Editorial

Global Perspectives of Recovery and Mental Health

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“Participation and inclusion do not involve changing people to fit in, but changing the world.”

I am very honoured to be the first managing editor of this important publication. This journal will serve as a forum of learning and discussion about our ongoing understanding of recovery from mental illness. I would also gratefully like to acknowledge the support of our publisher, Ontario Shores Centre for Mental Health Sciences. The establishment of this journal further realizes the organization’s commitment to its vision of advancing both recovery-related research and practice. Those who benefit from this initiative stretch beyond the walls of the hospital and will likely include mental health professionals and service users alike both in Canada and abroad.

With these ambitions in mind, it is my pleasure to introduce our first themed issue of the journal, *Recovery in Mental Health: Global Perspectives*. Mental health systems, service delivery, and ultimately recovery potential are dependent on so many factors tied to the economic, social, political, and cultural contexts. The goal of this issue is to provide a snapshot of a variety of mental healthcare landscapes across the globe, to share, and learn from the innovations of others in transforming systems and service delivery to optimize practice and the recovery environment.

Mental health is a global issue. Reports of the global burden of mental illness estimate the lifetime prevalence of mental health disorders to be anywhere from 18.1% - 36.1%.2 For those with serious mental illness, the prognosis from medical professionals at times can be pessimistic and bleak. This makes personal recovery and the integration of recovery-oriented practice into service delivery all the more important to support those
individuals to live beyond their diagnosis and to find hope and meaning, even despite their challenges and symptoms.

The recovery movement began decades ago when the world seemed so much bigger than it does today. But with the advances in technology, innovation, dissemination of research and knowledge translation, international collaboration has provided a number of opportunities to learn from one another’s successes and challenges in system transformation. International collaboration has also given us the opportunity to identify commonalities and differences in our understanding of personal recovery from mental illness and recovery-oriented practice implementation across nations and cultures.

**Recovery Research and Practice Around the Globe**

Although recovery-oriented practice guidelines have been launched in a number of national contexts, many have commented that organizational transformation has proven to be difficult.³⁴ Canadian research regarding the challenges in implementing recovery-oriented practice outlines inconsistent staff training and the lack of adequate resources to fully realize implementation models as barriers preventing organizational transformation. Researchers in Ireland have also found that service provider knowledge about recovery has remained unchanged despite an increase in training and education.⁵ These findings suggest that, like individual recovery, understanding how to integrate and promote recovery-oriented practice is also a ‘work in progress.’

The dissemination of research related to recovery and recovery-oriented practice is important because lessons learned across the globe help newly established recovery-related initiatives to anticipate and mitigate possible barriers and setbacks. I know this to be helpful, especially for my own work. In developing the Recovery College here at Ontario Shores, we greatly consulted the innovative work conducted in the recovery colleges in the United Kingdom, Australia, New Zealand, and the United States. These national mental healthcare landscapes were quite advanced in terms of offering co-designed recovery initiatives; and access to this international information filled an information gap within Canada where recovery colleges are quite new. This type of information is also important because healthcare funding is always stretched; and having access to evidenced-based, recovery-related research can assist in ensuring efficient and effective use of limited resources.

Recovery-related research and knowledge translation is the unifier that bridges gaps between countries and enables the establishment of a common language and foundation of understanding. Research is the means by which we can advance both recovery theory and recovery-oriented practice in order to influence system change.

Our journal is supported by an esteemed group of editorial advisory board members who also span the globe and include Dr. Larry Davidson, Director, Program for Recovery and Community Health School of Medicine and Institution for Social and Policy Studies Yale University, United States; Nicholas Watters, Knowledge Exchange Centre, Mental Health Commission of Canada; Dr. Lindsay Oades, Centre for Positive Psychology, University of Melbourne, Australia; Christine Holland Ontario Family Caregivers’ Advisory Network; Dr. Kwame McKenzie, University of Toronto and the
Wellesley Institute; Glenna Raymond, former champion of recovery at Ontario Shores; and Linda Gravel, Director of Quality at Mackenzie Health, Richmond Hill, Ontario, Canada.

In each themed issue, the journal will provide readers with the most current and innovative recovery-related research, policy development, debates, leading practices and perspectives. The Journal of Recovery in Mental Health highlights both the professional and lived experience perspectives to provide a comprehensive look at issues impacting the mental healthcare system and the individuals and groups who use its programs and services. We welcome submissions from mental health professionals, recovery advocates and those who are 'experts by experience.' Our lived experience editor shares his perspective in each issue. Individuals with lived experience with mental illness also contribute to the original artwork on the cover of each issue.

**Recovery in Mental Health: Global Perspectives**

In our first themed issue, *Recovery in Mental Health: Global Perspectives*, we are pleased to have submissions from across the globe. We have representation from North America, Europe, the United Kingdom, and Australia.

In our first article, Rickwood and Thomas provide an account of many recovery-related achievements in Australia. The authors suggest avenues requiring further attention, such as the development of the concept of recovery for adolescents and creation of recovery curriculum to incorporate into standard training for all mental healthcare professionals.

In the second article, authors from the Mental Health Commission of Canada provide an overview of some of the key initiatives undertaken since the Commission’s establishment a decade ago. Of particular note is the establishment of the *Canadian Guidelines for Recovery-Oriented Practice*. As the concept of recovery becomes more widely accepted in Canadian mental healthcare, these guidelines provide a practical means by which quality improvement initiatives and research into the recovery environment can take shape.

The third article is written from a blended professional and lived experience perspective. Korsbek outlines the irony and paradox that the Danish mental healthcare system of many years past actually afforded her the long-term supportive environment that fostered her recovery experience. She notes that, now that recovery is the national mental health initiative of Denmark, there appear to be barriers to care and the recovery experience.

In the fourth article, Rotheram et al. present a current status update on the evolution of the system transformation in England. Specifically, they describe the implementation of ‘Life Rooms,’ an innovative recovery-oriented service delivery model which connects the entire community and provides an inclusive and positive means of supporting individuals with mental health challenges, carers, and community members alike who want access to resources, education, and a positive environment.
In the fifth article, Thomas et al. provide a synopsis of the development of prudent health care in Wales. In addition, the authors describe the mission of Hafal, peer-led services for individuals with severe mental illness. In contrast, their work with the principles of prudent healthcare, the authors position recovery within a health economic model and demonstrate that user-led initiatives are cost-effective means of providing individuals with mental illness access to support and information that might otherwise be lacking.

Taken together, all the articles in this themed issue highlight that, although there may be some differences, there are indeed commonalities in passion for human rights and desire for improvement and system transformation. These articles also demonstrate that even though recovery philosophy and recovery-oriented practice may continue to be works in progress, we are making advances and are on a collective journey to identify and understand factors that promote recovery from serious mental illness.

**Call for Papers**

We are accepting submissions for our next themed issue regarding *Recovery Across the Lifespan*. Mental health has never been more relevant to so many different demographic groups, from adolescents and young adults to the adults in the sandwich generation as well as those who make up the geriatric population. Mental health challenges can occur regardless of age. We welcome manuscripts from authors representing a diverse range of recovery-related research, practice, ideas, and perspectives reflecting the diverse mental health needs of individuals of all ages. Such a collection can help to broaden our understanding of these needs in order to improve access to treatment across service areas and care transitions as adolescents become young adults or as the population ages. System improvements are needed so that gaps in care are minimized. The journey of recovery is not linear, nor is it a quick one. Research regarding recovery at different points across the lifespan may shed light on how this recovery journey can be enhanced.

We welcome your correspondence and submissions for the following themed issues.

1. Recovery Across the Lifespan, submissions due April 15, 2017
2. Recovery and Community Engagement, submissions due September 15, 2017
3. Recovery from Hospital to Community, submissions due December 15, 2017
4. Recovery and Co-Occurring Disorders, submissions due April 15, 2018
5. Recovery in Forensic Settings, submissions due September 15, 2018
6. Leading Practices in Recovery Colleges, submissions due December 15, 2018

**References**

