

Editorial

Principles, policies, and practices: reflections on recovery in the real world

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Abstract

In this editorial we set out the background to the advent and development of the concept of recovery in mental health care. We follow this with an overview of policy with specific reference to our own locale here in Wales where a recovery-focus is now written into national mental health legislation and policy directions. We briefly summarise our own research in this area and note positive relationships between recovery and social support and quality of life but also limited shared understanding of what recovery might mean alongside gaps in policy aspirations and everyday experiences of using services. The concept of recovery remains contested with concerns it has become a means for neoliberal thinking in services and in effect has been colonised by competing ideas. Despite this (sometimes) conflicting evidence and the polyvalent quality of the concept, recovery retains a sense of vitality and validity as evidenced by contributions to this special issue of the journal. Building on our reading of this growing literature we suggest that recovery necessitates social change, implies an understanding of systems and awareness of complexity and finally must account for and accommodate competing understandings. To achieve its foundational aims, it is imperative that research in this field directly engages and includes people with experience of using mental health services as co-researchers in generating new recovery-focused interventions to address the challenges of severe mental illness experiences.

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Introduction: recovery as a way of living

The emergence in the late 1980s and early 1990s of the recovery approach was a pivotal, and optimistic, moment in mental health care. In a biomedically dominated field in which the loudest voices were typically those of professionals and academics, here now was a constellation of alternative ideas and practices rooted firmly in the personal accounts of the lives of people with disability. Drawing on experiences which began with the receipt, as a teenager, of a diagnosis of schizophrenia, Deegan (1988) wrote powerfully of a small, and fragile, sense of hope extending to everyday acts (meeting a friend, shopping, studying) signifying the start of a journey towards a new way of living in the world. Five years later, Anthony offered a now-celebrated definition of recovery which placed emphasis on this as a unique and personal process characterised by meaning, contribution and satisfaction (Anthony, 1993). Distinctively, as the idea of recovery flowered and gathered momentum, those who wrote about it were at pains to point out that ‘recovery’, in this renewed sense, did not mean ‘cure’ but referred instead to the rights of people to enjoy fulfilled lives whilst still experiencing the limitations associated with disability and ill-health (Repper and Perkins, 2003). To the extent that recovery used the language of disability, inclusion, participation, rights, and citizenship it also implied, in its original form, the necessity of social and political change (Perkins and Repper, 1996).

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Recovery in policy and services

Recovery is now everywhere. In Wales, where both of us work as mental health nursing academics, recovery-oriented practice has been written into law and policy including in legislation relating to the planning, provision and coordination of care for people in receipt of secondary mental health services (Mental Health (Wales) Measure, 2010; Welsh Government, 2012a). It featured strongly in the country’s overarching *Together for Mental Health* strategy (Welsh Government, 2012b), and features again in the recently launched replacement for this published in April 2025 (Welsh Government, 2025). In Ireland’s *Sharing the Vision* (Department of Health, 2020), recovery is identified as the first of four principles underpinning the delivery of services, whilst in England’s *Community Mental Health Framework for Adults and Older Adults* (NHS England, NHS Improvement and the National Collaborating Central for Mental Health, 2019) a key goal is enabling people living with mental health difficulties to move towards recovery in an individualised way.

Ireland’s *Sharing the Vision* stands out by declaring what its authors take ‘recovery’ to be, referring to this as the subjective pursuit of personal goals and decision-making in the face of the ongoing experience of mental health difficulty (Department of Health, 2020, p17). More typically, we observe, in national-level policy documents ‘recovery’ is defined either not at all or only vaguely, with little or no clarity being offered over either the constituent components of ‘recovery-oriented practice’ or the extent to which recovery requires system-wide transformation (Le Boutillier et al. 2011; Nielsen et al. 2023). Representations of

recovery as rooted in lived experience are largely absent. In Wales' new *Mental Health and Wellbeing Strategy* (Welsh Government, 2025), for example, a working idea of what 'recovery' might mean is found only in the document's glossary, whilst a recent House of Commons briefing on mental health policy and services in England makes little reference to recovery other than in the sense of clinical outcomes following treatment (Garrett, 2024).

Recovery research

It is in this context of imprecision, in which the idea of recovery remains open to both use and abuse (Slade et al. 2014), that significant research efforts have been put into the development, investigation, and evaluation of recovery-focused processes and activities, and into the views and experiences of 'recovery' of people both using and working in services. Examples include studies relating to the development and evaluation of specific interventions (Slade et al. 2017), into the characteristics of recovery colleges (Toney et al. 2018), and into the use of recorded personal narratives as an aid to self-help (Slade et al. 2024).

Knowledge derived from past research in which we have been involved paints a mixed picture of recovery in practice, as does evidence from service user critiques. In Plan4Recovery, which used mixed methods to examine the relationships between quality of life, recovery, and decision-making, we found service users' experiences of recovery to be complex with positive associations with social support and quality of life, and negative associations with decisional conflict (Coffey et al. 2019). In COCAPP, which used mixed methods in a cross-national study to explore practitioners', service users', and carers' views and experiences of personalised, collaborative and recovery-focused community care we found limited shared understanding of what 'recovery' might mean, and concluded that gaps exist between large-scale policy aspirations and everyday experiences (Simpson et al. 2016). In the sibling COCAPP-A study, which examined recovery-oriented care in inpatient settings, we found similar variation in understandings of recovery and, from some participants, the idea that recovery was not a helpful concept in the hospital environment (Coffey et al. 2019). Meanwhile, in a study completed in Wales, Weaver (2021) found top-down, policy-led, versions of recovery to be associated with cost-cutting and the shifting of people from mental health to primary care services, representing an appropriation, or colonisation, of the original recovery ideal. Both of us were also present to hear members of the critical theorist and activist group, Recovery in the Bin (RitB), deliver an account of 'neo-recovery' at the 25th International Mental Health Nursing Research Conference which took place in London in September 2019. In this, RitB members made the argument that 'neo-recovery' has usurped 'grassroots recovery', becoming the now-dominant version characterised by a very different set of underpinning ideas and practices compared to its original conceptualisation. These include a move away from a social model of disability towards a focus on individual behaviour change, and an orientation towards time-limited and discharge-focused interventions (Recovery in the Bin et al. 2019).

New ideas, new practices: reflections on this special issue

All of this makes the appearance of this recovery-themed issue of the *Irish Journal of Psychological Medicine* particularly timely. Almost 40 years have passed since the original, service user-led, idea of recovery was first introduced. Enthusiastically embraced across the mental health world, investigated through a growing

programme of research and evaluation but also subjected to critique and reappraisal, the time is right for this collection of original research papers, reviews, and commentaries representing the current state of the field. Writing in this issue about culturally appropriate approaches to recovery in the Irish traveller community, Villani and colleagues (2025) close the gap between recovery principles and health promotion with a recognition that both ideas embrace strengths and assets, rather than deficits. Important themes identified in their participatory research are those of identity, discrimination and the need for anti-discriminatory and anti-racist practices. From Ball and Eiroa-Orosa's (2025) qualitative meta-synthesis of what is known at the interface of citizenship and mental health comes a message emphasising not only the importance of relationships and social inclusion, but also of material conditions including adequate housing, finances and legal rights. Elsewhere, Eiroa-Orosa and Pradillo-Caimari (2025) report on a qualitative investigation into professionals' views and experiences of the rights of people with mental health difficulties, highlighting the challenges of stigma, paternalism, and resource constraint. Koretsidou and colleagues (2025) write about the emergence of therapeutic farms in Ireland, and report on a qualitative investigation into staff members' experiences. Jordan and colleagues (2025) draw on their experiences of supporting personal growth following psychosis to offer insights and recommendations for the benefit of others, whilst in their letter Swords and Norton (2025) advance a call for a collective, rather than an individual, approach to the promotion of personal recovery. In a powerful personal piece Elwan (2025) draws on lived experiences to make a case for a reimagined mental health system.

Making connections

As this partial summary of contributions shows, the pieces in this special issue vary greatly in their geography, focus, and methodology, in a way which speaks to the vitality of the recovery practice, implementation, and evaluation community. However, amongst this variety we also discern some clear and important threads. First, and with a direct connection to foundational ideals, is an embrace of recovery as necessitating social change. Inclusion, citizenship, equitable resource allocation, and anti-racism are principles which make demands not only on individual mental health practitioners but on whole systems and societies. Second, implicit in an understanding of systems and the place of recovery within them is an emerging awareness of complexity. Recovery approaches must account for competing understandings and agenda that may seek over-simplified solutions to deep-seated, difficult, even 'wicked', problems (Hannigan and Coffey, 2011). As our potted history at the start of this editorial shows, over time recovery as a set of universal ideas and practices has been challenged by the way in which, as a polyvalent concept, it has come to mean entirely different things to different people (Pilgrim, 2008; Weaver, 2021). Given this continued uncertainty and contestation, continued progress may best be served through the kind of localised, contextually embedded, recovery-promoting practices described in this special issue. Finally, papers in this collection demonstrate that, with thought and co-production values to the fore, it is possible to directly involve people with lived experience in research on recovery. It has been shown previously that co-production brings significant benefits including designing better questions, improving recruitment to studies and generating research outcomes of relevance to the study population leading to more impactful evidence (Ennis and Wykes, 2013; Trivedi and

Wykes, 2002). Studies engaging people directly hold the promise of achieving a participatory democratic effect that is congruent with the recovery ethos of supporting and empowering individuals to own their own stories (Beresford, 2019).

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