you want to do.

So we need to think about opportunity ...

Having the chance to do the things that you value – the things that make life worthwhile – is critical to recovery. Prejudice and discrimination can make it more difficult to do the things that others take for granted, but it does not make it impossible. 

You might want to talk through with your mental health worker what you want to do and how you might get the help you need to do it.

The first thing that is important is working out how to hang on to the things you have already got (like your job, your friends, your college place). For example, it can be important to keep in touch with your friends and explain some of the problems you have been having. It may be sensible to think about arranging to go back to things like work or college gradually and to decide what help you may need to do this.

You may also want to try new things – social and leisure activities, work, college, music, the arts, religious or political possibilities. Sometimes it can be difficult to think what you might like to do, so you may need to do some research. Talking to friends and relatives, reading local papers, contacting local Job Centres or colleges, going to libraries, using the Internet, looking through council directories

Remember all those people who have made it with mental health problems.

Remember that one in four people has mental health problems at some time in their life. So an awful lot of people out there understand more about these difficulties than they sometimes let on. Often they just don't talk about their problems for fear that others will think badly of them.

Remember that all the people with mental health problems who live independently, work, study, raise children, create pictures, play football and even climb mountains help to break down prejudice by showing what it is possible to achieve.

Remember that you have rights. The Disability Discrimination Act includes people with mental health problems. The Act makes it illegal for employers, educators or people providing any sort of services (libraries, shops, leisure centres or anything else) to discriminate against people with mental health problems. But it also goes further. It says that they must all make 'reasonable adjustments' to accommodate you. The adjustments people need differ but they might include working or studying part-time, not having to do parts of the job you find particularly difficult, having extra help and support, taking more regular breaks or having time off for appointments.

can all provide you with some ideas about what your options might be.

Whether you are trying to go back to something you were already doing or starting something new, there are two things it might be helpful to think about:

What sort of help and support you need and who you can get it from – some people get help from mental health workers, others get help from friends and relatives, or seek the support of particular agencies like Jobcentre Plus, or Connexions or go to all sorts of voluntary organisations.

Whether you are going to say anything about your mental health problems – and if so, who will you tell, what will you say, and when will you say it. It may be helpful to go through the pros and cons of different courses of action, or discuss the options with someone you trust.

A journey of discovery

Everyone's journey of recovery is unique. Each person must discover what assists them and what does not.

Some people find they no longer require help from mental health services. Others find intermittent or ongoing treatment and support are important. For some people, self-help groups play a vital role. Many people find work and education offer important possibilities, but others realise their talents in other ways through the arts, volunteering, politics, charitable endeavours, sports, raising children and grandchildren. Some people find that participating in their faith community gives

them strength and hope. Many people find friendships and relationships to be key.

Rebuilding a satisfying and contributing life when you have experienced mental health problems is not always easy, but it really is possible. There will be ups and downs, setbacks along the way – times when you seem to falter, slide back and have to re-group and start again. Hanging on to hope, working out ways of taking back control, seeking opportunities to do things that you value and pursue your ambitions. These things are all important. But most of all, it is important to believe in your own possibilities.

Never lose sight of the fact that you are not alone. Many, many people experience mental health problems. And many, many people have shown us that it really is possible to live well and to make a valued contribution to our communities.

Making it! was written by Rachel Perkins, Director of Quality Assurance and User/Carer Experience South West London and St George's Mental Health NHS Trust with a great deal of help from many other people who have experienced the challenge of living with mental health problems.

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Is recovery possible?

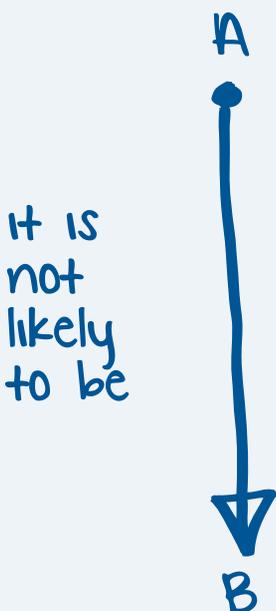
In recent years the concept of recovery from mental health problems has been introduced into the mental health field. This is the idea that people with mental health problems can effectively manage their symptoms and regain social roles and identities that contribute toward achieving a better quality of life.

What is recovery?

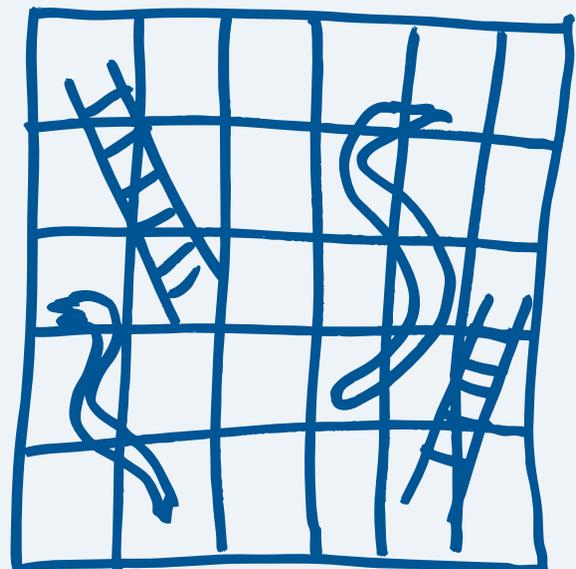
When people hear the word 'recovery' they often interpret it in a traditional sense meaning a 'cure.' Because of this, it can be difficult to see how recovery can apply to severe mental health problems.

In medical terms, 'recovery' is applied to long-term or chronic disorders such as diabetes, asthma, many physical disabilities, and substance misuse disorders such as alcohol addiction. It is not meant to imply a cure, but rather refers to a return to full, or partial, functioning in most aspects of your life.

In a broad sense, to be 'in recovery' refers to finding ways of resolving issues that arise in the course of having a mental health problem and creating a more positive, meaningful, and satisfying way of life.



It is more likely to be



Recovery is "the establishment of a fulfilling, meaningful life and a positive sense of identity, founded on hopefulness and self-determination." Andresen, Caputi & Oades, 2006

Recovery is a process

Recovery in severe psychiatric disability involves a process of restoring or developing a meaningful sense of belonging and positive sense of identity apart from one's disability and then rebuilding a life in the broader community despite or within the limitations imposed by that disability. Davidson, 2004

Recovery does not always mean that a person will live symptom-free or regain all the losses incurred as a result of their mental health problems. It does mean, however, that people can live without feeling enveloped by their mental health problems or feeling that their potential is permanently reduced because of them.

Recovery seldom involves a simple 'quick fix' and requires optimism, patience, and commitment.

Recovery is a process that occurs over time. It is rarely straightforward and is often characterised by steps forward and back.

Mental health problems can at times impede a person's ability to exercise choice and manage their life, but there are still important areas where even individuals who are quite unwell can make choices and take action – for example, developing social contact, taking advantage of professional help and services available, and moving toward looking after their own health.

Recovering from mental health problems can involve learning new skills (and perhaps the relearning of some old ones), coping with challenges, and assuming a new role – the role of someone who is successful despite having mental health problems.

We cannot predict the future of every person who experiences mental health problems. Families can, though, accompany them as they grapple with the tough realities of their lives and be there to celebrate their successes.

How families can support recovery

Families and friends can play an invaluable role in supporting their relative, partner or friend in their recovery journey. At times you may need to step in during a crisis and make decisions about accessing emergency support which your relative may not agree with. During a crisis your relative may be very vulnerable and you may need to care for them in order to ensure they remain safe. Once a crisis situation has passed you will then need to adapt your role and recognise the importance of supporting them to make decisions on their own behalf.

Research has found that there are various important factors on the road to recovery. These include:

- good relationships and social networks
- financial security
- satisfying work (this could be voluntary)
- personal growth
- a stable living environment
- developing one's own cultural or spiritual perspectives
- developing resilience to possible adversity or stress in the future.

Further factors highlighted by people as supporting them on their recovery journey include:

- being believed in
- being listened to and understood
- getting explanations for problems or experiences
- having the opportunity to temporarily resign responsibility during periods of crisis.

In addition, it is important that anyone who is supporting someone during the recovery process encourages them to develop their skills and supports them to achieve their goals.

With an understanding of the essential ingredients for recovery, families are better equipped to:

- nurture hopefulness, with high expectations
- aim for recovery – a full life, beginning with clear, attainable, smaller goals
- focus on their relative’s strengths rather than deficits, what they can do, rather than what they can’t
- foster their relative’s ability for self-determination and critical thinking
- view a crisis as a potential learning opportunity
- value healthy independence
- support their relative to take risks and exercise their ‘right to try’
- emphasise opportunities for creating social connections and rebuild a meaningful life.

One of the main achievements of the recovery approach is its emphasis on a more holistic view of the person, recognising that people who experience mental health problems are more than just a host of symptoms to be treated.

With hope as the foundation, a recovery-oriented approach respects a person’s lived experience and expertise, promotes decision making, choices, self-responsibility, and independence.

Repper and Perkins (2003) suggest that hope-inspiring relationships involve the following values and beliefs:

Valuing the person for who they are
believing in the person’s worth

Seeing and having confidence in the
person’s skills, abilities and potentials

Listening to and heeding what is said
believing in the authenticity of the
person’s experience

Accepting and actively exploring the
person’s experiences

Tolerating uncertainty about the future
seeing problems and setbacks as part
of the recovery process and helping
the person to learn from them

Transition from caregiver to supporter

In his (2004) article, Dr Crabtree suggests that the goal of families and friends is to provide 'help that helps' rather than 'help that hurts.'

Your relative is likely to need a greater amount of your help during the early stages of their recovery. Assisting with the majority of their needs may be necessary during periods of acute crisis, but as your relative begins to feel better, they are likely to need less of your help. As they regain their strength and mental health, the extent and nature of the help they need will change in order to enable opportunities for growth.

Some types of support and care can be very helpful at one stage of recovery but unhelpful at another. There will be a point where it will be more helpful to start backing off and begin the transition from caregiver to supporter.

Dr Crabtree warns that *"Helping a person with psychiatric difficulties, however, can lead to patterns of caring that quietly foster an exclusive reliance on the family."*

Your challenge is to recognise when you need to change the type of support you provide in order to prevent your well-intentioned help from becoming an obstacle to recovery and potentially damaging to your own mental (and physical) health.

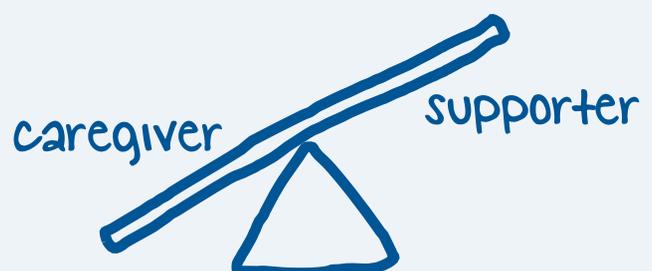
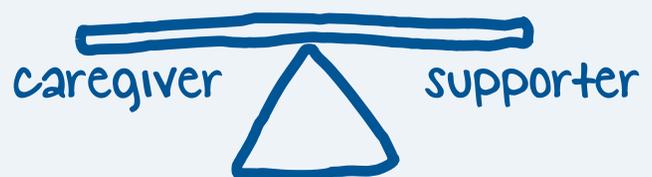
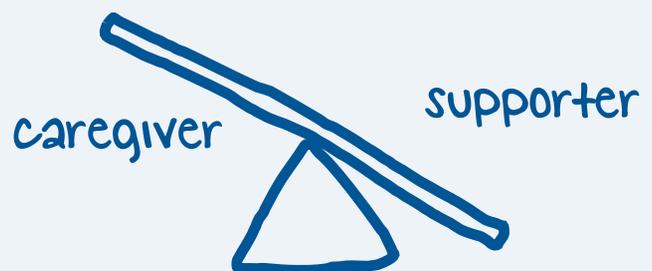
Caregiving versus supporting

Caregiving and supporting are not mutually exclusive and families provide both, at various points in their relative's lives. The challenge is to find the right balance.

The journey of recovery may involve changing your perspective from "How do I deal with this crisis?" to "How can I best support my relative in their recovery?"

The risk of "helping too much"

There are obviously situations during a crisis and the early stages of recovery when your extended help in caring for your relative is legitimately needed. However, as recovery progresses, your relative's needs will change and they will transition away from their dependence on you as a caregiver. This means that the types and extent of support you provide to your relative will change as they become more successful in managing their mental health problems and getting on with their life.



Caregiving and supporting need to be based on an attitude of mutual respect for the needs of yourself and your relative. Everyone needs to have the freedom and responsibility to grow, regardless of disability. Part of this process involves supporting your relative to begin to solve their own problems and make their own decisions.

Backing off is easier said than done

There can be significant challenges involved when moving from the caregiving to the supportive role. You might wonder why you should put yourself through the stress of risking change when the current pattern feels safe and gets things done.

Other concerns expressed by families include:

If I let go of them, I might lose them.

If I stop trying to fix and change them, they will no longer need me and will leave me.

There must be a way to make things better and I can't give up yet.

What if they fail or fall flat on their faces?

If they lose or fail, it will reflect badly on me.

I would feel so guilty if anything bad happened to them.

What would others think of me?

There is sufficient scientific evidence to conclude that strategies that enhance the caregiving capacity of family members and other people involved in the day to day care for people with mental disorders have a clinically significant impact on the course of major mental disorders. *Falloon, 2003*

The response to these concerns comes back to the need to avoid the type of 'help that hurts.' As hard as it may be to change the family pattern of help, a gradual shift from caregiver to supporter can greatly assist your relative's progress toward regaining control of their own life. Gradually allowing them to problem-solve and accept responsibility for themselves will assist in gaining greater self-sufficiency, developing relationships outside the family, self-growth, and may even release capabilities that might otherwise lie dormant and undetected.

Helpful hints for stepping back

Transitioning away from dependence is not a matter of the family giving up its role in recovery entirely. While individuals are supported to take personal responsibility for their own self-care and self-advocacy, recovery is not viewed as a solitary process. Rather, it is a complex, dynamic, social interplay between the person with the mental health problems and the social and physical environment within which they live.

In fact, most people who have recovered from mental health problems credit the steadfast encouragement and support of another person who they say believed in them – a therapist, teacher, counsellor, nurse, or family member.

Stepping back and letting someone regain control over their life is a gradual process. It involves taking note of both the ways in which you currently provide help and what your relative is capable of doing for themselves. You may want to start by creating a list of all the caregiving tasks you currently provide and thinking carefully about what can be 'handed back' to your relative.

There is likely to be a period of testing to see how much responsibility the person is actually able to take on. It is advisable to begin with simple things and gradually allow them to regain more control. Engaging in a process of careful drawing and redrawing of boundaries will assist your relative in moving toward independence with a sense of achievement and growing self-esteem.

Families in a focus group reported that transitioning for them meant moving from solving the problem or doing the task themselves, to stepping back and letting their relative do it without taking over. Some of their comments included:

People who are recovering talk about the people who believed in them when they did not even believe in themselves, who encouraged their recovery but did not force it, who tried to listen and understand when nothing seemed to be making sense. *Anthony, 1993*

When the issue came up in the past, I would have come up with a solution. Now I give it back to him to discuss with his social worker or psychiatrist.

Let him test the parameters a bit more.

Give a little more responsibility for more things.

Do less for him.

I tell him I have other responsibilities and that he must be responsible for his own recovery.

Your role as a supporter

Below are some ideas on helpful kinds of supporting roles you can provide to your relative. The goal of each is to foster self-empowerment.

Offer encouragement Lack of motivation can be part of mental disorders and your relative may need gentle pushing to get them back on their feet. Encourage your relative to manage their health, learn new skills, relearn old ones that were lost, find ways to engage in social activities, and when ready, prepare for education, work or volunteer opportunities. Taking steps toward independence requires great courage and strength on the part of your relative. Acknowledging this can help to boost your relative's confidence in themselves and their ability to take hold of their life.

We try to make a mantra of 'Find the good. Praise it.' Once we start looking for opportunities for genuine compliments, we generally will not have a hard time finding them. *Friese, 2004*

Communicate Families are often concerned about being direct with their relative, out of fear that it will be stressful for them. Quiet, even communication is often best. Direct, honest, 'say what you mean, mean what you say' communication can maintain mutual respect for your needs and those of your relative.

"I speak more directly to him. I don't pussyfoot around".

Offer choices Choice leads to empowerment. Empowerment allows your relative to gain

control over their life through access to meaningful choices and the resources to implement those choices. Allow them to make choices about all aspects of their life – treatment, personal goals, community activities, advance statements (see page 128), etc.

Find opportunities for them to do things for themselves When someone has been unwell for a while and unable to do things for themselves, it can be easy to fall into a pattern of 'doing it for them.' Part of recovery for families is learning to 'step back' from doing things for them so they can do it themselves.

Be a talent scout Focus on your relative's strengths and help them to uncover and explore their interests, talents, and skills. Focusing on strengths helps build confidence and self-esteem. See the next section, *Using a strengths based approach*.

Validate Recovery can be hindered by criticism or invalidation of the person's choices. Respect for their choices aids in their journey toward self-care. Although you may not agree with them, it is important to respect your relative's decisions and choices, provided they are not life-threatening or harmful to others.

"Instead of being the first one to look for the lost car keys, I step back and let it happen. I may not agree with the decision, but if it is not life threatening or harmful, transitioning involves not judging his choices or second-guessing his decisions".

Be realistic Devising realistic and achievable goals, responsibilities, division of duties, and so on, increases your relative's chance of success. Gaining a sense of achievement will motivate them to continue to take risks and

move forward in their recovery. Expectations that are too high can increase stress levels and may result in relapse.

Be patient Let your relative do what they're able to, even if it takes longer and is not how you would do it. Allow for mistakes and less-than-perfect results. Remember also that there is no set timeframe for recovery, that it is a non-linear journey including setbacks and challenges. It can be frustrating for families when their relative appears to stop making progress and 'plateaus' or has a relapse.

"I let him make his own mistakes so he can learn from them".

Take acceptable risks Enable your relative to explore what they can do on their own. It is important to remember that you cannot eliminate all risks without eliminating all opportunities.

Don't take over when things go wrong As recovery progresses, your relative will need opportunities to deal with the consequences of their choices. Experience is a great teacher!

Listen Sometimes the best way to support someone is simply to stop talking and start listening. By actively listening to your relative's concerns and successes you are validating what they think and feel. This can be one of the most powerful tools to aid their recovery.

"Instead of giving advice, I engage in more active listening, being there with him".

Promote trust Trust is key to creating an environment that promotes recovery. Trusting oneself and others involves personal risk and is earned through caring and supportive relationships.

Be a good role model Set a positive example of a balanced life. By modeling healthy choices, finding time for yourself, and engaging in social activities, you provide opportunities for your relative to develop a healthy lifestyle, both mentally and physically.

Provide feedback While it is important for your relative to be the decision maker for their life, they may still value your input on some decisions. Moving from caregiving to supporting involves a change from 'decision advisor' to 'decision facilitator'.

Push past the fear Moving away from dependence is likely to be a scary prospect for you and your relative – but do it anyway!

Using a strengths based approach

By encouraging your relative to focus on what they can do, rather than worrying about what they can't do, you can offer them more effective support in their journey. Constantly reminding your relative they have strengths can help them to believe in their own ability to create a satisfying, hopeful and contributing life. This approach is called a 'strengths based approach.'

It may be helpful for all family members to focus on their individual strengths – there can be an impact on the whole family's self-esteem and hopefulness when you are supporting someone with mental health problems. Sometimes if you are feeling very disheartened, it can be hard to think of strengths. Below is a list of some personal strengths you may have that might help you to start fostering a strengths based approach within your family:

Hopeful	Generous	Considerate
Enthusiastic	Tolerant	Observant
Spontaneous	Optimistic	Resilient
Trustworthy	Caring	Warm
Respectful	Practical	Self-assured
Adventurous	Inspiring	Idealistic
Lively	Friendly	Humorous
Serious	Disciplined	Determined
Patient	Ambitious	Dedicated
Thoughtful	Intelligent	Independent
Accurate	Logical	Open
Flexible	Tactful	Creative
Courageous	Loving	Spiritual
Appreciative	Compassionate	Versatile
Straightforward	Energetic	Passionate

Supporting self-management

Learning effective self-management techniques can form a key part of someone's recovery journey. Unfortunately, you cannot make your relative develop their self-management skills. This can lead to frustration and despair if you feel you are standing by watching someone you care about suffer while feeling powerless to do anything about it. One thing you can do is to gain an understanding of self-management in promoting recovery. However, by its very nature, self-management is something your relative will have to develop by themselves. Sometimes people are just not ready, so it is important to try to recognise and acknowledge this may not be the right time for you relative.

If your relative is not ready to develop their self-management skills, you can try to model the behaviour you would like them to adopt. By developing your own self-management techniques and sharing these skills subtly with your relative, you will be showing them how effective self-management can be. They may be inspired to follow your example and you will also be taking steps to safeguard your own mental wellbeing at the same time.

Another way of supporting self-management is to learn the basic principles of self-management and to use these strategies in your supporting role without formalising them. For example, you may notice that certain things can act as a trigger for increased symptoms – you can share what you have noticed with your relative and then support them to think about what they might find helpful if they encounter that trigger.

Encourage your relative to try different strategies – it can help to view these as 'experiments' that might, or might not, work.

Using this approach can make it less stressful to try something new and the fear of 'failing' is lessened. The communication skills in *Part 5: Enhancing family communication* can support you to adopt a problem-solving approach which can also be extremely helpful in coming up with possible strategies to experiment with.

Encourage your relative to engage with services such as a Recovery College which are facilitated by people with lived experience of mental health problems. Peer workers are able to share their own lived experiences of developing self-management techniques and are living proof of the effectiveness of this approach.

If your relative is ready and willing they can adopt more formal self-management techniques such as *Wellness Recovery Action Planning* which can be very effective, see below.

Wellness Recovery Action Planning (WRAP)

This is a self-management and recovery system developed by people with mental health problems. The plan is structured to help people:

- set out their goals and ambitions
- identify what help they need to attain their goals
- identify what helps keep them well
- identify what puts their mental health at risk
- recognise their early signs of becoming unwell
- develop strategies that will help when becoming unwell
- recognise and plan ahead for a crisis should one occur.

A WRAP will state how your relative wants others to respond if their symptoms make it impossible for them to continue to make decisions safely for themselves and to take care of themselves.

South West London and St George's Mental Health NHS Trust have developed an excellent self-management plan called *Taking Back Control. A guide to planning your own recovery*. If your relative is under their care, you can ask your relative's care coordinator for a copy.

Alternatively, you can buy *Wellness and Recovery Action Plans* from the website www.mentalhealthrecovery.com

A WRAP aims to find a practical and pragmatic approach for people to:

- increase their sense of control over their mental health problems
- increase personal empowerment
- improve quality of life
- empower them to achieve their own life goals and dreams

Supporting your relative to make their own WRAP

The goal of developing a WRAP is to enable people to foster self-awareness and have more control over their life. The most important thing to remember is that people must want to create their WRAP. If your relative does not engage with the idea of developing their own plan, the process is likely to be far less powerful. The development and review of a personal WRAP is part of your relative's recovery journey, so it is important allow them to find out for themselves.

If your relative is developing their own WRAP, try to do the following:

Listen and do not assume anything

Be aware that part of the process of creating a WRAP may involve your relative changing the way they manage difficult feelings and emotions

Encourage them to make changes and try new methods of managing their recovery

Be involved, but in a way that is flexible and works for your relative

Rather than coming up with your own solutions, support them to find their own solutions

Be aware that, initially, more support could be required to manage the emotions experienced as your relative examines their life – it is not unusual for there to be a sense of anger, isolation and a questioning of identity

Realise that relationships might have to be changed to enable your relative to take more control of their life – this might involve leaving a lot of 'baggage' behind from the past

Understand that your relative needs to be allowed to learn from their mistakes and needs help to build on their strengths.

The following resources may be helpful if you would like to find out more about recovery:

Healthtalkonline More than 2,000 people's experiences of over 50 health-related conditions and illnesses. You can watch video or listen to audio clips of the interviews, read about people's experiences if you prefer and find reliable information about specific conditions, treatment choices and support.

www.healthtalkonline.org

Recovery Devon Extensive resource library section with links directly to papers. 'Top 10 list of recovery sources and resources' gives a comprehensive list of further reading on recovery.

www.recoverydevon.co.uk

Scottish Recovery Network 'The Narrative Research Project' holds a large number of recovery stories by both service users and carers. They also have some films – 'Reflections on recovery.'

www.scottishrecovery.net

WRAP – Barbara Ellen Copeland WRAP and Recovery Books were established by Dr. Mary Ellen Copeland to develop, distribute, and make available to everyone, the recovery and wellness skills and strategies, including the Wellness Recovery Action Plan, that she discovered through her research.

www.mentalhealthrecovery.com