Recovery: a selective review of the literature and resources

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Abstract

There has been a huge increase in the literature and resources devoted to the topic of recovery. Unusually in the mental health field, recovery is a concept that has been embraced by service users, professionals, mental health planners and governments. In this review, the authors offer a selection of what they feel are the top 10 on the topic of recovery in the following categories: journal papers; policy papers and reports; books; and websites. Gordon McManus gives his personal thoughts on his reading around recovery. The review ends with some reflections on the topic.

Top 10 journal papers on recovery

1. Recovery as a journey of the heart (Deegan, 1996)

The first in our series of 10 papers is by the American clinical psychologist Dr Patricia Deegan. This has been the most influential paper for us. Deegan's theories arose from her own experience as a psychiatric patient, and she draws on Martin Seligman's (1975) theory of learned helplessness as a way of understanding why service users often give up. She states, '*it is safer to become helpless rather than hopeless*' (p94). She suggests three main strategies for staff to cope with negative and apathetic behaviour. First, staff need to try and see '*the behaviour in terms of its existential significance ... under the hardened heart is the breaking heart*'. Second, she suggests that staff try to see service users

as heroes. Could we have survived what they have survived? Third, staff have the power to change the human interactive environment. '*Relationship is the most powerful tool they have in working with people*' (p92). The goal she argues for all our service users '*is to become the unique, awesome, never to be repeated human being that we are called to be*'.

2. The myth of recovery from mental illness (Whitwell, 1999)

Whitwell undertook research in the Bristol area, looking at the process and experience of recovery. When he asked psychiatrist colleagues which of their patients they felt had recovered, they nominated only 13 service users over a nine-month period. Most of these people felt '*that they had not really recovered*'. They were also '*highly conscious of their impaired life position following their psychiatric*

illness'. Whitwell talks of recovery being *'a mirage'* and that *'surviving mental illness may be a better description than recovery'*.

3. The experience of recovery from schizophrenia: towards an empirically validated stage model (Andresen *et al*, 2003)

Andresen and colleagues surveyed the service user literature and came up with four key component processes in recovery. These were: developing a sense of hope; a strong personal identity; meaning in life; and taking personal responsibility for recovery. They also proposed a five-stage model of the recovery process. The first stage is moratorium. Here individuals may be in a state of denial or withdrawal. The second stage is awareness, where the person may begin to believe that recovery may be possible. The third stage is preparation, where the person takes steps to change their circumstances, such as joining groups. The fourth stage is rebuilding. This is about taking personal responsibility for recovery and making positive life changes. The fifth and final stage is growth. Here individuals have developed a more positive and meaningful life and are more confident in their ability to manage their illness. Andresen and colleagues went on to develop a questionnaire-based measure to ascertain what stage of recovery an individual may be at (Andresen *et al*, 2006).

4. The rediscovery of recovery: open to all (Roberts & Wolfson, 2004)

Roberts and Wolfson argue that the concept of recovery can be traced back over 200 years to the Tukes in York, hence its current rediscovery. They suggest that to move towards recovery-based services, professionals need to: take on more of a coaching rather than an expert role; focus on hope and optimism; negotiate medication issues; work with risk; and deliver interventions in a timely manner. They conclude that *'those leading the recovery movement are clear; it is an open-ended and cautiously optimistic process of sketching out a path forward and developing hope for a more satisfactory life, alongside whatever remains of the illness'* (p46).

5. Concepts of recovery: competing or complementary? (Davidson *et al*, 2005)

Davidson and colleagues identify two concepts of recovery. First is *'an observable diminution of signs and symptoms of disorder and the restoration of cognitive, social and occupational functioning'*. This is referred to as clinical recovery by other authors. Second, what they call the rehabilitation concept, *'refers to the person's efforts to live his or her life in a meaningful and gratifying way despite the limitations imposed by enduring disability'* (p664). This has been called social recovery by other writers. The authors conclude that both clinical and social recovery are equally important.

6. Recovery from schizophrenia: a concept in search of research (Liberman & Kopelowicz, 2005)

These authors critique a lot of the research on recovery, stating '... *recovery has been associated with as many meanings as there are proponents of this term'* (p740). They give four clinical definitions of recovery. Their own definition stresses a two-year period of symptom remission, engagement in work or education, independent living, good family relations, being involved in recreational activities and having a satisfying social network. They believe that individuals showing this level of clinical improvement should equally have higher levels of hope, empowerment, personal responsibility and autonomy.

7. Recovery and positive psychology: parallel themes and potential synergies (Resnick & Rosenheck, 2006)

These were the first authors to link the developing field of positive psychology with that of recovery. While positive psychology has followed an academic path and is grounded in scientific research, recovery has not. The positive psychology approach, *'stands in stark contrast to the recovery movement, a grassroots movement of the disenfranchised that has placed itself apart from the human services professions'* (p121). In their own clinical work, the authors applied the strengths survey (see www.viastrengths.org) with service users in their veterans administration service.

8. Peer-professional first-person account: schizophrenia from the inside - phenomenology and the integration as causes and meanings (Chadwick, 2006)

Peter Chadwick links the development of his own psychosis, with the bio-psycho-social model of mental illness. He is among the best advocates for the *'peer professional'* or *'user academic'* perspective, who can *'straddle the chasm separating the insane from the sane and hence facilitate cross talk between them'* (p166). In doing so, he writes from the same perspective as Rachel Perkins (2006) and Patricia Deegan (1996). In his own writings, he focuses more on how his upbringing and lifestyle contributed towards making him more susceptible to psychosis.

9. An analysis of the definitions and elements of recovery: a review of the literature (Onken *et al*, 2007)

Onken and colleagues trace the history of the concept of recovery. They identify the key elements in person-centred recovery. These are hope, sense of agency, awareness and potentiality, re-authoring elements of recovery, coping, healing, wellness, thriving (now often referred to as 'flourishing'), reciprocity in relationships, social functioning and social roles, power, choices, social connectedness, social opportunities, integration and realising recovery.

10. Recovery from schizophrenia and the recovery model (Warner, 2009)

For many years, Warner has researched differences in recovery outcomes across cultures. He starts by looking at outcome studies in schizophrenia in the developed world. He notes, '... *one of the most robust findings about schizophrenia is that a substantial proportion of those who present with the illness will recover completely or with good functional capacity, with or without modern medical treatment'* (p375). Quoting findings from the World Health Organization (1973) *International Pilot Study of Schizophrenia*, he points out that the course of illness and outcome are superior in the developing world. Equally puzzling is the fact that mortality in schizophrenia is also lower in the developing world. He presents research evidence to show that work

is associated with better outcomes, especially the individual placement and support model (IPS). He notes that empowerment and reducing internalised stigma may be as important as helping individuals develop insight into their illnesses.

Top 10 policy papers and reports on recovery

1. NIMHE Guiding Statement on Recovery (National Institute for Mental Health in England, 2005)

The first report in this section was published in 2005, showing that clinical and research findings precede policy change. The National Institute for Mental Health in England (NIMHE) produced a *Guiding Statement on Recovery* in this year, which defined recovery as *'what people experience themselves as they become empowered to manage their lives in a manner that allows them to achieve a fulfilling, meaningful life and a contributing positive sense of belonging in their communities.'* (Note that there is no reference to psychiatric symptoms.) NIMHE list 12 principles for recovery-based services, eg. Principle 1, *'The user of services decides if and when to begin the recovery process and directs it; therefore, service user direction is essential through the process'.*

2. Evidence of Recovery: The ups and downs of longitudinal outcome research (Dorrer, 2006)

Dorrer reviewed outcome studies in schizophrenia. She points out that what researchers see as a good outcome is not what service users may see as a good outcome. The Ohio Outcomes Task Force suggested that the four top recovery indicators for service users were having hope, trusting your own thoughts, enjoying the environment and feeling alert and alive (Stewart, 2003). Her conclusion is that '... *around 40% of people diagnosed with a severe mental illness do get significantly better with time.'* Yet this implies that 60% do not recover or only partially recover.

3. Whose Recovery is it Anyway? (Social Perspectives Network, 2007)

In *Whose Recovery is it Anyway?*, the Social Perspectives Network presented a series of

workshops and presentations taken from a study day organised around recovery. There is a worry that '... *the recovery agenda is being colonised by mental health services and inevitably being re-articulated*' (p5). In his introduction, Keating suggests that '... *mental health professionals should be prepared to relinquish power and control and work in meaningful hope inspiring relationships with people who use their services*' (p6). This report contains a thoughtful collection of papers. But as the title of the collection reminds us '*Whose recovery is it anyway ... it is of course the service user's recovery.*'

4. Recovery and Strengths Based Practice (McCormack, 2007)

John McCormack addresses the issue of strengths and recovery. He starts from the proposition that mental health professionals traditionally focus on deficits, problems and disabilities. He draws on the strengths approach from the case management field. This focuses on service users' skills, competencies and talents, and not their deficits. He offers solution-focused therapy as a way of moving towards a strengths-based model. Strengths lie in individuals' passions, skills, interests and in their relationships and environments (p13).

5. Life and Times of a Supermodel: The recovery paradigm for mental health. MindThink Report 3. (Mind, 2008)

The Mind Report, *Life and Times of a Supermodel*, was based on a round table discussion with a number of British recovery experts. This is probably one of the most engaging discussion documents on recovery. In echoing the theme of the last report, Derek Draper commented, '*Once a concept is taken up officially, it is a good bet that it will be defined and used in a way that won't reflect the understandings and values of the people who framed it and need it*' (p3). There were also comments on negative changes to the welfare system, '... *and a narrow focus on employment as the holy grail of recovery*' (p11). The report concludes that '*the recovery vision ... cannot be realised without significant changes to professional practice, social attitudes, public discourses, cultural norms and assumptions, and economic and social structures*' (p15).

6. Making Recovery a Reality (Shepherd *et al*, 2008)

The need for professionals to change their ways of working is very much a theme taken up in the Sainsbury Centre for Mental Health report, *Making Recovery a Reality*. The authors suggest, following Repper and Perkins (2003), that professionals need to move from a position '*of being on top, to being on tap.*' They cite work by Borg and Kristiansen (2004) that the key practitioner recovery skills are '*openness, collaboration as equals, focusing on individual's inner resources, reciprocity and a willingness to go the extra mile*'. They give a list of 10 top tips, which professionals need to ask themselves after sessions with service users, eg. '*Did I convey an attitude of respect and a desire for an equal partnership in working together?*' (p9).

7. 100 Ways to Support Recovery: A guide for mental health professionals. Rethink recovery series: Volume 1 (Slade, 2009a)

In *100 Ways to Support Recovery*, Mike Slade provides straightforward guidance for mental health professionals. This is a very practical user-friendly guide to understanding recovery. It covers personal recovery, relationships, the foundations of a recovery service, assessment, action planning, self-management, crises, recognising a recovery focus in services and transforming services.

8. New Horizons: Towards a shared vision for mental health (Department of Health, 2009)

New Horizons: Towards a shared vision for mental health is the government's successor to the *National Service Framework for Mental Health* (Department of Health, 1999). It sets out 'the road map' for future mental health services, positing a number of changes, not just in services, but in society at large. By the year 2020, for example, '... *the stigma attached to mental health will have declined dramatically*' (p5). Its twin aims are to improve '*the mental health and well-being of the population*' and to improve '*the quality and accessibility of services to people with poor mental health*' (p8). It also takes a lifespan approach. The vision is '*to create flourishing and connected communities through the promotion of well-being and resilience and the reduction of inequalities*' (p13). Recovery is only one part of this vision.

9. Getting Back into the World: Reflections of lived experiences of recovery. Rethink recovery series: Volume 2 (Ajayi *et al*, 2009)

Ajayi and colleagues studied 48 service users' views of what made their recovery possible. While we have previously felt that Gordon McManus' definition of recovery, 'coping with your illness and having a meaningful life' (McManus *et al*, 2009), was as parsimonious a definition as one could wish for, there are equally succinct definitions here from other service users. For instance, 'recovery is longevity in wellness' (p34), 'recovery is an individual journey towards a more valued life' (p35), and 'recovery is about getting things together' (p35). The authors conclude that '... recovery can only become a reality when the context and available opportunities allow the person to develop. This involves having basic needs covered, being in helpful relationships and receiving support and treatment to help control or minimise mental health problems' (p46).

10. Recovery in Action Project Report (Mental Health Foundation, 2009)

The Recovery in Action Project Report from the Strategic Network for Mental Health describes seven different projects that looked at ways to embed recovery within their practice. 'Service users have given us a clear message. Recovery cannot be achieved by a one size fits all approach.' (p10). The projects developed a recovery-training module, a set of service user outcomes, a checklist for organisations and action learning sets for staff and service users. 'The idea of a Recovery in Action Project was daunting and exciting – exciting because there is no start and no end...' (p38). Service users rated the most important aspects of recovery as 'having hope, having their basic needs met, having the opportunity to be involved in personally meaningful activities, having helpers who care, being able to build on their own strengths and skills, having meaning in life, general health and well-being and having assistance in a crisis' (p53). The ranking of the importance of needs changed over time, suggesting the need for flexibility in service providers. Service users also reported additional

needs at follow-up, including 'the need for patience, having self-confidence and a belief in oneself, and having opportunity to help others on their recovery journeys'.

Top 10 books on recovery
1. A Gift of Stories: Discovering how to deal with mental illness (Leibrich, 1999)

If recovery is truly about service users, then this book contains the most inspiring set of stories yet gathered. The book is lavishly illustrated with photographs from each service user's life. In her own story, Leibrich suggests that the word 'discovery' might be a better word to describe the processes that she and the other contributors went through. 'Right now, the best way I can describe dealing with mental illness, is making our way along an ever-widening spiral of discovery...' (p181). As Leibrich also points out, while professionals have knowledge and skills, they need to use them with respect for the service user. She comments '... some of us say mental illness is a gift – because you can discover many wonderful things about yourself through dealing with it' (p185). Quite simply, this is the best book written on recovery.

2. From the Ashes of Experience: Reflections on madness, survival and growth (Barker *et al*, 1999)

This book has a number of expert contributors who tell their own recovery stories. The American contributors include Judi Chamberlin, one of the most famous recovery activists and Dr Dan Fisher, a psychiatrist who was diagnosed with schizophrenia. Rachel Perkins' remarkable chapter looks at her three psychiatric careers; psychologist, mental health activist and service user. The editors offer the following wisdom:

> 'Perhaps mental health professionals do not need new psychological tools, so much as old human ones: the capacities to display trust, to express love and to have faith – faith in themselves, faith in their own potential for human growth and development and also faith that the person they are helping will emerge, relatively unscathed, from their journeys.' (p185)

3. The Power of Procovery in Healing Mental Illness (Crowley, 2000)

As William Anthony states in his Foreword, Crowley's concept of procovery *'focuses on what the person with the diagnosis can do to take action – to move forward with one's life – and how family and treatment staff can be more helpful in supporting procovery'* (pvii). Procovery utilises a *'just start anywhere'* philosophy. The book comprises a number of chapters to build procovery, such as uncovering hope. Each chapter ends with notes for consumers, family members and staff. This is very much in the tradition of American self-help books.

4. Social Inclusion and Recovery: A model for mental health practice (Repper & Perkins, 2003)

'When we think about disability, we think about inclusion: access to roles, activities and facilities. We think about people's interests, aspirations and achievements' (p27). In this publication, the authors present a model of social inclusion and recovery, with three main components. First, facilitating personal adaptation, eg. helping individuals to develop a sense of control of their illness. Second, promoting access and inclusion, eg. helping the person access money, clothing and accommodation. Third, creating hope and inspiring relationships, eg. seeing and having confidence in the person's skills, abilities and potentials. The authors conclude *'... the essence of recovery lies not in the removal of mental health problems, but in recovering a meaningful and valued life'* (p119).

5. Enabling Recovery: Principles and practice of rehabilitation psychiatry (Roberts et al, 2006)

In 26 chapters, this book covers foundations, therapeutic practices, services and organisational perspectives, special groups and ends by asking *'Where are we going?'*. Most of the contributors are psychiatrists or clinical psychologists, with several being recovery experts, such as Tom Craig, Geoff Shepherd and Paul Wolfson, as are the editors themselves. The book provides one of the best technical overviews of the field for professionals: *'A key issue for contemporary health and social services is to put the experience of the user ... at the heart of the way the service is'* (p369).

6. The World is Full of Laughter (Sen, 2006a)

This is a remarkable account of Dolly Sen's upbringing and subsequent battles with mental illness. A second volume, *Am I Still Laughing?* (Sen, 2006b), has more of a recovery focus. We have been fortunate enough to know and work with Dolly. Her story is almost Dickensian, with the tale of hardships that she endured. It should be required reading for all trainee professionals.

7. Changing Outcomes in Psychosis: Collaborative cases from practitioners, users and carers (Velleman et al, 2007)

This book reflects a unique collaboration between carers, service users and professionals, with only one chapter just written by professionals. The authors set out to do this to try and reduce stigma and discrimination and to promote recovery and social inclusion: *'Co-writing between users and providers of services throws up challenges'* (p242). Indeed, two service users were too unwell to co-author their chapters. They suggest that *'... the healing pathway is most attainable when all care stakeholders (users, carers, practitioners) work closely together, as equals, over time'* (p243).

8. A Practical Guide to Recovery-Oriented Practice (Davidson et al, 2009)

In a series of very helpful tables, the authors of this publication distil what being in recovery means. For service users, hope can mean feeling good about the future or having dreams again. For service providers, it might mean using a language of hope and possibility. For managers it may mean employing people in recovery to serve as role models and sources of hope for peers. They give two recovery markers for hope. First, that staff should pay as much attention to those service users who are doing well, as to those who are struggling. Second, that staff believe in the ability of people to recover. They outline a model of clinical case management that embodies recovery principles. Such a system would provide care that: promotes recovery; is strengths based; is community focused; is person driven; allows for reciprocity in relationships; is culturally responsive; is grounded in the person's life context; addresses socio-economic aspects; is relationally mediated; and optimises natural supports.

9. Schizophrenia: The positive perspective (Chadwick, 2009)

Peter is one of the most eloquent writers on the subject of psychosis. This second edition of his book has been completely updated and also has new sections on cannabis. Understanding the processes of recovery '... *needs a biological, an intrapsychic and an interpersonal perspective, taking subjective factors into account. Metaphors, narratives, self-talk and insight are just as important as neural pathways*' (p60). As in his other writings, Peter combines his own experience of psychosis with connections from the research literature, in a way no other writer achieves. He has written numerous papers and several books, and while this is the most up to date, one of his other books (Chadwick, 2001) is also highly recommended.

10. Personal Recovery and Mental Illness: A Guide for mental health professionals (Slade, 2009b)

This is probably the best single author overview of the field of recovery. The book covers a broad range of recovery-related topics from assessment to social inclusion. Slade argues that personal recovery (not clinical recovery), should be the direction of travel for mental health services. Slade himself travelled all around the world looking at recovery-based services, so his views have been informed by best practice across the globe.

Top 10 websites on recovery

1. Recovery Devon – www.recoverydevon.co.uk

Recovery Devon is an educational website. There are links to various self-help techniques and some of the key therapies available. It also provides an extensive list of useful articles and other materials that are available for download directly from the website.

2. Rethink – www.rethink.org

Rethink is the website of one of the leading national mental health charities. It has useful resources on the effects of mental illness, known causes and diagnoses. It covers living with mental illness and talks about how Rethink can help through their services, support groups and publications.

3. The Scottish Recovery Network – www.scottishrecovery.net

The Scottish Recovery Network (SRN) website was launched in 2004 in order to '*raise awareness of recovery from mental illness*' and has four main sections – stories, recovery, resources and activities. The stories section features the recovery journey stories booklet published by the SRN and is available for download. In the resources section there are a range of different media – videos, podcasts and downloadable pdf files on topics such as 'staying well' and 'routes to recovery'.

4. Mary Ellen Copeland and the Wellness recovery action plan – www.mentalhealthrecovery.com

This website was started in 1989, in conjunction with the start of Mary Ellen Copeland's study into how people '*help themselves, get well and stay well*'. The mission of the site is to teach people about self-help strategies and self-management skills. Wellness recovery action plans (WRAP), and wellness tools are a key part. The website also has some useful recovery literature and an e-learning section for WRAP.

5. The Mental Health Foundation – www.mentalhealth.org.uk

The Mental Health Foundation is another leading UK charity. It provides '*information, conducts research, campaigns and works to improve services for anyone affected by mental health problems*'. The mental health A–Z section provides information about a range of different mental health problems.

6. National Alliance on Mental Illness of Santa Cruz County – www.namiscc.org/mentalhealthrecovery.htm

The National Alliance on Mental Illness is a family organisation whose role is to work together for themselves, their families and their community. They provide support groups, and although are only local, they do have a wide variety of useful resources. The most endearing feature on this site is its involvement of service users.

7. The Institute of Psychiatry and Recovery – www.iop.kcl.ac.uk/recovery

This is a relatively new website. It has links to the IoP library, to some of the current research

being undertaken and mental health resources – including 'mental health care', 'getting help' and 'Mindsearch'. This is a tool to help connect researchers with members of the public willing to take part in their studies.

8. The National Empowerment Centre - www.power2u.org

This website's mission statement is *'to carry a message of recovery, empowerment, hope and healing to people who have been labelled with mental illness'*. It has useful links to articles and research, services offered by the centre, recent and upcoming events and stories of recovery.

9. The Hearing Voices Network - www.hearing-voices.org

The aim of this network is to raise awareness of hearing voices. It gives men, women and children who have these experiences an opportunity to talk. It aims to support anyone with these experiences seeking to understand, learn and grow from them. They offer information about self-help groups, publications to do with hearing voices, news and events and numerous links to other groups and articles.

10. YouTube - www.youtube.com

Although YouTube is not strictly a recovery website, it provides free and easy access to a range of recovery videos. These include a 10-minute video of Mary Ellen Copeland, explaining in detail her wellness recovery action plans and psychiatrist Daniel Fisher talking about hope and recovery.

Gordon's reflections on recovery papers

In 2001, after having been diagnosed with paranoid schizophrenia, I resolved to 'rebuild' my life. I decided to use writing and chess to rebuild my intellectual functioning. Unfortunately I broke down in 2002. Two breakdowns and hospitalisations within a three-year period left me feeling that I could not rebuild my life. I was in 'limbo' for the next three years. In 2005, I was faced with severe schizophrenia but not quite a breakdown. Political 'voices' were affecting me severely. I decided to write about globalisation and spent the next six months, from October 2005 to March/April 2006, on this project, despite the 'voices' that I could hear and 'forms' that I could see.

I was referred to the Psychological Intervention Clinic for Outpatients with Psychosis at Maudsley Hospital, London by my then consultant psychiatrist, Dr McGowan. In May 2006, I attended counselling therapy. It was the beginning of my recovery stage and was also the first time that I came across the word 'recovery'. The therapy lasted for six months. It was the first therapy that I had received. Later in 2006, my then community psychiatric nurse, Simon Gent, referred me to Dr Carson. I began therapy with Dr Carson in 2007. He introduced me to the psychological concept of recovery.

My recovery reading began in 2007, with a couple of articles by individuals who had suffered and still suffer from schizophrenia. These individuals were Dr Patricia Deegan and James Bellamy (Deegan, 1996; Bellamy, 2000). At first, I was not interested in reading these articles. On the way back home, on the bus, I decided to read James's story. It was brutally honest and I empathised with him. I was surprised that given his schizophrenia he could write about his condition. I was afraid to even think about my condition, let alone write about it. I also read Dr Deegan's article on the bus. When I got home I made a cup of coffee and re-read these two articles.

Dr Deegan's article had a profound effect on me. She talks about the stage of recovery. She states that recovery is not a cure. The stage of recovery is concerned with developing yourself as a human being, while living with your disability. She talks about a *'new sense of self'*. This resonated with my approach.

The next person who had a great influence on my recovery is the psychologist Dr Rachel Perkins, who suffers from bipolar disorder (Perkins, 2006). She talks about the concepts of *'hope'* and *'coping'*. These were two important concepts that helped to structure my recovery.

Dolly Sen, who suffers from mental ill health (Sen, 2006a; 2006b) inspired me to write about my condition and this article is a product of that inspiration.

Another person who had an influence was Julie Leibrich, whose book, *A Gift of Stories* (Leibrich, 1999), showed me how other people coped with their illness and tried to develop themselves.

Finally, there is Dr Glen Roberts, a psychiatrist, who suffers from depression. He states that *'recovery is work, often hard work'* (Roberts, 2009). He is quite correct.

These individuals have helped me to find my own understanding or definition of recovery. For me, recovery is 'coping with my illness and trying to have a meaningful life' (McManus et al, 2009). These people have shown me that recovery is a slow process and is hard work. These people, including Dr Carson, have helped me to rationalise and objectify my condition.

Concluding comments

We have provided an overview of literature and resources in the field of recovery. The number of journal papers, books and reports is growing rapidly, especially in the last few years. There is now common acknowledgement that recovery is more than symptomatic improvement, and that it also involves social and psychological elements. While recovery may originally have been grounded in a 'grassroots advocacy movement', there are real dangers that mental health professionals, especially in America, may try and divert the movement away from its focus on service users, towards scientific research and randomised controlled trials.

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