The role of work in recovery

Alison Blank¹ and Mark Hayward²

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The vocational rehabilitation agenda is gaining prominence within United Kingdom health care policy, with occupational therapists poised to play a major role in the delivery of vocational services. The evidence base for supported employment has been widely accepted, although this is poorly implemented within the United Kingdom. This opinion piece considers some of the recent literature and social policy around work, occupation and recovery. It suggests that there is a need to consider supported employment interventions under the broader approach of recovery-oriented practice, alongside a process of enabling people with mental health problems to engage in personally meaningful occupations.

Introduction

‘Recovery’ is in vogue for people who experience mental health problems (Slade and Hayward 2007, Shepherd et al 2008). Whether conceptualised as a process, a model or an approach, recovery is stimulating debate about what constitutes ‘getting better’ for someone who has experienced a period of mental distress, and has been defined as:

a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life, even with the limitations caused by the 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).

The concept of getting better, even after a period of severe mental distress, is not newsworthy; Harrison et al (2001) have previously drawn attention to the high rates of recovery even among people with a diagnosis of schizophrenia. What is new, or at least topical, is an understanding that people can claim or reclaim meaning and quality in their lives despite the continuation of experiences that are consistent with a mental health problem.

Mental health practitioners are currently being asked to consider whether the negative outlook for some people who experience mental health problems is partially a result of their own practices and a pervasive lack of hope and optimism within mental health services (Office of the Deputy Prime Minister 2004, Davidson et al 2008). The challenge to the practitioner is to look beyond clinical recovery, defined as the absence of symptoms, and to engage with an individual, supporting his or her goals and aspirations with a hopeful attitude. For these individuals, the pertinent statement might not be ‘recovery from … symptoms/illness/distress’, as these experiences may continue. Rather, the focus might shift to be on ‘recovery to … and by what means?’ Central to the concept of recovery is the idiosyncratic nature of the process: recovery will mean different things to different people. The challenge to occupational therapists is to explore this meaning for each individual in terms of his or her need for occupation.

Work

Until relatively recently, it had been considered that people with mental health problems could not work until or unless they recovered. Work had
Evidence-based supported employment

IPS is synonymous with evidence-based supported employment. Developed in the United States and subsequently trialled in many other countries, the IPS model has a number of key principles, including an emphasis on rapid job searching, with training being given once a person is placed in the workforce. This is the converse of many occupational therapy work programmes, which have tended to involve lengthy periods of training prior to looking for work. IPS has been shown to be effective in terms of people's mental wellbeing and to be financially viable (Rinaldi and Perkins 2007). Getting people with mental health problems back into the workplace now forms an important part of current social policy (Department of Health 1999, 2005, National Institute for Clinical Excellence 2002). Work is also seen as a powerful means to promote social inclusion through positive outcomes in social functioning, symptom reduction, quality of life and increased self-esteem (Marwaha and Johnson 2004).

In spite of the compelling body of evidence that demonstrates the efficacy of supported employment, however, the model is poorly implemented within the UK (Rinaldi et al 2008). Rinaldi and colleagues suggest a number of reasons for this, including mental health professionals' fears about raising unrealistic expectations in their clients and exposing them to levels of stress that would exacerbate their mental health problems. The current economic crisis is unlikely to improve the situation.

There may be a danger in assuming that supported employment can meet the needs of all comers, and it can be argued that it is possible to assist an individual's recovery journey with a broader definition of employment – be it paid, full-time, part-time or voluntary – as a meaningful occupationally focused goal. Work has been defined and classified in various ways and it is important to note that the studies within the evidence base for supported employment or IPS define work as paid, competitive employment. These studies do not take account of the worthwhile economic and social contributions that people can make outside the paid employment arena (Holmes 2007), suggesting that as an approach IPS may be limited in its scope.

If work can be defined as 'some kind of valued activity that uses [a person's] skills and facilitates social inclusion' (COT and National Social Inclusion Programme 2007, p9) then this is excellent news for occupational therapists, many of whom will have been wondering if they need to change the way in which they work in order to take part in the vocational rehabilitation movement. Gewurtz and Kirsh (2007) provided evidence that suggests that developing a sense of self beyond illness is key to recovery, and that this sense of self can be developed through accessing opportunities to work as well as through engagement in other meaningful and socially valued roles.

Conclusion

Despite the robust evidence base for supported employment, it is poorly implemented within the UK and is limited to assisting people in accessing open competitive employment. This is clearly a situation that needs to be remedied if mental health service users are to be provided with evidence-based services and opportunities for work. However, what this opinion piece has attempted to convey is the importance not only of seeing work under the broader umbrella of recovery, but also of encouraging occupational therapists to continue to provide their clients with opportunities to engage in personally meaningful occupations as well as opportunities to experience work in all its forms: paid, unpaid, voluntary, part-time and so forth. It is by developing a sense of self through doing that people with mental health problems can begin to develop the capacity to consider a possible future. Furthermore, although recovery will continue to be debated, a process of recovery should be available to all who experience the distress caused by severe and enduring mental health problems. By working in a hopeful manner, occupational therapists have the opportunity to provide interventions that support people in self-actualisation through the human activity of doing.
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References


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