

Getting Back in the *Driver's Seat*:

Working with Principles of Self-Driven Recovery

Who decides what is best for our healing and wellbeing? How can we best facilitate another's recovery? Are our life crises catastrophes, or are they our greatest teachers? These are just some of the challenging questions MHACA staff were asked when they attended an inspiring workshop by mental health consultant Helen Glover in late July.

A CONSULTANT, researcher, speaker, educator, lecturer and person with a lived experience of mental illness Helen speaks nationally and internationally on recovery-based practice. The focus of her workshop was to discuss the importance of consumers driving their own recovery process - for service providers to encourage and support people living with a mental illness

to actively direct and participate in their own recovery (see her article "Raising the Bar" on page 29).

Keep asking questions

Helen emphasised that as service providers it is important to "keep asking questions and have open discussions" about what we do - to ensure that



Working with Principles of Self-Driven Recovery

programs continue to benefit the people we work with. Some of the questions Helen raised included:

- HOW do we define and evaluate someone's recovery? Who decides?
- WHAT role does self-empowerment have in recovery? Does compliance mean progress?
- HOW do we effectively engage consumers and carers in our programs? Do we actively listen, encourage and support or do we impose our own ideas of wellness and conformity?
- HOW can we effectively keep evolving as a service? Like going to the gym and maintaining our fitness, we need to keep 'training and working out' to stay fit – we need to stay flexible to stay effective
- WHAT is happening elsewhere – in non-medical models? In other services? Around the world?

Having lived through and significantly recovered from her own mental illness, Helen spoke passionately on some of the troughs and peaks of her own journey of recovery. She believes that as workers it is not our job to change

or 'fix' people - to act as if they are broken - but to relate to people as whole human beings: to respect and appreciate each person's journey and help people re-define themselves through their abilities (what they can do) rather than their disabilities.

The essence of these principles is powerfully captured in "A Credo For Support" (on last page), a moving and thought-provoking slide-show presented at the beginning of her workshop. As Helen stated, "If we're not 'in relationship' with a person we'll get it wrong every time."

Toward's Internal and Self-knowledge

Helen's framework is a move away from the more dominant professional paradigm - focusing on the "external and expert" (medical treatment, social work, psychology and therapy) - towards the less dominant "lived experience" paradigm - focusing on the "internal and self-knowledge" (valuing someone's personal experience, family and community knowledge and traditional society knowledge). Like building a solid house, our aim should be to help someone

rebuild their own foundations so they can continue to build their own home. Her framework highlights the contrasting differences between objective and subjective understandings of recovery (refer table below).

It's not our business...

Helen highlighted that as workers and carers it is not our business to 'recover' someone – the work of recovery is the work of the person with the illness. Our business is to:

- believe in the person's ability to recover
- work as if they can recover
- provide a platform for them to do their recovery work on
- get out of the way of a person's recovery

It is through instilling a sense of hope and believing in a person's recovery that people experiencing a mental illness will grow well. Integral to this sometimes rocky journey are the attributes of self-determination and personal responsibility, and it is in "raising the bar" - fostering and reinforcing these qualities - that workers can be of the greatest assistance. Five key elements of how we can support an individual's recovery are identified on the following page.

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Objective Understanding of Recovery

- ◆ Focuses on external processes
- ◆ Technique is central
- ◆ Waits for readiness to recover
- ◆ Program driven
- ◆ Expert knowledge
- ◆ Management and treatment provided by professionals alone
- ◆ Client's choices are upheld if professionals agree with them
- ◆ Responsibility held by service
- ◆ Low expectation of active participation
- ◆ Exiting services is not a high priority
- ◆ Services are provided until people are "fully functioning"

Subjective Understanding of Recovery

- ◆ Focuses on internal processes
- ◆ Relationships are central - rebuilding rapport
- ◆ Relates to recovery from the start
- ◆ Individually driven and self-directed
- ◆ Values the knowledge from lived experience
- ◆ Encourages self-directed care, self-knowledge and community peer support
- ◆ Respects that client choices and actions are contributing to meeting their needs
- ◆ Personal responsibility is encouraged
- ◆ High expectation of active participation
- ◆ Exiting services is a high priority
- ◆ Services are not a whole of life service and for life service

The Work of Supporting an Individual's Recovery

1 Hope:

Work to provide messages of hope. Work 'as if' recovery is a reality – although we may never have the privilege of witnessing change in a person for ourselves. To provide messages of encouragement - based on the fact that distress is not permanent, we need to remind ourselves that our knowledge of a person's prognosis and future is not necessarily a fixed truth, and that our role is to be an active 'holder of hope'. It is important to help plant seeds - to nurture and activate a person's dreams of what they want to do and who they can become.

2 Active Sense of Self:

Work to engage a person's active sense of self rather than encouraging passivity (eg. a person turning up for appointments and just expecting to get better). Amplify and be curious about the 'wellness initiatives' that a person has discovered as helpful to their recovery. Resist the urge to 'do for a person' when they have the ability to 'do for themselves' (even if it is easier and quicker for you). Embrace the spirit of collaboration – work with and challenge others to take charge of their steering wheel.

3 Personal Responsibility:

Work to harness opportunities for a person to take more personal responsibility rather than taking over responsibility. Look for opportunities for positive risk-taking that involves shared responsibility that enhances a person's self-directed support. Avoid making decisions for others, making others dependent on you and assuming they can't take care of things themselves. Instilling trust fosters self-responsibility.

4 Discovery:

Work to find ways to help a person discover more meaning and purpose regarding what is happening in their lives rather than just seeking to enhance your own understanding. Work as if crisis/adversity is an opportunity for further growth and change. Resist the urge to provide 'expert responses' - use your skill in questioning to help a person discover 'their own expertness'. Be aware of the 'ah-ha!' moments in people's lives.

5 Connectedness:

Work to encourage a person's sense of participation and belonging. Foster connectedness through relationships and community and social roles, rather than invite them to remain entrenched in the role of patient-hood. Look for ways a person can contribute as well as receive – how they can also give to the community as well as be a recipient of services. Realise the importance of the relationship you offer – it can impact greatly – both positively or negatively on a person's recovery.

Recognise "wholeness"

Pivotal to Helen's recovery-oriented approach is the recognition that a person is not defined by their illness - this is only one aspect of who they are.

The key is relating to a person through their sense of whole self/wellness - their "ME" - rather than their illness/disability - their "IT." As Helen highlighted, "Instead of actively contributing to a person's internalised identification with their illness, seek to amplify a person's whole self and mastery of their illness, thereby helping the person to establish an empowered relationship

with their IT." This means not focusing on "the problem" but on "the solution". Recovery involves redefining both how we see ourselves and others who are experiencing a challenging time.

Distinguishing someone's illness (IT) from their sense of worth and true self is integral to helping them regain a sense of control over their lives - to helping them get back in the driver's seat.

The half-day workshop provided us with an overview of Helen's framework on recovery-oriented practice, a workshop which was rich in presentation as well as content. ✕



Recovery-based practice relates to the whole "ME" ↑ rather than identifying primarily with the "IT" ↓



MHACA is keen for Helen to return to Alice Springs to provide more in-depth training in this area, and has arranged for Helen to present a 2-day service-provider workshop in February 2006. To register interest please contact Rita at MHACA on 8952 3311 or email mhaca@inet.net.au. For any further information please contact Helen (see profile page 16).

“Throughout history, people with physical and mental disabilities have been abandoned at birth, banished from society, used as court jesters, drowned and burned during the inquisition, gassed in Nazi Germany, and still continue to be segregated, institutionalized, tortured in the name of behaviour management, abused, raped, euthanized and murdered. Now, for the first time, people with disabilities are taking their rightful place as fully contributing citizens. The danger is that we will respond with remediation and benevolence rather than equity and respect. And so, we offer you ...

A Credo For Support

Do Not see my disability as the problem.

Recognise that my disability is an attribute.

Do Not see my disability as a deficit.

It is you who see me as Deviant and Helpless.

Do Not try to fix me, because I am not broken.

Support me. I can make my contribution to the community in my own way.

Do Not see me as your client.

I am your fellow citizen. See me as your neighbour.

Remember, none of us can be self-sufficient.

Do Not try to modify my behaviour. **Be still and listen.**

What you define as inappropriate may be my attempt to communicate with you in the only way I can.

Do Not try to change me, you have no right.

Help me learn what I want to know.

Do Not hide your uncertainty behind “professional” distance.

Be a person who listens and does not take my struggle away from me by trying to make it all better.

Do Not use theories and strategies on me. **Be with me.**

And when we struggle with each other, let that give rise to self-reflection.

Do Not try to control me. I have a right to my power as a person.

What you call non-compliance or manipulation may actually be the only way I can **exert some control over my life.**

Do Not teach me to be obedient, submissive or polite.

I need to feel entitled to say **No** if I am to protect myself.

Do Not be charitable towards me.

The last thing the world needs is another Jerry Lewis.

Be my ally against those who exploit me for their own gratification.

Do Not try to be my friend. I deserve more than that.

Get to know me. **We may become friends.**

Do Not help me, even if it does make you feel good.

Ask me if I need your help.

Let me show you how you can best assist me.

Do Not admire me.

A desire to live a full life does not warrant adoration.

Respect me, for respect presumes equity.

Do Not tell, correct and lead.

Listen, Support and Follow.

Do Not work on me.

Work with me.”

Dedicated to the memory of Tracy Latimer

Written and produced by Norman Kunc and Emma Van Der Klift. Copies available through Axis Consultation and Training, email normemma@normemma.com or visit <http://www.normemma.com/>



HELEN GLOVER uses her professional and lived experience to expand and challenge the concepts of recovery within mental health service delivery.

Helen has spoken and lectured internationally on the challenges and opportunities of the provision and development of recovery-oriented mental health services. She has worked primarily within Australia and England, with fellow professionals and those that use services and their families, to promote practices that support wellness.

She recently has worked as the Chief Executive Officer of CHANGE in Birmingham, UK. CHANGE provides residential and community crisis recovery alternatives to hospital admissions and is staffed by recovery guides who identify primarily with the lived experience of their own recovery from mental health difficulties.

In 2001 Helen was commissioned by the National Institute for Mental Health England (NIMHE) to write its discussion papers on “Developing Recovery-Orientated Services for Mental Health Services in England”. She has also been a co-researcher in an Australian study Recovery from Schizophrenia from a Consumer Perspective.

On her return to Australia in 2004 she accepted a position with Queensland Health to develop and deliver a curriculum for mental health professionals on recovery-orientated practice.

For further information please contact Helen Glover at enLightened Consultants on 0433 537 444 or email helenglover@bigpond.com.