

Recovery in Mental Health January 2016

Dear Colleagues

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Journal articles

Recovery Colleges: Quality and Outcomes

Mental Health and Social Inclusion, 2015 Nov: 19(4); 212-221.

Authors: Meddings, McGregor, Roeg & Shepherd

Abstract: The purpose of this paper is to review the available evidence regarding the effectiveness and cost effectiveness of Recovery Colleges. To make suggestions for future research. Selective review of relevant published studies, including reports in the “grey” literature. Despite methodological limitations, it has been consistently found that attendance at Recovery Colleges is perceived to be useful and to help people progress towards their recovery goals. There is some evidence of reductions in service use (and therefore costs). In addition, there is evidence of beneficial effects for peer trainers and possible positive impact on staff attitudes. The existing research highlights the need for further robust studies, using both qualitative and quantitative methods, to understand better the overall impact of Recovery Colleges and the underlying mechanisms of change. There is a need for further studies of the relationship between the “key defining features” and outcomes. This means the collection and pooling of systematic, “practice-based” evidence. The introduction of an explicitly recovery educational (“learning”) model into mainstream mental health services seems to have a profound effect on reducing the power differences inherent in traditional professional/patient relationships. If this can be replicated across organisations it could facilitate the kind of fundamental cultural change necessary to give back recovery to the people who have always owned it. The information collected together in this paper is already publicly available, however it is difficult to find. The analysis and interpretation is original.

<http://www.emeraldinsight.com/doi/pdfplus/10.1108/MHSI-08-2015-0035>

Recovery as an occupational journey: A scoping review exploring the links between occupational engagement and recovery for people with enduring mental health issues.

Aust Occup Ther J. 2015 Nov 10; 378-392.

Authors: Doroud N, Fossey E, Fortune T

Abstract: Mental health recovery can be defined in variety of different ways. First person accounts of people experiencing mental health issues and qualitative studies of recovery suggest engaging in personally meaningful and socially valued occupations is important during the process of recovering. This scoping review sought to explore how occupational engagement and recovery are interrelated. Using Arksey and O'Malley's (2005) framework to guide the scoping review, searches of four electronic databases, manual citation tracking, and key authors' publications were conducted. Seventeen studies, published in the last 30 years, relevant to the topic were identified. Each was reviewed and data extracted to categorise the similarities and differences into themes. Most studies used qualitative, phenomenological and narrative research approaches. Findings across the studies indicate recovery is an ongoing occupational process that seems to involve experiences of gradual re-engagement, engaging within the stream of everyday occupational life, and full community participation. Engaging in meaningful and valued occupations appears to support recovering through fostering connectedness, hope, identity, meaning, and empowerment; establishing structured routines and assisting people in managing illness. This scoping review indicates occupational engagement is an important dimension of the recovery process: recovering is experienced through engaging in occupations, which, in turn, fosters personal recovery. Employment and volunteering have received most attention in studies of occupation and recovery. A broader view of the experiences and factors involved in the processes of 'occupational recovery' warrants further exploration to advance theory and inform recovery-oriented occupational therapy practice.

<http://onlinelibrary.wiley.com/doi/10.1111/14401630.12238abstract;jsessionid=918509B974474FC90252FACF9C91CA1F.f02t04>

A Day in the Life of a Peer Support Worker: Beginnings

Mental Health and Social Inclusion, 2015 Nov; 19(4); 169-173.

Author: Watson, E.

Abstract: Purpose – The purpose of this paper is to provide an insight into the day-to-day challenges and experiences of a peer support worker. Design/methodology/approach – A reflective account of the experience of a first meeting with a peer, offering support through a series of difficult situations. Findings – Reflections are offered on the importance of relationships and overcoming feelings of disillusionment with mental health services. Originality/value – This paper adds to the small number of accounts of the experiences of Peer Support Working in mental health services and as such is highly original.

<http://www.emeraldinsight.com/doi/abs/10.1108/MHSI-08-2015-0031>

Empirical Evidence About Recovery and Mental Health.

BMC Psychiatry. 2015;15(1):285

Authors: Slade M, Longden E

Abstract: Two discourses exist in mental health research and practice. The first focuses on the limitations associated with disability arising from mental disorder. The second focuses on the possibilities for living well with mental health problems. This article was prompted by a review to inform disability policy. We identify seven findings from this review: recovery is best judged by experts or using standardised assessment; few people with mental health problems recover; if a person no longer meets criteria for a mental illness, they are in remission; diagnosis is a robust basis for characterising groups and predicting need; treatment and other supports are important factors for improving outcome; the barriers to receiving effective treatment are availability, financing and client awareness; and the impact of mental illness, in particular schizophrenia, is entirely negative. We selectively review a wider range of evidence which challenge these findings, including the changing understanding of recovery, national mental health policies, systematic review methodology and uncertainty, epidemiological evidence about recovery rates, reasoning biased due to assumptions about mental illness being an illness like any other, the contested nature of schizophrenia, the social construction of diagnoses, alternative explanations for psychosis experiences including the role of trauma, diagnostic over-shadowing, stigma, the technological paradigm, the treatment gap, social determinants of mental ill-health, the prevalence of voice-hearing in the general population, and the sometimes positive impact of psychosis experience in relation to perspective and purpose. We propose an alternative seven messages which are both empirically defensible and more helpful to mental health stakeholders: Recovery is best judged by the person living with the experience; Many people with mental health problems recover; If a person no longer meets criteria for a mental illness, they are not ill; Diagnosis is not a robust foundation; Treatment is one route among many to recovery; Some people choose not to use mental health services; and the impact of mental health problems is mixed.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4647297/>

From Recovery Programs to Recovery-Oriented Practice? A Qualitative Study of Mental Health Professionals' Experiences When Facilitating a Recovery-Oriented Rehabilitation Program.

Arch Psychiatr Nurs. 2015 Dec;29(6):419-425

Authors: Dalum HS, Pedersen IK, Cunningham H, Eplov LF

Abstract: The recovery model has influenced mental health services and fostered new standards for best practice. However, knowledge about how mental health care professionals (HCPs) experience recovery-oriented programs is sparse. This paper explores HCPs' experiences when facilitating a recovery-oriented rehabilitation program. The research question is how do HCPs experience a change in their attitude and practice when applying recovery-oriented programs? This paper draws on semi-structured in-depth qualitative interviews conducted with 16 HCPs experienced in facilitating a recovery-oriented rehabilitation program in either the USA or Denmark. Three themes emerged from the HCPs' reflections on changes in attitudes and practices: "Hopeful Attitude" captures a change in the HCPs' attitude toward a more positive view on the future for clients' living with mental illness; "A New Focus in the Dialogue With Clients" thematizes how the HCPs focus more on the individual's own goal for recovery rather than disease-induced goals in the dialog with clients; "A Person-Centered Role" comprises a shift in the professional role whereby the HCPs value the client's own ideas in addition to the professional's standards. This study supports the theory of the recovery model by its empirical findings and indications that when facilitating a recovery-oriented program, HCPs experience recovery-oriented changes in their attitude toward life with mental illness, and it alters their professional practice toward a stronger focus on client's own goals during treatment. More studies are needed to further clarify how changes in HCPs' attitudes translate into changes in mental health practices.

[http://www.psychiatricnursing.org/article/S0883-9417\(15\)00135-1/pdf](http://www.psychiatricnursing.org/article/S0883-9417(15)00135-1/pdf)

Does Employment Promote Recovery? Meanings from Work Experience in People Diagnosed with Serious Mental Illness.

Cult Med Psychiatry. 2015 Nov 18. Authors: Saavedra J, López M, González S, Cubero R

Abstract: Employment has been highlighted as a determinant of health and as an essential milestone in the recovery process of people with serious mental illness. Different types of programs and public services have been designed to improve the employability of this population. However, there has not been much interest in the meanings attributed to these experiences and the negative aspects of work experience. In this research, we explored the meanings that participants attributed to their work experience and the impact of work on their recovery process. Research participants lived in Andalusia (Spain), a region in southern Europe with a high unemployment rate. Two versions of a semi-structured interview were designed: one for people who were working, and one for unemployed people. Participants' narratives were categorized according to grounded theory and the analyses were validated in group sessions. Apart from several positive effects for recovery, the analysis of the narratives about work experience outlined certain obstacles to recovery. For example, participants mentioned personal conflicts and stress, job insecurity and meaningless jobs. While valid, the idea that employment is beneficial for recovery must be qualified by the personal meanings attributed to these experiences, and the specific cultural and economic factors of each context.

<http://link.springer.com/article/10.1007%2Fs11013-015-9481-4>

Sharing Experience Learned First hand (SELF): Self-Disclosure of Lived Experience in Mental Health Services and Supports.

Psychiatric Rehabilitation Journal. 2015, Dec.

Authors: Marino CK, Child B, Campbell Krasinski V.

Abstract: Self-disclosure of lived experiences with mental health challenges is a central method for challenging stigma and promoting empowerment. Individuals are encouraged to share their stories yet little is known about the process of self-disclosure in this context. This article presents the results of an investigation of the role of lived experience in professional training and work. Method: A mixed methods design was used in a sequential exploratory manner. A purposive sample of 35 individuals participated in interviews and focus groups. Based on their reports and a literature review, an anonymous online survey (N = 117) was developed and distributed through consumer networks and the SAMHSA funded Consumer Technical Assistance Centers. The qualitative data was subjected to thematic analysis. The survey data were statistically analyzed for differences in levels of disclosure and factors regarding risks, benefits, and guidance regarding self-disclosure. Results: Participants valued their lived experience as a resource through which they could assist others and service delivery. Lived experience was foundational to building relationships with individuals in recovery. Disclosure was dependent on social context and perceptions of safety. Individuals expressed concerns regarding exclusion and discrimination. Conclusions and Implications for Practice: Project participants maintained that their lived experience was their greatest strengths in helping others. At the same time, decisions about disclosure were made in complex social contexts featuring power differentials. Sharing lived experience is essential to peer-delivered services and further exploration is needed to support service development.

Longitudinal Predictors of Subjective Recovery in Psychosis.

Br J Psychiatry. 2015 Nov 19; **208** (1)

Authors: Law H, Shryane N, Bentall RP, Morrison AP

Abstract: Research has highlighted the importance of recovery as defined by the service user, and suggests a link to negative emotion, although little is known about the role of negative emotion in predicting subjective recovery. Aims To investigate longitudinal predictors of variability in recovery scores with a focus on the role of negative emotion. Method Participants (n = 110) with experience of psychosis completed measures of psychiatric symptoms, social functioning, subjective recovery, depression, hopelessness and self-esteem at baseline and 6 months later. Path analysis was used to examine predictive factors for recovery and negative emotion. Results Subjective recovery scores were predicted by negative emotion, positive self-esteem and hopelessness, and to a lesser extent by symptoms and functioning. Current recovery score was not predicted by past recovery score after accounting for past symptoms, current hopelessness and current positive self-esteem. Conclusions Psychosocial factors and negative emotion appear to be the strongest longitudinal predictors of variation in subjective recovery, rather than psychiatric symptoms.

<http://bjp.rcpsych.org/content/early/2015/11/05/bjp.bp.114.158428.long>

A Mixed-Methods Study of the Recovery Concept, "A Meaningful Day," in Community Mental Health Services for Individuals with Serious Mental Illnesses.

Community Ment Health J. 2015 Dec 9;

Authors: Myers NA, Smith K, Pope A, Alolayan Y, Broussard B, Haynes N, Compton MT

Abstract: The recovery concept encompasses overcoming or managing one's illness, being physically and emotionally healthy, and finding meaningful purpose through work, school, or volunteering, which connects one to others in mutually fulfilling ways. Using a mixed-methods approach, we studied the emphasis on "a meaningful day" in the new Opening Doors to Recovery (ODR) program in southeast Georgia. Among 100 participants, we measured the meaningful day construct using three quantitative items at baseline (hospital discharge) and at 4-, 8-, and 12-month follow-up, finding statistically significant linear trends over time for all three measures. Complementary qualitative interviews with 30 individuals (ODR participants, family members, and ODR's Community Navigation Specialists and program leaders) revealed themes pertaining to companionship, productivity, achieving stability, and autonomy, as well as the concern about insufficient resources. The concept of "a meaningful day" can be a focus of clinical attention and measured as a person-centred outcome for clients served by recovery-oriented community mental health services.

<http://link.springer.com/article/10.1007%2Fs10597-015-9971-4>

Recovery from First-Episode Psychosis and Recovering Self: A Qualitative Study.

Psychiatric Rehabilitation Journal, 2015 Dec; 359-364.

Authors: Connell, M., Schweitzer, R., King, R.

Abstract: The objective of this study was to explore the subjective factors associated with the experience of first-episode psychosis (FEP) and the very first stages of recovery to develop our understanding of this process and improve treatment outcomes. Method: Interpretive Phenomenological Analysis was used to explore the experiences of 20 young people who had recently experienced FEP. Results: Two broad superordinate themes captured essential thematic trends in the data: experiences of self-estrangement and self-consolidation. The concept of dialogical self was used to understand the effect of psychosis on self and the process of resuming familiar social positions to facilitate recovery. The concept of making meaning after traumatic events was also applied to the narratives of personal growth that participants formed. Those who reported subjective improvements in recovery were more likely to have developed a meaningful interpretation of their psychosis, strengthened relationships with others, and forged a stronger sense of self. Conclusions and Implications for Practice: The experience of self-consolidation was strongly associated with the person's resumption of familiar social roles and their ability to make meaning from their experience in a way that promoted personal growth. Although these processes are known to be part of personal recovery, this study highlights their importance in the very early stages of recovery immediately after the experience of FEP.