Recovery and Mental Health Promotion

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Current developments towards a philosophy of positive health

In international mental health care we can observe an increasing insight that just the amelioration of symptoms is far too little to be done for mental patients. Despite of an impressive progress in etiological research and treatment of diseases, the morbidity rates and chronicity of illnesses have not decreased. It has therefore become compelling to involve more refined prevention and health promotion perspectives as well as the particular knowledge and needs of service users into health care developments. The main programmatic idea of health promotion and other approaches is a shift from only minimizing risks and focusing on deficits and pathology towards strengthening the positive health of a person.

"Protective factors", "resilience", "personal and social resources", "salutogenesis", "positive psychology", "promoting individual skills and strengths", or "positive mental health" are key terms currently discussed in health science fields such as health psychology, development psychopathology, prevention and health promotion, psychoneuro-immunology, and recently also in psychiatry and psychiatric nursing (e.g., Magyary, 2002; Mulholland, 2001; Lalitha, 2002; Vaillant, 2000; Peterson & Seligman, 2004; Ray, 2004). However, the terms "resource orientation" or "resilience" have become more and more labels in the psychosocial field and are in risk to just become well-sounding slogans. Harding et al. (2002) express their concern that the recovery concept may become so overused and corrupted that it would become meaningless.

Health promotion and mental health promotion

Health promotion is an ongoing program of WHO since the Ottawa Charter from 1986 in which explicitly the positive health potential of a person and the strenghthening of resources of individuals and communities are the focus of attention. *Health* in this understanding has to be produced actively by the person himself in his daily life circumstances. In the Ottawa Charter, health promotion was founded as a far-reaching field of action, ranging from health promotive policy, environments, community actions to developing personal competences and reorienting health services (WHO, 1986). Since then, WHO has initiated innovative long-term programs such as Healthy Cities, Healthy Islands, Health Promoting Hospitals and Schools (e.g., WHO, UNESCO & UNICEF, 1992; Berger et al., 1999; Paulus, 1997).

Mental health has been defined more recently by WHO (1999) as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". *Mental health promotion* in another WHO definition is an umbrella term that covers a variety of strategies, all aimed at having positive effects on mental health. Among them are the encouragement of individual resources and skills as well as improvements in the socio-economic environment (WHO, 1999).

Helen Herrman et al. (2003) summarize the understanding of mental health in the framework of a large health promotion project in Victoria, Australia:

> Mental health is the foundation for well-being and effective functioning for an individual, and for a community. It is more than the absence of mental disorder. Mental health is intimately connected with physical health, and with behavior. Each of these is affected by community action in many spheres. Promoting mental health implies therefore improved physical health, better educational performance of children in school, better productivity of workers in business and industry, and improved relationships within families and the broader community, as well as lower rates of some mental disorders.

There is a brand-new publication in press by the authors Herrman, Saxena and Moodie with the title: "Promoting Mental Health: Concepts, Emerging Evidence, Practice. A Report from the World Health Organisation, Department of Mental Health and Substance Abuse, in collaboration with the Victorian Health Promotion Foundation (VicHealth) and The University of Melbourne.

Empirical studies on health promotion and health protective resources: Two examples

1.
The above mentioned Victorian Health Promotion Foundation is an independent statutory authority, funded by the state government of Victoria, Australia. It has begun a long-term investment in mental health promotion. The framework for action begins with gathering local evidence about mental health and its modifiable determinants. The project focuses on three determinants of mental health (VicHealth, 1999; Herrman et al., 2003):

1. *Social connection and inclusion*
   (sense of belonging, participation, and reciprocity, supportive and stable relationships)
2. *Freedom from discrimination and violence*
   (reality and perception of safety, self-determination and control over one's life, being free from all forms of emotional, verbal and physical violence and discrimination due to gender, race, religion, creed, ethnicity, color, sexual identity, political beliefs, health status or level of ability)
3. *Economic participation*
   (access to education, employment and the money necessary to participate in community life)

2.

In an own combined qualitative and quantitative research project on health protective resources of persons experiencing schizophrenia in Germany (Schmolke, 2001, 2003), following main areas could be found:

Resources related to illness experience, e.g.:

- Feeling ill only in acute illness phases
- Increasing knowledge and capability to deal with one's illness

Personal resources, e.g.:

- Need to work with consideration of one's present capabilities
- Establishing of an emotional balance and reducing stress by multiple activities
- Formulating own life goals with emphasis on stability in life
- Emotional support through religious belief and spirituality

Social resources, e.g.:

- Need to be part of the society and to be needed by others
- Emotional well-being by active social interactions (e.g., friends, peer group)
- Need for distance to sick (peer) environment
- Supportive relationship between patient and therapist
- Protective partner relationship
- Social support through and strong bonds with family

Material resources:

- Housing as meaningful life space and refuge
- Rent as important material security

One interesting result of the study was that risk factors and protective factors do not always have their expected functions. We have to understand them in an integrative way and within the specific context of a person. For example, a woman suffering from severe depression and schizophrenic symptoms lived with an alcoholic and violent partner who was unexpectedly helpful to her. Living together with him prevented the woman from total isolation and suicidal attempts and helped her to maintain a structured daily life.

The role of recovery in mental health promotion

The recovery movement in mental health is part of an increasing social movement of empowerment and self-determination initiated by consumers or users of mental health services who do and can recover from severe mental illness. There are no standard or universal characteristics of recovery processes since they are highly subjective and embedded in the person's life and biographical context.

A study team directed by Kevin Ann Huckshorn at the National Technical Assistance Center of State Mental Health Planning in USA (quoted by Mulligan, 2003) articulated nevertheless a multifaceted definition of recovery:

> „Recovery is an ongoing, dynamic, interactional process that occurs between a person's strengths, vulnerabilities, resources, and the environment. It involves a personal journey of actively self-managing psychiatric disorder while reclaiming, gaining, and maintaining a positive sense of self, roles, and life beyond the mental health system, in spite of the challenges of psychiatric disability."

As we can see, there are overlapping concepts and areas in the fields of mental health promotion and recovery. One major difference is, however, that the authors of recovery experiences are the persons themselves who actually have been in the recovery process from a mental disorder. We suggest to give "recovery" as subjective experiences an eminent place in the spectrum from

Prevention ↔ Health promotion ↔ Treatment ↔ Recovery ↔ Rehabilitation

The positions of each should be understood as dynamic movements in both directions and not just as static, unidirectional elements in health care. The persons with recovery experiences may deliver clinically and scientifically valuable information in all sections of the spectrum.

Implications for clinical practice

Mental health promotion and recovery processes are highly dynamic and complex issues due to the interrelation of individual, social, community, cultural and political factors. Researchers on health promotion and recovery as well as clinicians would benefit greatly from investigating in detail individuals' recovery processes and mental health strengthening factors. This way, they may learn a lot about multiple self-help activities and regulatory mechanisms which may influence patients' recovery processes as well as prevent them from developing severe disorders.

Autobiographical accounts of consumers or (ex)patients provide us with a deep understanding of the experience of mental illness that we can get in no other ways. The risk, however, is that autobiographical accounts on mental disorders may be soon transformed by the particular viewpoints and conceptual frameworks about these disorders that professionals and researchers have developed in their professional socialization, as pointed out by Hatfield and Lefley (1993) in their book "Surviving Mental Illness".

The knowledge about recovery processes and positive health should be implemented into clinical interventions within an interdisciplinary team network in mental and physical health care. This claim has already been expressed in the WPA Consensus Statement on Psychiatric Prevention (Lecic-Tosevski et al., 2003) and in a Section Symposium on Preventive Psychiatry in Yokohama in 2002 (Schmolke & Lecic-Tosevski, 2003).

Let's go on into this exiting and promising direction!

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