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Self-determination in the context of mental health recovery

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Self-determination in the context of mental health recovery

Abstract

Approximately one in every five Australians will experience a mental illness each year (ABS, 2007). Mental illnesses are not homogenous. There are no clearly established clinical pathways and, as such, care and treatment is necessarily highly individualised.

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Title: Self-determination in the context of mental health recovery

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Article:

Approximately one in every five Australians will experience a mental illness each year (ABS 2007). Mental illnesses are not homogenous. There are no clearly established clinical pathways and, as such, care and treatment is necessarily highly individualised. It is within this nebulous treatment approach that personal recovery is the goal for many who live with debilitating mental health issues. Personal recovery is not synonymous with cure, but can be defined as “gaining a social identity through engagement in an active life” (Moxham et al 2015, p. 62).

In recent years, self-determination has arisen as an area of importance within mental health care (Craike and Coleman 2005). Carpenter (2002) asserts that there are strong links between increased self-determination and personal recovery. Self-determination can be considered as the propensity of an individual to act in a “self-directed, self-regulated, autonomous” way (Field et al 1998, p. 2). Such an approach is respectful of values and appreciates lived experience – a fundamental tenant of personal recovery. People with a lived experience of mental illness, however, report significantly low levels of self-determination (Okon and Webb 2014). According to Hagger and Chatzisarantis (2009), self-determined motivation is strongly associated with engagement in positive health behaviours such as increased medication and service adherence, and other activities that promote wellbeing (Chang 2011).

The Australian Department of Health (2013), in their *National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers*, posits that mental health care should maximise opportunities for personal autonomy and self-determination. This involves maximising choice on the part of the consumer, with less reliance on restrictive methods of treatment, such as restraint and seclusion. However, very little empirical research has been conducted regarding the relationship between practices and outcomes (including self-determination) associated with personal recovery from mental illness (Le Boutillier et al 2011).

This research project explores the influence of a recovery-oriented, strengths-based therapeutic recreation initiative and how it influences self-determination among people with a mental illness. In doing so, a detailed examination will occur to investigate the mechanisms (e.g. shared decision making, addressing social context) by which self-determination influences personal recovery from mental illness. Informed by the lived experience of people with a mental illness, a mixed methods approach has been employed. Surveys will be administered at three time points: before and after the intervention, and again at three-month follow-up. At follow-up, a qualitative approach will be used to collect data through individual semi-structured interviews and focus groups. These interviews will further explore the quantitative findings by incorporating a comprehensive person-centred approach. To date, quantitative findings from this project have supported the efficacy of therapeutic recreation in increasing self-determination among people with a mental illness. The mechanisms by which this contributes to personal recovery are, however, not visible in research literature. It is this concept that will be explored in this project.

Health care providers have a responsibility to respect and emphasise the autonomy and self-determination of all people for whom they provide care. This is no less an expectation for people who live with a mental illness. Their journey towards personal recovery is one that should be heavily reliant on their own expertise and based on their own choices. Results from this research are expected to inform future mental health services and programs.

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