



RECOVERY: GETTING PERSONAL?

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PRESENTATION AIMS

My aim today is to share a reflective space with you. A space in which I invite you to consider an understanding of recovery that steps outside of the traditional ways in which this word is used.

I have a simple question:

Can we apply contemporary ideas of personal recovery, as it is understood in mental health, to personal injury work?



MENTAL HEALTH RECOVERY

The field of mental health has contributed much to personal injury work. Contemporary ideas of what I shall term personal recovery are no exception.

Clinical recovery is an idea that has emerged from the expertise of mental health professionals, and involves getting rid of symptoms, restoring social functioning, and in other ways 'getting back to normal'.

Personal recovery is an idea that has emerged from the experience of people with lived experience of mental illness, and means something different to clinical recovery.

Slade (2013:8)



PERSONAL RECOVERY

A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by **illness**. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of **mental illness**.

Anthony (1993:527), DoH (2011:16)

Kellezi et al (2017:856) suggest that the above definition could apply to unintentional injuries. I agree. Suppose we replace the above text in red with the words 'personal injury'. Would it still make sense?



REHABILITATION OR THE RECLAIMING OF A LIFE?

The 2015 Rehabilitation Code (RWP 2015) is a good start, encouraging a timely, collaborative and person-centred approach. But APIL (2015) are right to argue that there is still much to do. I suggest that we go further...

Rehabilitation is a personalised, interactive and collaborative process, reflecting the whole person. It enables an individual to maximise their potential to live a full and active life within their family, social networks, education / training and the workplace where appropriate. Rehabilitation can take place at any time across a life course or in a continuum and may include habilitation, reablement and **recovery**.

NHS England (2016:37)



REFOCUS

REFOCUS £2M/5yr research programme

<http://www.researchintorecovery.com/refocus>

- Tasked with finding ways to make mental health services more recovery orientated.
- Many outputs and measures emerged out of this programme.
- Conceptual/theoretical/empirical support is clearly evident in the above programme
- My focus here is on the **personal** aspects rather than the service or professional orientation.



PERSONAL RECOVERY PROCESSES

Conceptual framework: 13 characteristics of the recovery journey and 5 recovery processes:

1. Connectedness
2. Hope and optimism about the future
3. Identity
4. Meaning in life
5. Empowerment

(Leamy et al 2011)



PERSONAL RECOVERY FRAMEWORK

Grounded in the accounts of those with the lived experience:

Recovery task 1: Developing a positive identity outside of whatever it may be that someone else (usually a 'professional') says you have.

Recovery task 2: Framing the experience in ways that are personally meaningful, rather than having an external meaning imposed.

Recovery task 3: Self-managing the experience.

Recovery task 4: Developing valued social roles

(Slade 2013)

BABIES AND BATHWATER

Professional practice demands that we orientate to a range of perspectives so that we may offer people the best possible service.

Personal recovery is not oppositional to clinical recovery.

They can, and do, co-exist.





A CAUTION TO THE RHETORIC

Recovery is personal. It concerns personal effort, work, and the making sense of experience. It concerns managing the consequences of illness, injury and disease.

There are arguments to suggest that personal recovery has rhetorically come to mean whatever more powerful voices says that it means: it has been colonised.

Please remember that the literature testifies to the matter that personal recovery emerged out of the writings of those with lived experience of personal distress. The more authoritative writings on this subject are careful not to forget this.



ANSWERING THE QUESTION

At the start of this presentation I asked Can we apply contemporary ideas of personal recovery, as it is understood in mental health, to personal injury work?

Wittgenstein (1922:90) once wrote that *whereof one cannot speak, thereof one must be silent*. He may have been over-egging the pudding a little, but until the conceptual and empirical literature on this subject emerged, there would have been little accounting of it. This applies to professional practice *and* the personal recovery **work** that injured parties undertake.



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USEFUL RECOVERY RESOURCES

Please explore these two resources:

Boston University

<https://cpr.bu.edu>

Research into recovery

<https://www.researchintorecovery.com>



THANK YOU FOR LISTENING

ANY QUESTIONS?

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