Mental Health Europe

Equal rights.
Better mental health.
For all.

December 2024

Policy Report

Recovery in Mental Health Services

Contents

Introduction

The concept of recovery is central to the work of Mental Health Europe. As an organisation, we have rooted our work for better mental health and wellbeing for all in a recovery approach based on human rights that respects and promotes the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

In the 2023 Communication on the Comprehensive Approach to Mental Health, the European Commission put forward as one of the 3 guiding principles reintegration after recovery. For Mental Health Europe, this principle does not align with the human rights-based recovery approach. It implies the person has been excluded from society while inclusion in the community is a guiding principle of the UNCRPD.

While the Communication contributed to put mental health high on the EU agenda and to foster a better understanding of the mental health in all policies approach, the next steps for mental health at the EU level should be to go further into promoting a human rights-based approach. With this report, Mental Health Europe is committed to support this work by bridging the gap between policy, research and practices promoting human rights-based recovery approaches.

This report aims to examine and inform recovery-based human rights indicators in mental health services and evaluate the integration of human rights principles in recovery-oriented practices. By conducting a comprehensive review and analysis of existing definitions and measures of recovery, and gathering insights from mental health organisations, it seeks to provide a robust framework for assessing and promoting recovery-oriented practices that align with the principles of the UNCRPD. Through this approach, Mental Health Europe aims to contribute to the ongoing efforts to create a more inclusive, supportive, and rights-based mental health care system.

Recovery in mental health in light of the UNCRPD

The recognition of rights for persons with mental health problems has significantly evolved in the past decades, following the adoption of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)[1]. This landmark legislation enshrined a focus shift from the medical to the social model of understanding disabilities. This shift impacted the mental health field as well. For instance, it brought to the fore the urgency to shift from coercive practices to community-based care, emphasizing the importance of supporting individual autonomy and eradicating coercion. Indeed, the UNCRPD explicitly calls for the elimination of all forms of coercion, as stated in articles addressing equality and non-discrimination, liberty and security of the person, and freedom from torture or cruel, inhuman, or degrading treatment or punishment. Additionally, the UNCRPD underscores the importance of supporting individual autonomy, as highlighted in articles on equal recognition before the law, living independently and being included in the community, freedom of expression and opinion, and access to information, and health.

Building upon this international framework, efforts to implement rights-based mental health initiatives have proliferated[2]. Previously widely unquestioned coercive practices are now being scrutinised, leading to a surge in studies focused on identifying effective methods to reduce or eliminate them[3–6]. Intervention models that advocate for a paradigm shift from merely addressing symptoms to actively supporting the overall recovery journey of service users, with a strong emphasis on their participation, have transitioned from being on the fringes to becoming more mainstream. Approaches focused on recovery, which emphasise personalised care tailored to help individuals achieve their fullest potential by fostering resilience and community integration, have gained widespread acceptance and recognition[7]. A prime example of the influence of these advancements is the World Health Organisation's proactive response with the publication of a series of guidance and technical packages on the promotion of person-centred and rights-based approaches within community mental health services[8,9].

Despite the UNCRPD and the generalised acceptance of the so-called 'rights framework' at a policy level and by most mental health services administrations around the world, this has not always translated into practices compliant with this approach and reservations have been expressed for several reasons. Numerous professional associations[10] and legislators[11] have raised questions concerning the boundaries of the UNCRPD, particularly in relation to its Article 12, which addresses equal recognition before the law, and its implications for professional competencies. One of the primary arguments is that a stringent interpretation of the UNCRPD could hinder professionals from implementing involuntary interventions aimed at saving the lives of individuals who are considered to pose a risk to themselves or others due to their mental health conditions[11–13]. Critics argue that merely allowing these measures encourages their extensive application as professionals who frequently utilise such measures tend to trivialise[14]. Additionally, relying solely on an ethical perspective, as previously upheld by major psychiatric organisations, falls short in providing the necessary accountability for eliminating coercion in mental health care[15]. Furthermore, the principles of seemingly rights-based approaches like recovery have been distorted in numerous organisations, where strength-based concepts are used for outreach while maintaining deficit-based practices[i] internally[16–18]. Alarmingly, certain types of coercion, such as compulsory community treatment, have been rationalised as a means to facilitate recovery[19].

At the EU level, the implementation of the UNCRPD, to which the EU and all its member states are party, is mainly channelled through the European Strategy on the Rights of Persons with Disabilities. The Strategy mostly aligns with the UNCRPD and highlights, inter-alia, the existence of legal barriers for persons with intellectual disabilities, psychosocial disabilities, or mental health problems "as they are often restricted in or deprived of their legal capacity". However, policy processes that will have for result to reinforce these rights violations are still being developed and discussed in the EU, showing that the overall commitment to human

[i] Deficit-based practices in mental health focus on identifying and addressing symptoms rather than fostering strengths, skills, or resilience.

rights sometimes loosens when it comes to the application of specific parts of the convention[ii].

Beyond the ongoing public debates, everyday professional experiences and testimonies from people with lived experience[iii] highlight a pervasive symbolic validation of coercive and paternalistic practices[20]. The practical implementation of rights-based approaches remains elusive for many professionals who genuinely aspire to work in more supportive ways. It is essential to equip individuals and organisations with the necessary tools to embark on the path of transforming their practices.

[ii] For instance, Mental Health Europe is engaged in an advocacy campaign against the adoption of the Optional Protocol to the Oviedo Convention, more information at: https://www.withdrawoviedo.info/join

[iii] For instance, from members of the European Network of (ex) users and survivors of psychiatry, ENUSP, available at: https://enusp.org/

1. How to define mental health recovery based on Human Rights?

The scoping review conducted to produce this report identified seven distinct definitions of recovery from various sources, including organisational, national, and regional levels, emphasizing personal growth, self-management, autonomy, and community integration. A full content analysis[iv] further examined how these definitions align with key articles of the UNCRPD, highlighting areas that require further development. While some UNCRPD principles are well-represented, others are notably absent or underemphasized in current recovery frameworks. Here are a few examples:

- The seminal William Anthony's[v] USA definition of recovery[21] emphasizes internal changes like attitudes, values, and roles, focusing on personal empowerment and growth even in the face of mental health challenges. It highlights an **individual's ability to evolve and find satisfaction.**
- The Scottish Recovery Network[22], places importance on **personal control and autonomy**, suggesting that people can live meaningful lives despite ongoing symptoms.
- The British National Institute for Health and Care Excellence (NICE)[23] emphasizes the **subjectivity of recovery**, acknowledging that it varies for everyone.
- USA's Substance Abuse and Mental Health Services Administration (SAMHSA)'s definition[24] presents a structured view, defining recovery as a **process of improving health and wellness, living self-directed lives**, and striving to reach one's potential.
- The Australian Government's definition[25], comprehends **recovery as a social process**, where community integration and making autonomous life choices are central.

[iv] Available on Mental Health Europe website:
[v] Executive Director

- The Mental Health Commission of Canada[26] takes a **strength-based approach, emphasizing the role of individual, family, cultural, and community resources** in supporting recovery.
- Lastly, Catalonia's[27] definition emphasizes **human rights, linking recovery to the protection of legal and social rights**. It integrates both emotional well-being and the safeguarding of legal capacity, ensuring individuals can fully exercise their rights during the recovery process.

UNCRPD compliance of the definitions

To further understand the alignment of recovery definitions with human rights principles, a content analysis was conducted (see Figure 1), focused on how each selected definition incorporates elements of the UNCRPD.

For instance, none of the recovery definitions specifically reference **Article 5** which is addressing **equality and non-discrimination** and highlights the right to equal treatment under the law without discrimination. Similarly**,** **Article 6** and **Article 7** on **women and children with disabilities**, which refers to the intersecting discriminations and specific barriers that these two groups can face, is absent from the definitions.

In contrast, **Article 12**, which ensures the **right to equal recognition before the law and the exercise of legal capacity**, is frequently referenced in all recovery definitions, except for the Australian definition. While coercion undermines legal capacity, no recovery definition directly mentions **Article 14**, which pertains to **liberty and security of the person** nor **Article 17** on **Protecting the integrity of the person**. **Article 15** on **Freedom from torture or cruel, inhuman or degrading treatment or punishment** stating that "no one shall be subjected without his or her free consent to medical or scientific experimentation" is also notably absent. **Article 16** on **Freedom from exploitation violence and abuse**, calling for independent monitoring of all the facilities and programs designed to serve persons with disabilities and calling for age and gender sensitive responses is not referenced in any of the definitions.

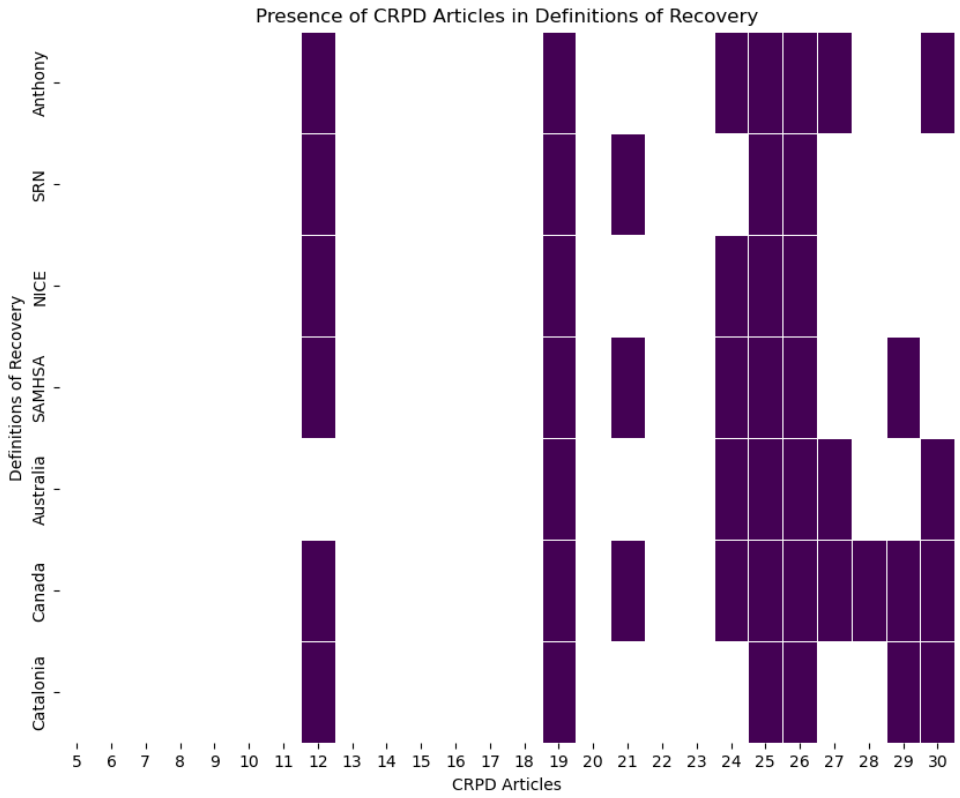
Similarly, **Article 13**, **guaranteeing access to justice**, is absent from the definitions, despite its close link to **Article 12**, as legal capacity is essential for effective access to justice.

Article 19, advocating for the **right to independent living and inclusion in the community**, is widely reflected in all recovery definitions which is paramount to prevent institutionalisation of persons with mental health problems. However, **Article 28** on **Adequate standard of living and social protection** underlying some critical aspects that this inclusion entails is only mentioned in one definition .

Articles 25 and **Article 26,** which cover the **right to health** and **the right to habilitation and rehabilitation** are mentioned in all definitions. Definitions most aligned with Article 30, which promotes **participation in cultural life, recreation, leisure, and sport**, is included in those from Anthony, the Australian Government Department of Health, the Mental Health Commission of Canada, and the Government of Catalonia.

The remaining CRPD articles appear less frequently in the definitions, with a maximum representation in three out of the seven analysed for **Article 21 on Freedom of expression and opinion**, and access to information, essential to informed consent.

Figure 1. Graphical representation of the content analysis of recovery definitions



Towards a new definition of recovery

The analysis of existing definitions of recovery in the mental health field reveals significant challenges and opportunities for progress. Despite numerous efforts by governments and international organisations to define recovery, it remains difficult to reach a clear consensus on its meaning. The lack of consensus underscores the complexity of recovery, which encompasses a wide range of personal, social, and systemic factors. The need for a broader and more inclusive definition of recovery is evident, as such a definition could ensure the protection of human rights and promote a community-based approach with equitable access to guaranteed resources and support systems. It could also promote the understanding of the UNCRPD and contributes to lowering stigma and discrimination related to mental health problems by making recovery journey part inclusive and visible in our society.

Therefore, a recommended definition of recovery could combine elements of the definitions provided by the Government of Catalonia and the Mental Health Commission of Canada. These definitions best fit the principles promoted by the UNCRPD, placing the greatest emphasis on the protection of human rights. The Government of Catalonia's definition integrates both subjective aspects, such as emotional well-being, and objective aspects, like legal capacity and rights protection, recognising that recovery is not only about personal empowerment but also about ensuring individuals have the legal and societal support needed to fully exercise their rights. Similarly, the Mental Health Commission of Canada's definition underscores the importance of building on individual, family, cultural, and community strengths, reflecting a holistic view of recovery that considers a wider network of support systems.'

This combined definition should emphasise:

- recovery as a multidimensional process that empowers individuals to lead fulfilling and meaningful lives, even with ongoing mental health challenges.
- personal empowerment, grounded in the strengths of individuals, families, and communities
- the protection of human rights.
- the importance of a positive care culture that values individual aspirations and strengths.
- the need for access to a diverse range of services and supports, with a focus on upholding autonomy and dignity.
- the definition should put forward the need for recovery approach to take into account intersecting vulnerabilities that individuals can face such as race, gender, age, sexual orientation…

Based on these principles, a fitting definition of recovery, based on the suggestion by the research team, could be the following:

‘Recovery is a process that empowers people to live full and meaningful lives, even with mental health challenges, based on protecting, respecting, and guaranteeing their human rights. This process builds on individual, family, and community strengths, and promotes equitable access to resources and supports that respect the autonomy and dignity of each person on an equal basis with others.’

2. Monitoring recovery in mental health in light of the UNCRPD.

While the first part of the research highlighted no existing definitions of recovery fully in line with the UNCPRD, a second scoping review was carried out looking at practice evaluation.

It was aimed at **finding instruments that could measure the orientation of services towards the recovery model, focusing on organisational aspects.** The content analysis of these instruments highlighted varying degrees of alignment with the principles set forth in the UNCRPD. While some instruments address key themes such as equality, non-discrimination, legal capacity, and independent living, significant gaps remain, especially regarding the link between legal capacity and access to justice, despite the close connection between both articles. This underscores the need for new tools that more comprehensively integrate human rights principles.

Eight distinct recovery measurement instruments were included based on previous reviews[28–30].

- The Recovery Enhancing Environment Measure (REE)[31] is comprehensive, assessing both organisational and individual recovery processes. It emphasizes a **holistic approach**, covering **stages of recovery and markers** for both service users and organizations.
- The Recovery Self-Assessment (RSA)[32] is more streamlined, with a **strong focus on the consumer perspective**, evaluating the extent to which services align with recovery-oriented principles.
- The Recovery Oriented Systems Indicators (ROSI)[33] measure takes a more **systemic approach**, highlighting the **importance of creating a supportive infrastructure** that fosters recovery.

- The AACP Recovery Oriented Service Evaluation (AACP-ROSE)[34] assesses recovery orientation through **input from service users, providers, and administrators** to evaluate both policy and practice in recovery-oriented services.
- The Recovery Promoting Relationship Scale (RPRS)[35] focuses on the **competencies of service providers**, placing significant value on the **therapeutic relationship** and the provider's role in promoting recovery.
- The Recovery Oriented Practices Index (ROPI)[36] combines elements of **individual recovery and systemic recovery support**.
- The Recovery Promotion Fidelity Scale (RPFS)[37] emphasizes **collaborative practices and self-determination**. Lastly,
- the Recovery-Oriented Services Assessment (ROSA)[38] underscores the **importance of rights-based approaches in recovery**, focusing on involvement and recovery education for service users.

UNCRPD compliance of the instruments.

A content analysis was conducted to assess the alignment of these instruments with human rights principles (Figure 2). As for the definitions, findings reveal varying degrees of alignment with the principles set forth in the UNCRPD.

Regarding Article 5 of the UNCRPD, which emphasizes **equality before the law and equal protection without discrimination**, the ROSA stands out for its strong emphasis on equality and non-discrimination, ensuring that all individuals receive fair treatment and have equal access to mental health services. Similarly, the RPFS evaluates how well mental health services adhere to practices that ensure equal treatment, non-discrimination, and equity in care. The RPRS also supports these principles by promoting relationships in mental health care that are free from discrimination and recognize the individuality of each person.

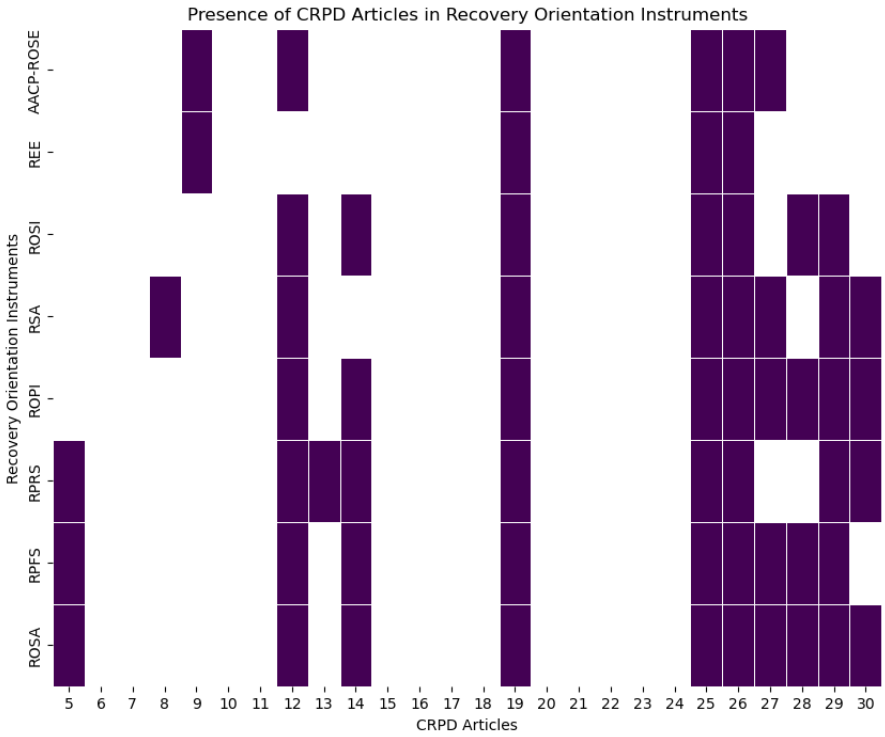
Legal capacity, as outlined in Article 12 of the UNCRPD, is frequently referenced in the recovery-oriented instruments. Notably, in the discussion of instruments, Articles 12 and 14

were often addressed together, highlighting the connection between legal capacity and coercion. Coercion, as noted in the recovery definitions, inherently undermines legal capacity, especially in mental health settings where involuntary treatment is common.

The right to independent living and inclusion in the community, as advocated in Article 19 of the UNCRPD, is another common theme in the recovery-oriented instruments. By consensus, all instruments value the importance of creating systems that support independent living and community integration.

Similarly, **health and rehabilitation**, covered in Articles 25 and 26 of the UNCRPD, are central themes in all the recovery-oriented instruments. These instruments emphasize the need for holistic, person-centred care that supports both physical and mental well-being. **Employment and economic independence**, as highlighted in Article 27 of the UNCRPD, are also critical components of recovery. The AACP-ROSE, the ROPI, the RSA, the RPFS and the ROSA include support for employment as a key part of recovery, recognizing the role of economic stability in promoting overall well-being and social inclusion. The ROSA, the RPFS, the ROSI and the ROPI address the need for **adequate living standards and social protection**, aligning with Article 28 of the UNCRPD. These instruments ensure that individuals have access to necessary supports that contribute to their well-being and recovery, emphasizing the importance of social protection. **Participation in political and public life**, as reflected in Article 29 of the UNCRPD, is another relevant aspect of recovery. All instruments except the REE and the ACCP-ROSE promote active participation in decision-making processes and civic engagement. These instruments support the principles of self-advocacy and leadership in recovery, encouraging individuals to be actively involved in their own care decisions and advocate for their rights. Finally, the ROPI, the ROSI, the RSA, the RPRS and the ROSA encourage participation in a wide range of community and cultural activities, supporting social inclusion and personal fulfilment. This aligns with Article 30 of the UNCRPD, which emphasizes the importance of **participation in cultural life, recreation, leisure, and sport**.

Figure 2. Graphical representation of the content analysis of recovery orientation instruments



According to these results, no current recovery orientation instrument fully encompasses all the human rights considerations outlined in the UNCRPD. For instance, many instruments address Articles 12 (legal capacity) and 19 (independent living), but there is a noticeable gap in addressing Article 13 (access to justice). This gap suggests a potential oversight, where the full implications of legal capacity on broader legal rights, such as access to justice, are not fully explored.

Towards human rights-based recovery instruments.

To the authors' knowledge, no instrument fully covers the all the UNCRPD considerations. Hence, **the development of a new instrument is warranted to ensure comprehensive and comparable measurement of recovery** in mental health services. This new tool should fully integrate the principles of the UNCRPD, covering all relevant articles and providing a more

holistic and nuanced understanding of recovery, ensuring that all aspects of human rights are adequately addressed. The creation of new indicators could revolutionise the mental health field by providing a more detailed and accurate picture of how recovery-oriented practices align with human rights principles. This approach would help to ensure that recovery is not only about personal empowerment but also about creating a supportive and rights-based environment that enables individuals to live full and meaningful lives. The adoption of a human rights-based recovery definition to guide policy making, funding, research and programmes, would lay out the ground for the development of such a framework in the long term.

In the meantime, the instruments reviewed can be put at use as there is an urgent need to address the shortcomings of mental health systems. These instruments, if mixed together to cover the largest range possible in terms of rights (see below), can serve as minimum standards, offering a starting point for developing more comprehensive tools. They provide a baseline from which to build, ensuring that fundamental aspects of recovery are measured, even if they do not yet fully integrate all human rights considerations. To establish a minimum framework for assessing recovery-oriented practices, we have carefully selected the most suitable instruments from the eight analysed. After a detailed evaluation of their contents and properties, we chose the Recovery Enhancing Environment Measure (REE), the Recovery-Oriented Services Assessment (ROSA), the AACP Recovery Oriented Service Evaluation (AACP-ROSE), and the Recovery Oriented Practices Index (ROPI) for their applicability in the European context. Table 1 outlines the main characteristics of these instruments and provides the rationale for their selection.

Recommendations on the need for better recovery instruments

Understanding and measuring recovery based on human rights has the potential to revolutionise our mental health system and therefore should be kept as an objective of policy, programmes and funding aiming to support better mental health for all. It is especially important to keep these objectives and the following recommendations as a compass in the development of the new Action Plan for the European Pillar of Social Rights, for the second phase of actions under the European Strategy for the Rights of Persons with Disabilities and for the next phases of EU Actions on Mental Health as announced by Ursula von der Leyden in her political guidelines in 2024[vi]. The next phase of EU multiannual funding should as well take into account not only the needs to transform and improve mental health systems in Europe, but also funds research and programmes based on the psychosocial approach to mental health that will allow member states to work on this transformation of their mental health system to be fully compliant with the UNCRPD.

In order to do so, we call on stakeholders to:

Adopt a Rights-Based Definition of Recovery

To align mental health services with the principles of the UNCRPD, policymakers and service providers must adopt a unified definition of Recovery that incorporates both personal empowerment and fundamental human rights as put forward in this report.

Develop New Measurement Tools for Human Rights-Based Recovery

There is an urgent need for tools that can measure the recovery orientation of mental health services while fully integrating human rights principles. New instruments should evaluate social and legal dimensions of Recovery, such as access to justice, legal capacity, and non-

[vi] Commission President von der Leyen re-elected: What next for Mental Health? – Mental Health Europe – 18 July 2018

coercive care and right to independent living in community. These tools will help assess how well services promote dignity, equality, and autonomy in line with the UNCRPD and set a standard how recovery-oriented services should be developed. Psychometrically robust and comprehensive indicators will help ensure that Recovery-oriented services truly align with human rights principles and empower people with mental health challenges to live full and meaningful lives.

Promote Capacity-Building Initiatives for Mental Health Professionals

Training programs should be developed and expanded to equip mental health professionals with the skills needed to integrate rights-based approaches into their daily practice. These programs should prioritise reducing coercion, fostering shared decision-making, and safeguarding the legal capacity and autonomy of individuals. Additionally, peer support workers should be central to recovery efforts, empowered to advocate for service users' rights and provide support that upholds their dignity and autonomy throughout the recovery process.

Ensure Policy Alignment with the UNCRPD

All mental health legislations and policies must be fully in line with the UNCRPD's principles of equality, autonomy, and independent living. All legislations must ensure that they do not infringe the human rights of persons with mental health problems and persons with psychosocial disabilities. Coercive practices must be phased out in favour of rights-based approaches, with clear commitment on ending coercion with a timeline and an action plan. Legal reforms should prioritise community-based care, support for independent living, and the protection of legal capacity, ensuring that people with mental health challenges can fully their rights on an equal basis with others.

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Mental Health Europe is the largest independent network organisation representing people with mental health problems, their supporters, care professionals, service providers and human rights experts in the field of mental health across Europe. Its vision is to strive for a Europe where everyone's mental health and wellbeing flourishes across their life course. Together with members and partners, Mental Health Europe leads in advancing a human right, community-based, recovery-oriented, and psychosocial approach to mental health and wellbeing for all.

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