

Raising the Bar:

Encouraging people to take an active role in their recovery

By Helen Glover

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PARTICIPATION in services by people with a 'lived experience' of mental illness/distress and those who care for them has become the 'catch cry' of many policies and strategies in many countries around the world. These 'consumer and carer' policy directions focus on involving people with a 'lived experience' in policy development, service planning, service evaluation and research. What fails to jump out is the expectation of people to participate in their own care. While we solely focus on tertiary participation, we fail to see the need to focus on the primary and secondary involvement of people in their own lives and their own communities. Without such a major rethinking of 'participation policies' within service delivery, any tertiary-systemic involvement by people with a 'lived experience' risks remaining tokenistic and without meaning.

In all the years of receiving mental health care I cannot remember a time where I was actively or covertly expected by formal mental health services or practitioners to be involved in, or to work hard at, my recovery.

For a long time I was not aware that I needed to contribute something to my own recovery; I thought that was the role of the 'other'. The messages that invited passivity were strong - very subtle but constant. Initially these messages were comfortable, but ultimately led to a place of stuckness. There was no expectation for me to drive or actively work towards recovery.

Sadly, I started to expect others to do my recovery work for me. The expectation bar of recovery was lowered so far that I and those around me, including many professional providers, lost sight of the possibilities of my recovery.

A common message is that if we take it easy, lead a quiet life, and comply with treatment we may one day be able to function in some capacity in the community.

Recovery is not 'magic' but requires dedicated effort

There is one knowledge that I value from my journey in recovery more than anything else: that recovery cannot be a reality without being actively involved and through taking personal responsibility. Recovery does not magically happen in a vacuum of passivity of time and space. It takes work - just as much work as any other enduring injury or illness.

For many years I laid my distress and despair at the feet of the 'experts' waiting with baited breath for magical healing to occur. There was no mention that getting better was going to take more effort than just turning up for an appointment on time and taking my prescribed medication.

If I am not expected to actively participate in my own personal journey of healing and recovery, then policies about participation and service input remain meaningless. Why would the majority of people want to be involved at this level of service delivery, making and contributing to the bigger picture decisions when not invited to be fully active and involved in driving their own care?

Finding motivation and meaning

Finding a reason to actively participate is essential. A person dies if s/he does not have a reason to get out of bed. The people who have truly 'stretched' me and challenged my passivity have been those who have maintained a belief in my recovery and who have not lowered the bar to un motivating levels.

Without expectations when we are fragile, especially external ones, we remain disinterested. I can clearly remember during an admission to a mental health setting that my organised activity for the day was to make a tiled ashtray. I did not smoke and yet this task was considered meaningful to my treatment. Several days earlier I had been a highly functional teacher. I often wonder if my recovery journey would have been different -

shorter and less invasive - had others dared to 'raise the bar' to where I felt some meaning and connection with the activities I was encouraged to participate in.

An analogy from other areas of health can offer us insight into the work of recovery. If I had a hip replacement and told the physiotherapist that I wasn't going to do my exercises today because 'I didn't feel like it', I doubt very much I would be greeted with 'that's okay, you just take it easy, you can do them when you're ready'. I expect the reply would be along the lines of: 'doing the exercises, acknowledging the pain and hard work, and using available supports will greatly reduce your chances of ending up with a permanently bung and dysfunctional leg'.

Few people tell us that if we don't work hard and put effort into our own recovery we end up with 'bung heads and dysfunctional lives'. Invitations by 'others' - whether they are family, friends or professional providers - to remain passive and hand over our responsibility, only contribute to the vicious cycle which entraps people into the chronicity and stuckness of the experience of mental illness.

Encouraging active participation and recovery

Questions need to be asked about how mental health services and practices can support an approach which 'raises the bar' - lessens the opportunity for people to become passive and shares the responsibility for working towards recovery actively and equally.

When we consider these questions closely, opportunities within everyday processes and practices are sure to emerge that ultimately will contribute to peoples' understanding of their 'active selves' in their own recovery processes.

The resilience of people who experience mental distress cannot be underestimated. The human spirit is very strong - and usually gets stronger through adversity. Many assume that the experience of mental distress and despair is coupled with an inability to actively and proactively participate in decisions, choices and dreams.

Be not afraid to raise the 'bar of expectations' towards recovery. Have faith that while we may be shooting for the stars we will not crumble if we reach only as far as the moon, but know we will die if remained nailed to the earth. ✖

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