

CHAPTER 1

Introduction

Over the last few years important English-speaking countries such as the USA, the UK, Ireland, Australia, New Zealand, and Canada have embraced recovery-orientation as a guiding principle of their mental health policy. Major stakeholders and different professional groups have expressed their loyalty to the concept. Guidelines, training modules and system transformation initiatives have followed swiftly and experiences and data as well as complex and controversial discussions are emerging.

Interestingly, the rest of the world has not yet reacted in any discernible way. In 2005 we felt a strong need to bring these developments, at that time known mainly only to English speakers, to a German-speaking audience (Amering and Schmolke, 2007). Our book was greeted with great interest throughout the Swiss, German and Austrian mental health community.

Our participation in the World Psychiatric Association (WPA) and other international initiatives led to the idea of translating the book into the different languages of interested mental health professionals, users and carers. We had started to make plans for Turkish, Ukrainian, Serbian and Spanish editions when English-speaking colleagues and friends pointed out that comprehensive accounts of the background, developments and uses of the term and concept of recovery were not yet readily available in English. And indeed, while much has been written about recovery, most of it is in electronic form or in scientific articles and policy papers, no doubt reflecting the pace of change in this fast-moving field.

Wiley-Blackwell decided to venture on a translation of the book. We updated and amended the material and edited the specific references to the situation in the German-speaking countries. The book was originally written for an audience for whom the recovery-concept was new. This English language version will reach many more people who have perhaps only recently become interested in recovery. At the same time it will also be available to audiences in countries like the US and the UK, from where the main impetus of the concept came and where the mental health field has been in close contact with the concept for many years as it is government policy in those countries. The extremely fast development from a bottom-up concept into a top-down policy approach, with all the resulting implementation efforts and bureaucratic power struggles must have created challenging problems, some of which will have had aspects peculiar to their specific locations. The speed of the development of the concept and the challenges that have arisen during its implementation could well make a fresh and comprehensive look at recovery both timely and welcome.

This is a WPA book and we hope that it will help people all over the world who work locally but who also read and communicate internationally in English. Also, as in the

original German version we did try to write in such a way that the book would be a resource not only for researchers, policy-makers and clinicians with a professional psychiatric background, but also for interested readers with other professional or experiential backgrounds and people with a lived experience of mental health problems in their own life or in the lives of their loved ones and friends. Peter Stastny's expert translation has certainly also added to this aspect of the book.

For individuals who are facing the challenge of a serious psychiatric disorder, recovery has always been a very significant path from the limitations of patienthood to a self-determined and meaningful life. Bolstering resilience is an essential element of the healing process, which involves marshalling the powers of resistance and providing a constructive adaptation to difficult circumstances, and also the mobilization of energies in order to protect the person from demoralizing resignation and self-stigmatization. Professional help is often a crucial aspect of recovery-processes. However, it often fails to respond to important opportunities, and may even be a hindrance to the efforts people make towards their own recovery.

Ever since users of mental health services have gone beyond merely telling their stories, to recording, publishing, organizing and researching them, their invaluable experiences and what they have learned have become accessible to the general public. Professional circles have been quick to respond. Recovery-concepts were adopted and their implications for research and practice are being spelled out. Recovery-oriented supports are being called for and increasingly promulgated. New research designs are being explored and put into practice. Newly defined criteria for remission and recovery are being formulated and should lead to higher expectations and to the development of new kinds of support. These new kinds of support need to be evaluated according to the extent to which they can contribute to the strengthening of the resilience and the health of individuals with serious mental health problems.

Is hope as a precondition for recovery indeed justified? We believe that you will come away from reading this book with an affirmative answer to this question. All scientific data about course and treatments for severe mental health problems are pointing in a direction where it no longer makes sense to be swayed by a diagnosis towards an unfavourable prognosis. The fact that psychiatric disorders can have highly variable courses should not lead us to assume the worst. The difficult job of overcoming the temporary strain of an illness-episode should not induce us to take refuge in prognostication for the future.

Pronouncements such as "You are too ill for talk therapy" or "You will never be able to pursue a career as a dancer" are as inappropriate as "Everything will be just like before" or "He will never be able to rely on himself". Such predictions are not just factually wrong, but also quite harmful. We know how destructive such statements can be. To destroy someone's dreams for their life is a catastrophe, especially at a time when a person is making every effort to overcome a mental health crisis. And we know very well how important it is to envision the possibility of new developments, aspirations and solutions to the current situation.

To some extent, these facts have been known for a long time. The same applies to the prejudices and misguided traditions in this area. Obviously, it can take a long time for certain facts to be recognized and certain attitudes to be transformed accordingly. On the other hand, there are times when paradigms topple rather precipitously and we may be in a period when just such a thing is occurring. The stigma of immutability and incurability can be overcome. Over time an exciting and autonomous research domain area has

emerged, in which people with a lived experience of mental health problems and services develop and carry out scientific projects. There have been many important collaborations between researchers and service users. Service users are contributing their expert opinions directly to clinical work, and are working as providers, advisors and trainers, as well as working in their own autonomous services and on other projects. Governments have begun to endorse these collaborative efforts by establishing recovery-orientation in their health service policies. By doing this, they aim to enhance the effectiveness of existing services and research projects, while at the same time promoting and establishing new initiatives and concepts.

As clinicians and researchers we are impressed by the challenges and opportunities that the recovery movement presents to the field of mental health. And we recognize the new scientific and clinical responsibilities in support of people with mental health problems in their efforts towards making full use of their health and resilience in order to achieve their goals in life. In this book we address conceptual issues as well as different ways of contrasting, delineating, and combining existing strategies and concepts with the current new definitions and meanings of recovery. The implications of recovery-orientation for our scientific responsibilities include the development of novel research policies and methodologies for many urgent research questions. Consequences for mental health policy, service provision and therapeutic relationships include new strategies and tools as well as evaluative data and attempts at system transformation from different regions. All this, as well as the consideration of obstacles, misunderstandings and problems, are arranged around the core of the book, which consists of exemplary stories of people who, as pioneers, have made their own stories and their experience in self-help and advocacy – in addition to their traditional professional expertise – available, and who have created models and language for recovery, which have laid the groundwork and made their way into planning and practice. The collaboration between mental health professionals without a lived experience and users and former users of services is a key condition for the implementation of recovery-concepts and will appear as a major topic in all parts of the book.

