

Changing The Narrative: Celebrating Recovery in Long Term Care

By Dr Dheeraj Chaudhary

In rehabilitation psychiatry, we often work with patients whose journeys are long, complex, and sometimes disheartening. Chronic illnesses, risk histories, and prolonged hospital stays can make progress feel elusive. Amidst the regular and frequent crises and challenges of our practice, quieter stories of recovery often go unnoticed—but they are vital.

Every so often, we witness progress that reminds us of the potential for meaningful recovery—even in the most complex cases. These moments matter. They challenge assumptions, motivate teams, and inspire hope in patients and families alike. Sharing such success stories has value not just clinically, but educationally and organisationally.

One case stands out for me. A man in his late 40s with chronic schizophrenia and a serious forensic history was entirely disengaged from care. He spent most of his time in bed, was in poor physical health, with poorly managed diabetes, peripheral neuropathy and at risk of bed sores on regular body mapping. He had a long history of secure hospital admissions.

Due to an extended period of behavioural stability, I recommended a step-down and he was transferred to rehabilitation unit under my care. Initially, he showed little interest in engaging with rehabilitation. I offered full flexibility with his medication times. He accepted this. Perhaps he felt empowered by this choice—perhaps it signalled a mutual trust, with the possibility of hope being instilled by the step-down process. It may have given him a renewed sense of optimism, which changed the dynamic of the situation.

Gradually, he began coming out of his room, eating in the dining hall, interacting with others, attending his ward rounds and started utilising leaves off the ward. As his engagement increased we were able to expand his graded leave.

His psychosocial health improved along with his physical health - his diabetes became more stable, and his neuropathy improved. Some residual symptoms remained, as they often do in chronic psychosis. But they no longer dominated his life. He was able to manage his own activities of daily living, engage meaningfully with staff and peers, and take more ownership of his recovery.

We supported the re-establishment of family contact and strengthened therapeutic rapport. Working with the community team we found a supported accommodation that would accept him. After a slow, carefully managed transition, he was discharged—something we did not imagine possible when he first arrived.

This story, like many others in our field, may not fit the traditional definition of a 'cure', but it represents a successful rehabilitation journey. It is one that needs to be told. I am especially proud of this patient who surmounted incredible challenges and my team, who worked very hard to support his progress.

There are undoubtedly many success stories in rehabilitation psychiatry, but we do not hear about them often enough. As psychiatrists, we can be hesitant to speak about success—perhaps because progress is often slow, nonlinear, or incomplete. But this should not stop us. These stories matter because they highlight what is possible even in the most complex and enduring cases. Many of our patients have spent years in hospital, experiencing cycles of disengagement, risk, and deterioration. When one of them regains agency, reconnects with family, and takes steps back into the community, it is a remarkable achievement—no matter how modest or gradual.

Sharing success stories helps combat therapeutic pessimism. They validate the persistent efforts of staff, inspire hope in patients and families, and provide practical insights into what actually works—whether it is flexible care planning, early family engagement, or attention to physical health. They also challenge the assumption that some patients are beyond recovery, encouraging more inclusive service development. Just as importantly, they help reduce stigma by shifting

the narrative from risk and long-term dependency toward growth, stability, and reintegration.

Not every patient journey will end in a successful discharge, but each step forward matters. Let us notice them, honour them, and let them shape the future of rehabilitation care. Sharing success is not just about feeling good—it is about learning, reflecting, and building better systems for those who need them most.

I strongly advocate for making space in our professional narratives to celebrate recovery—even partial, hard-won, and nonlinear recovery. These stories deserve to be recorded, shared, and reflected on. They remind us that our work makes a difference. Each successful transition from hospital to the community represents not just a clinical milestone, but a human achievement.

Incorporating success stories into teaching, case-based discussions, reflective practice sessions, CPD meetings, or newsletters like this one has value. It helps create a culture of learning, optimism, and shared responsibility. It is also a way of showing gratitude to our teams—who walk alongside these patients every day, often without recognition.

We not only need more successes in rehabilitation care, we also need to make it part of our regular clinical conversations.

On a personal note, I keep a 'hall of success' list on my office noticeboard which serves as a regular reminder of what is possible, and inspires me to keep aiming for more.

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