Rehabilitation and Recovery

Bennett\textsuperscript{1} defined rehabilitation as “the process whereby disabled persons are enabled to use their residual abilities to function effectively in a social situation as normally as possible” whereas according to Babiker,\textsuperscript{2} the aim of rehabilitation is “to enhance personal autonomy and enable the individual to adopt an appropriate social role and lead as fulfilling a life as possible”.\textsuperscript{1,2} According to the World Health Organization, rehabilitation is defined as “a process aimed at enabling people who experience disabilities to reach and maintain their optimal physical, spiritual, occupational, sensory, intellectual, psychological and social functional levels. Rehabilitation provides people who experience disabilities with the tools they need to attain independence and self-determination”.\textsuperscript{3,4} Rehabilitation, therefore, has a dual function of reducing impairment and disabilities while strengthening cognitive, social, family, vocational, recreational, self-care, money management, and other independent living skills. In psychiatric services, the concept of rehabilitation recognises the importance of quality of life, and the enabling of an individual’s capacity.\textsuperscript{5}

Psychiatric rehabilitation provides a spectrum of services that enable disabled individuals to perform those cognitive, emotional, social, intellectual, and physical skills needed to live, learn, work, and function as normally and independently as possible in the community with the least interference by symptoms.

On the other hand, the concept of recovery has appeared in the patient’s self-help literature since the 1930s and it gradually emerged as a prominent concept in the mental health literature in the late 1980s.\textsuperscript{6} Recovery is an active process through which persons with psychiatric disability travel to adapt to living with disability. In the realm of recovery, the professional works with these persons to share an understanding of their life story and helps them to draw upon the resources and skills available in rehabilitation services.\textsuperscript{7} Researchers have rather diversified views on the definition of recovery.\textsuperscript{7} Deegan\textsuperscript{8} stated that “instead of focusing primarily on symptom relief, as the medical model dictates, recovery casts a much wider spotlight on restoration of self-esteem and identity and on attaining meaningful roles in society”. This definition by Deegan does not imply full recovery, i.e. a state in which full functioning is restored and no medications are needed. Instead, recovery is described as “a journey or process, not a destination or cure”. Anthony\textsuperscript{9} has developed a widely used definition of recovery as “a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness. Recovery involves the development of a new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness”.

The difference between the concepts of rehabilitation and recovery has been described by Deegan,\textsuperscript{10} “Rehabilitation refers to the services and technologies that are made available to people who experience disabilities so they may learn to adapt to their world. Recovery refers to the lived or real-life experiences of persons as they accept and overcome the challenge of the disability”. The incorporation of the concept of recovery in the design and implementation of rehabilitation services has been a recent trend in the field of psychiatry. Most psychiatric rehabilitation services have a developmental history that bridges deinstitutionalisation, reprovision in its many forms, community care, and now, social inclusion, to reduce the impact of stigma and promote recovery.\textsuperscript{9} Recovery underpins the way rehabilitation services are developed and delivered, and provides a philosophical approach to service delivery.\textsuperscript{4} Embracing the concept of recovery, and promoting the recovery ethos throughout rehabilitation service provision probably represent a clear new direction.\textsuperscript{9}

In the current issue of the \textit{East Asian Archives of Psychiatry}, different experts are invited to inspire the readers on the theme of Rehabilitation and Recovery. Killaspy\textsuperscript{11} describes the rehabilitation and recovery care pathway, as well as the contemporary mental health rehabilitation services in the United Kingdom which focus on people with complex psychosis, a “low volume, high needs” group who are at risk of social exclusion. She stresses that without these specialist mental health rehabilitation services, this group becomes stuck in a hospital; but with appropriate rehabilitation and supported accommodation to move on to, the majority are able to live successfully in the community.

Strength-based approach is one of the important principles in the implementation of mental health recovery. Schranks et al\textsuperscript{12} conducted a literature review on positive psychology with a specific focus on people with mental illness. The paper describes the characteristics, critiques, and roots of positive psychology (PP) and positive psychotherapy (PPT), and summarises the existing evidence on PPT. The authors conclude that the focus on strengths and resources in PP and PPT might be a promising way to support recovery in people with severe mental illness.\textsuperscript{12}

According to Rosen and O’Halloran,\textsuperscript{13} the prospects of services effectively supporting individual recovery could be enhanced by a combination of elements such as recovery-oriented staff, facilities, and organisational culture; certified training and placement in clinical teams of peer support specialists; recovery-oriented experiential workshop training for service users, providers, and families; working with communal organisations and workplaces.
towards social inclusion and full citizenship; recovery orientation of service monitoring; and practices which boost coping, resilience, buoyancy, work-life balance, and hope.

For the implementation of mental health recovery in Hong Kong, in addition to prominently display posters and other artwork in mental health settings that introduce the concept to persons with serious mental illnesses and staff alike, there are initial efforts to train and hire peer staff (staff who are themselves in recovery) and to educate existing staff about the values and principles of recovery-oriented practice. Davidson and Tse\textsuperscript{14} offer a few observations about the status and future of recovery and the development of recovery-oriented practices within the Hong Kong context, and suggest a few directions that our valued colleagues might consider as they go about this challenging but extremely important work of assisting persons with serious mental illnesses to regain dignified and meaningful lives in their local communities.

There is an increasing number of qualitative studies on coping with bipolar affective disorder which have concentrated on wellness management strategies among high functioning people, issues surrounding internalised stigma, exploration of recovery, and facilitating hope for recovery. Positive self-identity and instillation of hope are important for the recovery of people with bipolar affective disorder. Guided by the narrative inquiry methodology, Tse et al\textsuperscript{15} have explored the expected possible selves and coping skills among 14 early and middle-aged Chinese adults with bipolar disorder in Hong Kong.

Peer support and positive role model have been the key elements for the implementation of recovery in overseas countries. In Hong Kong, people with lived experience of mental illness are employed in psychiatric units as peer specialists and peer support workers to support mental patients in their rehabilitation and recovery journey. Chan, peer specialist of the Castle Peak Hospital of Hong Kong, and Chang and Liu, peer support workers of the Kowloon Hospital of Hong Kong, inspire us with their work experience.\textsuperscript{16,17} Last but not the least, in the article “Beyond the Clinical Model of Recovery: Recovery of a Chinese Immigrant Woman with Bipolar Disorder”, Kwok narrates her own story of recovery.\textsuperscript{18}

\textbf{Bonnie Wei-Man Siu, MBChB, MRCPSych, FHKCPsych, FHKAM (Psychiatry) (email: bonniew114m@yahoo.com) Department of Forensic Psychiatry, Castle Peak Hospital, New Territories, Hong Kong SAR, China}

\textbf{References}