

9.0 Taking a recovery orientated approach

The recovery orientated approach to mental health is a shift away from the view of treating illness, toward promoting individual strengths and well-being.⁷⁹ The recovery orientated approach has been informed through the lived experiences of people that demonstrate the ability of people who experience mental illness to rebuild their lives.⁸⁰ Although the recovery orientated approach is widely endorsed in the literature, many mental health services are yet to genuinely adopt a recovery orientated approach.⁸⁰

There are key differences between the traditional approach to mental illness and a recovery-oriented approach. The most significant is that recovery acknowledges that symptom improvement is important, but the central focus is on creating a life with meaning and purpose as defined by the individual.⁷⁹ As the process of recovery lies with the individual, the role of service providers is to offer support to the person as they move towards recovery.⁸¹

Currently in Australia, the majority of Youth Workers take a strengths-based approach and centre their work around the individual young person's needs.⁸² This commitment to client-centred care is reflected in YACWA's & The Western Australian Association of Youth Workers' (WAAYW), Youth Work Code of Ethics which encourages Youth Workers to operate on the assumption that young people are competent in assessing and acting on their interests.⁸³ This approach reflects aspects of recovery.

While recovery from a mental illness perspective is discussed frequently in the literature, there is a lack of evidence on recovery from the perspective of a suicidal young person or a person experiencing homelessness. One article was identified which developed a recovery model through exploring the experiences of a group of young people aged between 18 to 25 years with a history of repeated suicide attempts.⁸⁴

Bergmans et al's⁸⁴ recovery model describes the transition away from suicidal behaviours and is based upon a journey that incorporates three key phases (see Figure 3.0). The first phase is living to die, where death is seen as desirable for a number of reasons including to provide relief from a painful existence, as a cry for help or as a way to fulfil a promise to one's self. The second is ambivalence and turning points. Ambivalence begins when a young person moves away from living to die and towards being uncertain about both living and dying. What helped young people through these periods of uncertainty were turning points that brought about an increase in self-awareness. Turning points are drawn from individual experience, indicating that what elicits a change in behaviour is unique to each person. The third is pockets of recovery, where drawing on personal strengths unique to each individual supported the road to choosing life, and hence, the road to recovery. This process is undertaken through small steps. It is important to note that the young people in this study progressed through these stages in a non-linear fashion, cycling back in and out depending on life circumstances. It is to be acknowledged that this is part of the recovery process and is not to be interpreted as moving backwards.⁸⁴

Figure 3.0 Three phases of recovery for young people with repeated suicide attempts



Source: Adapted from Bergmans et al⁸⁴

The following are factors of relevance for Youth Service Providers working with suicidal young people as identified by Bergmans et al's⁸⁴ study:

Helpful staff: Young people who experienced suicidal thoughts or behaviours identified professionals as being helpful if they were open and honest, able to listen, understanding and consistent.⁸⁴ This links back to the principles of practice for working with young homeless people outlined in Table 3.0.

Talk openly about suicide and validate emotions: The evidence explored⁸⁴ emphasised the importance of talking openly about suicide, as it is the most important aspect of the young person's life at that point in time. Service providers need to validate

the young person's emotions including the young person's experiences with death and their fear of the future.⁸⁴

Understanding ambivalence: The evidence reviewed explained that service providers must understand ambivalence as an opportunity for increased self-awareness and as an essential step in the road towards recovery. Service providers should allow for discussion around the individuals connection with death and for the reasons for living thus assisting them to move toward choosing life.⁸⁴

Self-care: The evidence reviewed highlighted the difficult and stressful task that service providers have in dealing with young people at risk of suicide and recommended that access to appropriate support and guidance is essential.⁸⁴

Box 5: Peer support and recovery

Peer support is based on mutuality and a shared journey of discovery within which people help and support each other as equals, share their personal stories, teach, learn and grow together. This is a relationship that empowers each to grow within and beyond what has happened and to find a new sense of self, meaning, value and purpose in life.⁸⁵

Peer based initiatives including peer support enhance young people's skills, self-efficacy and confidence.⁸⁶ Providing a young person with the skills to support their peers, not only enhances their self-esteem, but also the self-esteem of the young person they are supporting.⁸⁶ Programs that address peer support in young homeless people have not been well researched and there does not appear to be any literature describing the impact of peer support on suicidal behaviours. Young people experiencing mental health issues however prefer to utilise informal supports such as family and peers over professional supports⁸⁷ and that being connected to positive and supportive peers promotes healthy development.⁸⁸ It makes sense that promoting and fostering positive connections between young homeless people and peer supports would elicit a beneficial effect on mental health outcomes and potentially suicidal behaviours.

Peer support has an important role to play in supporting people through recovery. A fundamental aspect of the recovery process is establishing connections with others and many individuals describe the important role that connecting with others played in their personal recovery.⁸⁹ The key principles of peer support from a recovery perspective as described by Ashcraft and Johnson⁹⁰ are below:

- **Mutuality:** Giving and receiving help and support with respect based on a shared experience.
- **Empathy:** Understanding through the personal experience of having "been there."
- **Engagement:** Sharing personal recovery experiences. "If she/he can do it, so can I."
- **Wellness:** Focusing on each person's strengths and wellness.
- **Friendship:** Promoting recovery through relationship and friendship.

Internationally, there is a movement to promote recovery in mental health services through utilising peer support workers in service delivery.⁹¹ These peer support workers would be people who have personally experienced mental health problems. Their peer support role would facilitate their personal recovery and enable them to share their lived experience to support the recovery of others.⁹¹

To learn more about peer support and mental health visit www.together-uk.org/about-us/peer-support

To support a young person on the road to recovery, it is important to understand how identity and meaning is constructed for each individual. The document *Identity and meaning in the lives of vulnerable young people* provides further insight into factors that support positive identity and meaning. To read it visit www.acu.edu.au/about_acu/faculties,_institutes_and_centres/centres/institute_of_child_protection_studies/our_work/practice_series



To understand how to support recovery from a service provider perspective see <https://www.sane.org/suicide-prevention-and-recovery-guide>, www.mhrecovery.com, www.mentalhealthrecovery.com/recovery-resources/documents/100_ways_to_support_recovery1.pdf, www.centreformentalhealth.org.uk/recovery/recovery_into_practice.aspx, or www.gpns.w.com.au/_data/assets/pdf_file/0016/3625/110712_res_Glover-careplan_process.pdf

