



Recovery paradigm as a guideline for mental health policies and practices

The recovery paradigm has been increasingly adopted in different countries as a guideline for policies and actions in mental health. In Brazil, the discussion about recovery is still insipid. Although Brazilian literature brings some translations for this term, such as “superação”, “recuperação” ou “restauração”⁽¹⁻²⁾ we will use here the word recovery in English, considering that this is the most well-known version.

The recovery movement began in the 80’s of the twentieth century, from the movement of users of mental health services. Managers and professionals are highlighted to the importance of recognizing the experience and knowledge of service users and their caregivers for planning and developing actions.

Recovery would be a concrete and practical process in which individuals who need mental health care gain and maintain better control over their lives⁽³⁾. It is understood as the process of restoring a meaningful sense of belonging to the community and a positive sense of identity, rebuilding life, despite or even with the limitations imposed by the condition⁽⁴⁾. People who presented comorbidities between psychiatric disorders and problem drug use described the recovery process as learning about managing life’s painful events, culminating in the experience of feeling useful and accepted, developing self-esteem, self-control, life control, control under the use of substances and manage mental disorders⁽⁵⁾.

Although the recovery process is individual, it is considered that policies, services, and practices can favor it by building an environment that supports recovery. In this direction, there are currently guidelines for managers and professionals to build practices guided to recovery⁽⁶⁾. These practices would be aimed at promoting hope, autonomy, and self-determination, aiming at building collaborative partnerships between professionals and users and recognizing the importance of support networks and other meaningful ones, bringing them closer to treatment. Recovery-oriented practices also emphasize and help build personal and relational resources, understanding the individual in a holistic and individualized way, respecting diversity and encouraging community participation and citizenship. Services that are guided by this paradigm encourage professional reflexivity and feedback from users, seeking constant self-assessment.

In this work, one of the studies offers us elements to evaluate how our services are still guided by practices contrary to recovery. The researchers interviewed professionals of the Family Health Strategy, seeking to understand their conceptions about work in mental health. They identified that the focus of the service was the prescription of medicines and there was fragmentation of the user by specialties and services. They concluded by emphasizing the importance of professional accountability, intersectoriality, and multidisciplinary. However, it is necessary to train managers and professionals for services to adopt practices that assist people in the recovery process. One of the studies in this work highlights the importance of managers knowing about policies in mental health and another study discusses the training of nurses for work in the area of drugs.

The traditional view of mental health treatment places it with a set of techniques and methods that would lead to change without the need for users to expose their views⁽³⁾. On the other hand, in the recovery paradigm, the user should be heard in their singularities and actively participate in the construction of the therapeutic project. In this direction, one of the studies published in this work seeks to understand the motivations of the

elderly people for drug use. Among the reasons for drug use, the authors verified the search for links and to accept the changes that occurred in life. It was highlighted the importance of listening to the elderly person, knowing their singularities and needs. As mentioned earlier, recovery-oriented practices invest in training and support to the support networks. In one of the studies of this work, the authors verified that relatives of people with schizophrenia felt overwhelmed and experienced significant conflicts in daily living, needing support and guidance. The family was also highlighted in another study published here, in which the authors found that social and family support is positively related to resilience and may reduce the impact of early stress situations.

In mental health, the recovery paradigm gives centrality to the individual's quality of life, besides its symptoms and diagnosis. Recovery-oriented practices are designed to help the service user build and maintain a meaningful and satisfying life. For this, it is necessary the support of studies that support the different factors of the recovery and promote scientific base for capacities and formations in the area.

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