Recovery in Mental Health July 2015

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News items, books, reports

The route to employment : the role of mental health recovery colleges / Holly Taggart & James Kempton (2015) - book

HR must encourage open and honest dialogue about mental health
The impact of *mental health* on the *UK* is startling. ... his illness, supported him in his *recovery*, and ensured his successful return to work.
http://bit.ly/1fhzEFs

Journal articles

Recovery model of mental illness: a complementary approach to psychiatric care.
Indian J Psychol Med. 2015 Apr-Jun;37(2):117-9
Authors: Jacob KS

The feasibility of implementing recovery, psychosocial and pharmacological interventions for psychosis: comparison study.
Implement Sci. 2015 May 23;10(1):73
Authors: van der Krieke L, Bird V, Leamy M, Bacon F, Dunn R, Pesola F, Janosik M, Le Boutillier C, Williams J, Slade
BACKGROUND: Clinical guidelines for the treatment of people experiencing psychosis have existed for over a decade, but implementation of recommended interventions is limited. Identifying influences on implementation may help to reduce this translational gap. The Structured Assessment of Feasibility (SAFE) measure is a standardised assessment of implementation blocks and enablers. The aim of this study was to characterise and compare the implementation blocks and enablers for recommended psychosis interventions.
METHODS: SAFE was used to evaluate and compare three groups of interventions recommended in the 2014 NICE psychosis guideline: pharmacological (43 trials testing 5 interventions), psychosocial (65 trials testing 5 interventions), and recovery (19 trials testing 5 interventions). The 127 trial reports rated with SAFE were supplemented by published intervention manuals, research protocols, trial registrations and design papers. Differences in the number of blocks and enablers across the three interventions were tested statistically, and feasibility profiles were generated.
RESULTS: There was no difference between psychosocial and recovery interventions in the number of blocks or enablers to implementation. Pharmacological interventions (a) had fewer blocks than both psychosocial interventions ($\chi(2)(3) = 133.77$, $p < 0.001$) and recovery interventions ($\chi(2)(3) = 104.67$, $p < 0.001$) and (b) did not differ in number of enablers from recovery interventions ($\chi(2)(3) = 0.74$, $p = 0.863$) but had fewer enablers than psychosocial interventions ($\chi(2)(3) = 28.92$, $p < 0.001$). Potential adverse events associated with the intervention tend to be a block for pharmacological interventions, whereas complexity of the intervention was the most consistent block for recovery and psychosocial interventions.
CONCLUSIONS: Feasibility profiles show that pharmacological interventions are relatively easy to implement but can sometimes involve risks. Psychosocial and recovery interventions are relatively complex but tend to be more flexible and more often manualised. SAFE ratings can contribute to tackling the current implementation challenges in mental health services, by providing a reporting guideline structure for researchers to maximise the potential for implementation and by informing prioritisation decisions by clinical guideline developers and service managers.
http://1.usa.gov/1Gvd1Dj

Exploring the compatibility of mental health nursing, recovery-focused practice and the welfare state.
J Psychiatr Ment Health Nurs. 2015 Jun;22(5):337-43
Authors: Conlon MM, Bush CJ, Ariyaratnam MI, Brennan GK, Owtram R
ACCESSIBLE SUMMARY: Mental health nurses are expected to adhere to a range of professional values. The values of social integration that mental health nurses practise are somewhat at odds with the values of the British welfare state. Alternative systems of welfare support are demonstrated in other countries. Mental health nurses must consider models of practice, such as that described by Clifton et al. (2013b), to manage the disconnection between what is expected and what can be achieved.
ABSTRACT: This discussion paper considers the implications for mental health nursing practice when working alongside individuals in receipt of state benefits. There is arguably a profound impact on an individual's recovery from mental ill health when that individual is also dependent on financial support from the government. Access to welfare benefits can have a significant impact on the recovery journey of that individual. This discussion paper will consider the practice implications for mental health nurses whose professional values include maxims such as 'challenging inequality' and 'respecting diversity', and will seek to examine the implications for practice when such values are divergent from those demonstrated in government policy. The paper will make comparisons with international welfare systems to demonstrate the way in which alternative configurations of state welfare can promote a system of social justice that is in greater equilibrium with the professional values of mental health nurses. Finally, the discussion will focus on the options for mental health nurses to either subscribe to government policy or to find compromise solutions that enable attention to remain focused and active on a strong value base of social justice and recovery-focused practice.
http://1.usa.gov/1MjWPwT

Establishing a Recovery Orientation in Mental Health Services: Evaluating the Recovery Self-Assessment (RSA) in a Swedish Context.
Psychiatr Rehabil J. 2015 Jun 8;
Authors: Rosenberg D, Svedberg P, Schön UK
OBJECTIVE: Although there has been an emphasis on developing knowledge regarding recovery in Sweden, it is unclear to what extent this has been translated into a recovery orientation in the provision of mental health services. Instruments, which present the components of recovery as measurable dimensions of change, may provide a framework for program development. Involving users is an essential factor in the utilization of such tools. The purpose of this study was to evaluate the psychometric properties of the Recovery Self-Assessment (RSA) measure and its potential for being utilized in a Swedish context.
METHODS: The sample consisted of 78 participants from 6 community mental health services targeting people with serious mental illnesses in a municipality in Sweden. They completed the RSA at the study baseline and two weeks later. User panels participated in the translation and administration of the RSA and the reporting of results.
RESULTS: The Swedish version of the RSA had good face and content validity, satisfactory internal consistency, and a moderate to good level of stability in test-retest reliability. The user panels contributed to establishing validity and as collaborators in the study.
http://1.usa.gov/1fhzuhj

Self-Initiated Helping Behaviors and Recovery in Severe Mental Illness: Implications for Work, Volunteerism, and Peer Support.

Psychiatr Rehabil J. 2015 Jun 8;

Authors: Firmin RL, Luther L, Lysaker PH, Salyers MP

OBJECTIVE: Despite recent interest in peer support workers in recovery-oriented services, little is known about how helping behaviors may affect recovery from severe mental illness outside of formal peer support roles. The current study is a mixed-methods approach to understanding naturalistic helping behaviors and their relationship with recovery outcomes among persons with serious mental illness.

METHODS: Forty-six participants with schizophrenia-spectrum disorders completed a narrative interview and standardized measures of recovery, symptoms, hope, patient activation, quality of life, medication adherence, insight, and illness management. Interviews were coded using emergent, thematic analysis. The study compared individuals who (unprompted) mentioned helping behaviors in their interview to those who did not on recovery-related outcomes.

RESULTS: Sixteen participant narratives (35%) described self-initiated helping behaviors. Themes included a desire to tell others their story, teach others recovery-promoting skills, become a peer support worker, give back to society, and be more active family members. Those who discussed helping others in narrative interviews scored significantly higher on measures of recovery, illness management, patient activation, hope, quality of life, medication adherence, and insight and scored significantly lower on measures of overall symptoms, as well as negative, positive, and cognitive symptoms, than did those who did not discuss helping behaviors. The groups did not differ on hostility or emotional discomfort symptoms.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: Findings indicate associations between helping others and improved scores on measures of recovery outcomes. Potential implications include focusing on meaningful work/volunteerism and expanding roles for peer support in recovery-oriented services.

http://1.usa.gov/1Jbgkpk

Staff understanding of recovery-orientated mental health practice: a systematic review and narrative synthesis.

Implement Sci. 2015 Jun 10;10(1):87

Authors: Le Boutillier C, Chevalier A, Lawrence V, Leamy M, Bird VJ, Macpherson R, Williams J, Slade M

BACKGROUND: Mental health policy is for staff to transform their practice towards a recovery orientation. Staff understanding of recovery-orientated practice will influence the implementation of this policy. The aim of this study was to conduct a systematic review and narrative synthesis of empirical studies identifying clinician and manager conceptualisations of recovery-orientated practice.

METHODS: A systematic review of empirical primary research was conducted. Data sources were online databases (n = 8), journal table of contents (n = 5), internet, expert consultation (n = 13), reference lists of included studies and references to included studies. Narrative synthesis was used to integrate the findings.

RESULTS: A total of 10,125 studies were screened, 245 full papers were retrieved, and 22 were included (participants, n = 1163). The following three conceptualisations of recovery-orientated practice were identified: clinical recovery, personal recovery and service-defined recovery. Service-defined recovery is a new conceptualisation which translates recovery into practice according to the goals and financial needs of the organisation.

http://1.usa.gov/1MjXP49

The Recovery-Oriented Care Collaborative: A Practice-Based Research Network to Improve Care for People With Serious Mental Illnesses.

Psychiatr Serv. 2015 Jul 1;:appips201500076

Authors: Kelly EL, Kiger H, Gaba R, Pancake L, Pilon D, Murch L, Knox L, Meyer M, Brekke JS

Practice-based research networks (PBRNs) create continuous collaborations among academic researchers and practitioners. Most PBRNs have operated in primary care, and less than 5% of federally registered PBRNs include mental health practitioners. In 2012 the first PBRN in the nation focused on individuals with serious mental illnesses-the Recovery-Oriented Care Collaborative-was established in Los Angeles. This column describes the development of this innovative PBRN through four phases: building an infrastructure, developing a research study, executing the study, and consolidating the PBRN. Key lessons learned are also described, such as the importance of actively engaging direct service providers and clients.

http://1.usa.gov/1OrbFQn

Two Birds, One Stone: Unintended Consequences and a Potential Solution for Problems With Recovery in Mental Health.

Psychiatr Serv. 2015 Jul 1;:appips201400518

Authors: Hunt MG, Resnick SG

Recovery began as a social justice movement. In more recent years, professionals have joined the movement, unintentionally co-opting and mainstreaming the more radical goals of these earlier activist consumer movements. The goals of the patient-centered care movement in general medical care are similar to those of "professional recovery." If mental health professionals instead adopted the language and goals of patient-centered care as a first step toward joining the two movements, the recovery movement could reclaim its social justice roots, and progress would be made toward reducing the duality between physical and mental health care systems. Professionals should return the recovery movement to those with lived experience, adopt the unified language of patient-centered care, and align professional transformation efforts under one holistic movement.

http://1.usa.gov/1Dq2M3d

Study protocol: cross-national comparative case study of recovery-focused mental health care planning and coordination (COCAPP).

BMC Psychiatry. 2015;15(1):145

Authors: Simpson A, Hannigan B, Coffey M, Jones A, Barlow S, Cohen R, Všetečková J, Faulkner A, Haddad M

BACKGROUND: The collaborative care planning study (COCAPP) is a cross-national comparative study of care planning and coordination in community mental healthcare settings. METHODS/DESIGN: COCAPP will employ a concurrent transformative mixed methods approach with embedded case studies. Phase 1 (Macro-level) will consider the national context through a meta-narrative mapping (MNM) review of national policies and the relevant research literature. Phase 2 (Meso-level and Micro-level) will include in-depth micro-level case studies of everyday 'frontline' practice and experience with detailed qualitative data from interviews and reviews of individual care plans. This will be nested within larger meso-level survey datasets, senior-level interviews and policy reviews in order to provide potential explanations and understanding.

http://1.usa.gov/1RJ0WpP

Concept analysis of recovery in mental illness in young adulthood.

J Psychiatr Ment Health Nurs. 2015 Jul 7;

Authors: McCauley CO, McKenna HP, Keeney S, McLaughlin DF

ACCESSIBLE SUMMARY: The analysis of the concept of mental health recovery in young adulthood uses Rodger's (2000) evolutionary method. This concept analysis suggests that in some contexts the word 'recovery' does not reflect the conceptual components identified in this paper and reveals a disparity between professional and personal interpretations of mental health recovery. A new conceptual definition of mental health recovery in young adulthood is presented. Conceptual clarity will facilitate the congruence of mental health recovery and nursing practice with the process of recovery experienced by young adult service users.

ABSTRACT: Recovery, as a concept, emerged as a core philosophy of the service user movement that began in the late 1960s and 1970s. Previous reviews on recovery in mental health have presented definitions or a conceptual framework; however, over time it has been open to disparate interpretations. The aim of this paper was to conduct the first concept analysis of mental health recovery in young adulthood within various multidisciplinary contexts. Rodgers's (2000) six-stepped evolutionary method enabled the analysis of recovery's conceptual characteristics, the identification of an exemplar and the proposition of a hypothesis with implications for practice. This analysis has revealed the derivation of the term recovery does not convey its identified conceptual characteristics. Identified attributes include the reawakening of hope, reclaiming a positive self and meaning through personal growth. Antecedents include the disruption of illness, stigmatization, internal inventory and contemplative recovery. Identified consequences include the return to normality, reconstruction of self and active social connection. The new conceptual definition is the reawakening of hope and rediscovery of a positive sense of self through finding meaning and purpose within personal growth and connection using creative self-care coping strategies. This paper reveals an apparent disparity between professional and personal interpretations of recovery. Therefore, the implication for mental health nursing is the congruence of recovery-orientated practice with the process of recovery experienced by young adult service users.

http://1.usa.gov/1GvfRrT

Recovery-based services in a psychiatric intensive care unit - the consumer perspective.

Australas Psychiatry. 2015 Jul 6;

Authors: Ash D, Suetani S, Nair J, Halpin M

OBJECTIVE: To describe the implementation of recovery-based practice into a psychiatric intensive care unit, and report change in seclusion rates over the period when these changes were introduced (2011-2013).

METHOD: Recovery-based practices including collaborative care, safety care plans, a comfort room, and debriefing after coercive interventions were introduced. A carer consultant was employed. A restraint and seclusion review committee, chaired by a peer worker, was established. A consumer exit interview was introduced and these data were collected, reviewed by staff and the peer worker and used to improve the ward environment. RESULTS: Consumer feedback indicated that positive aspects of the psychiatric intensive care unit included approachable, helpful staff and completion of a safety care plan. Negative aspects included lack of involvement in decisions about admission and about medications, the non-smoking policy, and being placed in seclusion or restraint. There was a significant reduction in the number of consumers secluded and the total number of seclusions.

http://1.usa.gov/1RJ1lsf

Mental Health Recovery in the Patient-Centered Medical Home.

Am J Public Health. 2015 Jul 16;:e1-e9

Authors: Sklar M, Aarons GA, O'Connell M, Davidson L, Groessl EJ

OBJECTIVES: We examined the impact of transitioning clients from a mental health clinic to a patient-centered medical home (PCMH) on mental health recovery.

METHODS: We drew data from a large US County Behavioral Health Services administrative data set. We used propensity score analysis and multilevel modeling to assess the impact of the PCMH on mental health recovery by comparing PCMH participants (n = 215) to clients receiving service as usual (SAU; n = 22 394) from 2011 to 2013 in San Diego County, California. We repeatedly assessed mental health recovery over time (days since baseline assessment range = 0 -1639; mean = 186) with the Illness Management and Recovery (IMR) scale and Recovery Markers Questionnaire.

RESULTS: For total IMR (log-likelihood ratio $\chi(2)[1] = 4696.97$; $P < .001$) and IMR Factor 2 Management scores (log-likelihood ratio $\chi(2)[1] = 7.9$; $P = .005$), increases in mental health recovery over time were greater for PCMH than SAU participants. Increases on all other measures over time were similar for PCMH and SAU participants.

CONCLUSIONS: Greater increases in mental health recovery over time can be expected when patients with severe mental illness are provided treatment through the PCMH. Evaluative efforts should be taken to inform more widespread adoption of the PCMH

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