Développement Humain, Handicap et Changement Social
Human Development, Disability, and Social Change

Editorial

Myreille St-Onge

Volume 20, numéro 2, décembre 2012

Les conceptions du rétablissement en santé mentale : recherches identitaires, interdépendances et changements sociaux
Recovery Concepts and Models in Mental Health: Quests for Identity, Interdependences, and Social Changes

URI : https://id.erudit.org/iderudit/1086711ar
DOI : https://doi.org/10.7202/1086711ar

Aller au sommaire du numéro

Éditeur(s)

Réseau International sur le Processus de Production du Handicap

ISSN

1499-5549 (imprimé)
2562-6574 (numérique)

Découvrir la revue

Citer ce document

St-Onge, M. (2012). Editorial. *Développement Humain, Handicap et Changement Social / Human Development, Disability, and Social Change*, *20*(2), 6–7. https://doi.org/10.7202/1086711ar

Editorial

Much like the sociopolitical emancipation movement of people with disabilities, the recovery movement for people with psychiatric experience has grown in Western countries since the 1990 was decreed the decade of recovery in the United States (Anthony, 2002). Thus, a large corpus of theoretical and experiential work concerning recovery can be found. It is also a concept related to several dimensions of human life: the reduction of symptoms (psychiatric component), the motivation and desire for change and resilience (psychological component), the restoration of social roles (the social component), the recovery of the system of care (organizational component) and finally the exercise of full citizenship (socio-political aspect). There is some confusion in the literature when dealing with particular aspects of clinical, psychological and social, as there is a tendency to treat them in an interchangeable fashion. Moreover, the importance of studying the interrelationships and interinfluences of all of these components to understanding social exclusion faced by people with a mental disorder remains at the heart of our concerns. Although the concept of disability involves an indispensable consideration of these interrelationships in understanding situations of social exclusion or the reduction of individuals' rights of individuals in the human development model and the disability creation process, the idea that disability is consistently associated with the person (Fougeyrollas, 2010, p. 13) is unfortunately still prevalent is Quebec's mental health system and probably elsewhere in the world. This causes a resistance to using this model to understand the situations of exclusion experienced by people coping with the social consequences of mental disorder, such as stigma, discrimination, poverty, etc.

This special issue of *Journal of Human Development and Social Change* devoted to "notions of recovery in mental health: search for identity, interdependencies and social change" focuses specifically on the interrelationships between some of these dimensions of recovery. To promote people's socio-political participation, *Pelletier, Le Cardinal, Roelandt and Rowe* deal with the French initiative of local mental health counsels as well as forums established by citizens' in the United States and Quebec. These forums allow people directly affected by the services and their entourage to be part of the community by participating actively in research, planning and development of services. These authors place the interrelationships between psychiatric and socio-political aspects at the heart of civic recovery so as to allow people to make "the transition from social and psychological marginalization to inclusion as a full member of the collectivity" (p. 16).

Sen's capabilities approach covered by *Kim Hopper* is directly related to the concept of aptitude in Fougeyrollas' model; a concept that refers to an individual's optimum capacity to perform a physical or mental activity (Fougeyrollas, 2010, p. 157). In Sen's model, these capabilities or "skills" refer specifically to the exercise of self-determination of people who "place a strong emphasis on [people's] active social participation within a continuous cultural conversation"(Hopper, p. 26). Hopper situates the capabilities approach in a first psychotic episode so as to interrupt the disability process at the very beginning by focusing on interinfluences between external resources, internal capabilities, experience and sociocultural environment supporting the person.

In turn, *Maamari* and *Pégon* deal with a mental health system supported by Handicap International with Palestinian refugee children in Lebanon. Due to the precarious living conditions and situations of exclusion suffered by these children, it is not surprising that a significant number of them are mentally ill. However, these authors have made a contribution to the "strong solidarity [that] connects members of the Palestinian community living in the camps" (p. 44) and have focused on intra and interfamily ties to build this plan in close collaboration with community workers and families with an emphasis on exchanges in respective knowledge to promote the participation of young children in the community.

Horgan and Krupa show that the Assertive community model widely used in Canada and Quebec places more emphasis on clinical recovery than its other dimensions. Their research results indicate that although professionals associated with this practice adhere to the values of social inclusion and a social vision of recovery, everyday practice is organized around an individual and medical approach to care. Thus, those enrolled in this type of service would be more *in* the community than an integral part *of* the community.

Governments can significantly contribute to recovery in its organizational aspects by promoting the adoption of the mission and values of recovery in mental health services. The federal agency SAMHSA looked at by *del Vecchio* was created in the United States in 1992 to support recovery in programs that assist people with both mental health and substance abuse problems. In order to do this, the organization promoted the involvement of several actors around this problem in a participatory approach. These efforts have led, among other things, to a greater involvement of peer leaders offering their services in centers "by and for" focused on well-being and recovery.

Maillard addresses French policy guidelines in child psychiatry, which have undergone significant changes in recent decades under the leadership of two major reforms. In a perspective similar to that of Sen's capabilities approach, the author shows that social policies have moved from a passive to an active approach to "set aid recipients in motion, who must now be the protagonists of their own insertion". In terms of the findings that suffering adolescents will not seek help as well as the maladjustment of the "face to face traditionally favored by sciences of the psyche" (p. 94) in France, these changes have led stakeholders in psychiatry to "make do" with adolescents in their environment "rather than do nothing with adolescents." This new approach aims to "get closer to teens and their environments in order to restore movement and strengthen their capacity for action" (p. 95).

Finally, *Larivière's* article presents a comparison in terms of social participation of three groups of people with mental disorders. It has been used to measure life habits, LIFE-H conceptualized by Fougeyrollas, Noreau and colleagues. The author shows that the use of the LIFE-H in the area of mental disorders allows for the collection a wealth of information on social participation (one could say social recovery) of people with these disorders, but also on the insights that provoked the self-administration of this tool among respondents in the research.

The authors of this special issue make us aware of the challenge we face to actually work WITH the people directly affected by mental health services. Several interesting initiatives identified in these articles give us hope to believe that in the near future these people will develop a positive identity within a community that welcomes diversity. Another challenge is pooling concepts associated with the recovery paradigm. Fougeyrollas' (2010) model could be a tool of choice to achieve these goals given its conceptual ability to integrate all components of human life. It should also be adapted to include the etiology of mental disorders, and why not rename it the "model of human development and processes of social exclusion"? This would probably encourage a greater use of this model in the mental health field.

Reference

ANTHONY, W. (2002). Pour un système de santé axé sur le rétablissement. Douze points de repère pour l'organisation d'ensemble des services. *Santé mentale au Québec*, *vol. XXVII*(1), 102-113.

FOUGEYROLLAS, P. (2010). *Le funambule, le fil et la toile. Transformations réciproques du sens du handicap.* Les Presses de l'Université Laval, coll. « Sociétés, culture et santé », 315 p.

Myreille St-Onge, Ph.D.
Guest Editor
Professeure titulaire
École de service social, Université Laval