Consumer recovery: a call for partnership between researchers and consumers

SYLVESTER KATONTOKA

Mental Health Users Network of Zambia, Lusaka,
Zambia

Consumers of mental health services, especially in Africa, will agree with Belack and Drapalski that time to develop consumer recovery models backed with empirical evidence is now. Evidence on the ground reveals that recovery models have a biomedical approach of curing the disease as a primary focus and not promoting consumers' ability to stand the challenges of living with a mental health condition.

As a case, Zambia has two national recovery institutions that accommodate 160 consumers and were expected to receive central funding for operations. Alas, for many years now funding has not been allocated to these institutions, hence affecting service delivery (1). These centres have become a dumping ground for persons with mental health conditions, contributing negatively to the recovery process. This is unacceptable and a violation of the human rights of persons with mental health conditions. It is a human rights violation because it denies persons with mental health conditions an opportunity to attain and maintain maximum independence, vocational ability and full inclusion and participation in the community and in all aspects of life (2).

Recovery services must be available to persons with mental health conditions as close as possible to their own communities, including in rural areas (3). Comprehensive recovery programmes and services should be organized, strengthened and extended, based on the multidisciplinary assessment of individual

needs and strengths. It is our hope that we develop recovery models that will allow persons with mental health conditions to realize their own abilities, work productively and fruitfully and be able to contribute to their own communities (4). This includes communities who seek to provide an environment that enables persons with mental health conditions to maximize their own potential, to improve their quality of life and have the same opportunities and responsibilities as people who do not have impairments. We see recovery services as a vehicle to poverty reduction, information sharing and persons with mental health conditions taking responsibility for their own development.

In the development of recovery services, it is of paramount importance that persons with mental health conditions take part on an equal basis with others. It is therefore essential to promote actively an environment in which persons with mental health conditions can effectively and fully participate in the construction of recovery models without discrimination. Our personal experience stands to provide a strong and unshakeable influence to ensure that recovery models are evidence based. Our life experience stands ready to direct and guide the development of consumer-centred recovery models that are comprehensive.

To achieve this is a call for partnership between researchers and consumers. This call for partnership in recovery is crucial, despite not receiving the attention it deserves. Opportunities for promoting evidence based recovery models are available through the growth of networking among people active in the field

of mental health. These networks should be formed by professionals, family members and persons with mental health conditions.

Partnership is the way to go. The importance of partnership in developing evidence based recovery models is that it brings the combination of complementary skills and wider pool of knowledge. It is also cost-effective as each partner will specialize in a certain aspect of the recovery model during development. It further goes to provide the moral support that

allows for more creative brainstorming.

Therefore, there is need for researchers and consumers to invest in developing partnership, so that evidence based recovery models are constructed globe over, for the benefit of the consumers, more especially those living in low and middle income countries, because they are worst hit in terms of lacking recovery services.

References

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