Internal And External Recovery

Posted on October 16, 2018

Internal and External Dimensions of Recovery

Recovery refers to both internal conditions and external conditions that are a source of ease for the patient. Internal conditions include optimism, therapeutic, and authorization. External conditions include the application of human rights and positive beliefs about therapeutic and recovery-oriented services. There are principles of the recovery paradigm that need to be combined into mental health nursing practice in order to facilitate the consumer's recovery. These principles ensure that mental health services are conveyed in a technique that funds the recovery of mental health consumers. This paper will critically analyze the use of principles of the recovery paradigm in mental health nursing practices so that nurses can facilitate the consumer's recovery.

Person-Centred Mental Health Recovery

Mental health policy includes the concept of recovery which is used as a person-centered approach. It is fundamentally a new paradigm in mental health that has arisen over the past two decades and is converting structures of care all over the world (Piat & Sabetti, 2009). There are different principles of the recovery paradigm, and these include the uniqueness of the individual. According to this principle, recovery consequences are personal and exclusive to each person. This principle is central to the recovery process as it takes into account each person's uniqueness and his right to make decisions in his life(Piat & Sabetti, 2009). The focus of this rule is to pay attention to the assorted strengths along with the abilities of each patient instead of paying attention to the patient's deficits as well as limitations. This assists the patient in achieving their goals with respect to their health issues and becomes a source of motivation for them in their recovery process. There are barriers in different psychiatric cultures along with bureaucratic administrative procedures that make this approach ineffective. For example, in numerous healthcare settings, patients have been characteristically projected to be submissive and track the professionals' programs and instructions. They are not allowed to take part in their health assessments and establish the objectives for their betterment. By allowing the central position of the patient, trials that are due to bureaucracy and hierarchies can be addressed effectively. Thus, nurses can accumulate this principle while dealing with any person who is suffering from any mental health issue.

Choice Empowerment and Nursing Support

The other principle is real choices that support and authorize persons to make their own selections regarding what way they want to spend their lives. A person with mental health issues should also be

allowed to spend his life according to his decisions. Nurses are required to allow patients to participate in the recovery process and make their own decisions (Slade et al., 2014). With the recovery approach, everyone can take control of his own mental health and can participate in its improvement. He can effectively contribute to his well-being. However, it is also important to note that the recovery approach does not impede clinical management. Clinical management plays a vital role along with the use of the recovery approach, as in the recovery process, the patient is given autonomy by carrying out shared decision-making.

Human Rights and Patient Attitudes

Another principle of the recovery paradigm is acknowledging their rights and attitudes. Nurses can listen to and learn from patients and act upon their communication. This is in accordance with human rights and assists the patient to maintain and construct the patient's different activities that are significant to them(Davidson et al., 2007). Moreover, recovery-oriented practice, which is founded on dignity and respect for the patient, identifies the likelihood of recovery and wellness. This principle allows the self-management of mental health and facilitates the decision-making of the patient's families. Limitations to free will and spontaneous interferences are reduced in this approach, and people are encouraged to participate fully in their decision-making process, cornering their health. For this purpose, there is a need for courteous, deferential, and truthful behavior in recovery-oriented mental health practice. This will include respect for each person, especially for their values, beliefs, and culture.

Partnership in the Recovery Process

Recovery of a patient who is suffering from any mental health issue must be carried out in partnership with healthcare workers as sharing of different sorts of information makes the process fast. When patients and nurses work in positive and convincing ways with patients, then patients get hopes, objectives, and aspirations. Furthermore, there is a need for unremitting evaluation at numerous levels of patient care for those who are suffering from any mental health issue. When there are quality improvement activities, recovery is considered good from a healthcare perspective (Aston & Coffey, 2012). If there is an improvement in housing, occupation, and learning along with social and family relationships after carrying out the evaluation, the patient is getting better. These evaluations can be carried out in different dimensions, and they are also a source of information regarding the patient's current state (Gagne, White, & Anthony, 2007). For example, by evaluating the social and family relationships, there is an acknowledgment of different dimensions associated with this association. The improvement in social relationships will lead to enhanced work opportunities and a feeling of safety while working in the industry.

Shared Principles and Recovery Outcomes

Even though the backgrounds and customs appear to be different, the recovery process has numerous common strands. The recovery process allows for better results in terms of enhanced patient health. With this process, nurses who work in close association with patients know the patients' issues better and participate effectively in lessening their concerns. The use of this approach mainly facilitates the patients and their families, but health workers also benefit from this process, especially nurses, who get help in facilitating the consumer's recovery(Le Boutillier et al., 2011). Due to the advantages associated with this approach, organizations are in the course of moving to a recovery paradigm.

References

Aston, V., & Coffey, M. (2012). Recovery: what mental health nurses and service users say about the concept of recovery. *Journal of Psychiatric and Mental Health Nursing*, *19*(3), 257-263.

Davidson, L., Tondora, J., O'Connell, M. J., Kirk Jr, T., Rockholz, P., & Evans, A. C. (2007). Creating a recovery-oriented system of behavioural health care: Moving from concept to reality. *Psychiatric Rehabilitation Journal*, *31*(1), 23.

Gagne, C., White, W., & Anthony, W. A. (2007). Recovery: A common vision for the fields of mental health and addictions. *Psychiatric Rehabilitation Journal*, *31*(1), 32.

Le Boutillier, C., Leamy, M., Bird, V. J., Davidson, L., Williams, J., & Slade, M. (2011). What does recovery mean in practice? A qualitative analysis of international recovery-oriented practice guidance. *Psychiatric services*, *62*(12), 1470-1476.

Piat, M., & Sabetti, J. (2009). The development of a recovery-oriented mental health system in Canada: What the experience of Commonwealth countries tells us. *Canadian Journal of Community Mental Health*, *28*(2), 17-33.

Slade, M., Amering, M., Farkas, M., Hamilton, B., O'Hagan, M., Panther, G., ... & Whitley, R. (2014). Uses and abuses of recovery: implementing recovery-oriented practices in mental health systems. *World Psychiatry*, *13*(1), 12-20.