

Psychiatr Serv. Author manuscript; available in PMC 2016 May 12.

Published in final edited form as:

Psychiatr Serv. 2008 April; 59(4): 446-447. doi:10.1176/ps.2008.59.4.446.

Do Consumers Use the Word "Recovery"?

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To the Editor

Recovery has been celebrated as the guiding vision for mental health service delivery since Anthony declared the 1990s the "decade of recovery" (1). Both the President's New Freedom Commission (2) and the Kirby Commission in Canada (3) have made recovery the basis for transforming mental health services throughout North America, which is the result of decades of outcome research, consumer activism, and advances in psychiatric rehabilitation (4,5). Yet a recent Canadian study found that most recovering consumers were not using the word "recovery" to describe their experience and were not hearing about recovery from service providers.

In the context of a multisite, qualitative study of stakeholder perspectives on recovery conducted in 2006–2007, we asked 59 consumers with a diagnosis of bipolar disorder, schizophrenia, or major depression about their use of the word "recovery" and their sources of information on recovery. All had been receiving formal mental health services for at least six months before the study, most as long-term service recipients.

Fifty-one consumers (86% of the sample) described themselves as being in recovery. However, 40 consumers (69%) declined to use the word when speaking with other people; only 13 (21%) used the word with others. On the question about consumers' sources of information on recovery, service providers were named as a source only 27 times (40% of 67 responses). Another 29 responses (41%) indicated that consumers had no sources of information before this study or that they had investigated recovery on their own. Ten responses (19%) identified peers as the source of information on recovery. One respondent did not answer the question.

Consumers also explained that providers often used the word "recovery" in a medical sense or that providers preferred to use synonyms for the term. Providers spoke to them about how to "get better" by using various means, such as medications, therapies, symptom control, stress management techniques, and follow-up care after hospital discharge. Nor were discussions always positive—a number of consumers stated that they were told they would never recover from mental illness.

Peers, described as visiting consumer leaders or other members of self-help organizations, were the source of empowerment for consumers who used the word "recovery." A wide-

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ranging expansion of peer services in Canada would enhance mental health consumers' access to real-life models of recovery and would provide settings both supportive of their struggles and receptive to the contributions that they can make to one another's personal development.

Recovery is an individual and unique journey. However, it must be recognized that mental health services and providers play a critical role in facilitating and supporting people in the recovery process. Although consumer self-help groups exist in Canada, the transformation to recovery-oriented services here is at an early stage. Unlike the U.S. experience, the recovery initiative in Canada lacks a strong culture of consumer advocacy and a civil rights tradition.

We believe that the results of this study speak to the need for mental health providers to better understand recovery principles, learn to work from a recovery perspective, and empower consumers to take responsibility for their own recovery. This process starts when providers use the word themselves. The recovery vision will not easily take hold among consumers in the current Canadian context unless providers integrate the word "recovery"—and a belief in what the word implies—into their practice.

Acknowledgments

This research was funded by the Canadian Institutes of Health Research (project 7451).

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