

Recovery in Mental Health October 2014

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marzena.szczepanska@southernhealth.nhs.uk

News items, books, reports

[Peterborough United help launch new football scheme for people with mental health issues](#)

Peterborough Telegraph

The 10-week project, which is being co-ordinated by CPFT's **Recovery ... Recovery** College East which helps people with **mental health** conditions.

<http://bit.ly/1yatHhw>

[WRAP for Life Included in National Registry Listing for Evidence Based Programs and Practices](#)

Wellness Recovery Action Plan - Mary Ellen Copeland

Recovery Resources ... I am thrilled to announce that the federal Substance Abuse and **Mental Health** Services National Registry for Evidence-based ...

<http://www.mentalhealthrecovery.com/recovery-resources/articles.php?id=116>

Journal articles

Mental health recovery: Lived experience of consumers, carers and nurses.

Contemp Nurse. 2014 Sep 6;;4588-4613

Authors: Jacob S, Munro I, Taylor BJ

Abstract Background Mental health recovery is a prominent topic of discussion in the global mental health settings. The concept of mental health recovery brought about a major shift in the traditional philosophical views of many mental health systems. **Aim** The purpose of this article is to outline the results of a qualitative study on mental health recovery, which involved mental health consumers, carers and mental health nurses from an Area Mental Health Service in Victoria, Australia. This paper is part one of the results that explored the meaning of recovery. **Methods** The study used van Manen's hermeneutic phenomenology to analyse the data. **Findings** Themes suggested that the cohort had varying views on recovery that were similar and dissimilar. The similar views were categorised under two processes involving the self, an internal process and an external process. These two processes involved reclaiming various aspects of one-self, living life, cure or absence of symptoms and contribution to community. The dissimilar views involved returning to pre-illness state and recovery was impossible. **Conclusion** This study highlights the need for placing importance to the person's sense of self in the recovery process.

<http://www.ncbi.nlm.nih.gov/pubmed/25196697>

Transforming mental health services: a participatory mixed methods study to promote and evaluate the implementation of recovery-oriented services.

Implement Sci. 2014 Sep 10;9(1):119

Authors: Park MM, Zafran H, Stewart J, Salsberg J, Ells C, Rouleau S, Estein O, Valente TW

Background Since 2007, the Mental Health Commission of Canada has worked collaboratively across all provinces to publish a framework and strategy for recovery and well-being. This federal document is now mandated as policy for implementation between 2012 and 2017. The proposed strategies have been written into provincial health plans, hospital accreditation standards, and annual objectives of psychiatric departments and community organizations. The core premise is: to empower persons with mental illness and their families to become participants in designing their own care, while meeting the needs of a diverse Canadian population. However, recovery principles do not come with an implementation guide to fit the variability of different local contexts. How can policy recommendations and accreditation standards be effectively tailored to support a diversity of stakeholder values? To our knowledge, there is little evidence indicating the most effective manner to accelerate the uptake of recovery-oriented services among providers in a given/particular mental health treatment setting. **Methods/Design** This three-year Canadian Institute of Health Research Partnership in Health System Improvement and The Rx&D Health Research Foundation (HRF) Fostering Canadian Innovation in Research study (2013 to 2017) proposed participatory approaches to implementing recovery principles in a department of psychiatry serving a highly diverse Canadian and immigrant population. This project will be conducted in overlapping and recursive phases: I) Conduct formative research to (a) measure the current knowledge and attitudes toward recovery and recovery-oriented practices among service providers, while concurrently (b) exploring the experiential knowledge of recovery of service-users and family members; II) Collaborate with service-users and the network-identified opinion leaders among providers to tailor Recovery-in-Action Initiatives to fit the needs and resources of a Department of Psychiatry; and III) Conduct a systematic theory-based evaluation of changes in attitudes and practices within the service-user/service-provider partnership group relative to the overall provider network of the department

Do the everyday experiences of people with severe mental illness who are "hard to engage" reflect a journey of personal recovery?

J Ment Health. 2014 Oct;23(5):241-5

Authors: Milbourn BT, McNamara BA, Buchanan AJ

UNLABELLED: Abstract Background: Recovery experiences should bring hope, identity, meaning and personal responsibility to the lives of people experiencing severe mental illness (SMI).

AIMS: To describe the recovery experiences of individuals experiencing SMI who are labelled "hard to engage" and who receive mental health assertive community treatment (ACT).

METHODS: A qualitative approach was used to gather descriptive data from 11 adults diagnosed with SMI who live in the community. Data were gathered over 12 months through one-to-one meetings using field notes and audio recordings.

RESULTS: Longitudinal findings provided insight into the everyday experiences and include the themes of: personal understandings of recovery, potential for agency and everyday routine.

CONCLUSIONS: Opportunities for recovery experiences that hold purpose and meaning are limited for individuals receiving ACT and do not reflect definitions of personal recovery within contemporary literature. Further debate is required to address the gap between theory and the reality of recovery experiences.

<http://www.ncbi.nlm.nih.gov/pubmed/25222366>

Investigating the anatomy of the helping relationship in the context of psychiatric rehabilitation: The relation between working alliance, providers' recovery competencies and personal recovery.

Psychiatry Res. 2014 Aug 13;

Authors: Moran G, Mashlach-Eizenberg M, Roe D, Berman Y, Shalev A, Kaplan Z, Garber Epstein P

Professional helping relationships established with mental health consumers are vital in mental health recovery processes. However, little is known about how the constructs of alliance building and providers' recovery promoting strategies relate to each other and play a role in supporting recovery. To this end, we examined associations between consumer-reported working alliance, perceived providers' recovery competencies, and personal recovery. In a cross-sectional study design, 72 mental health consumers who established relationships with providers through a psycho-educational intervention over a period of 10 months in hourly weekly sessions were examined as part of a larger study conducted in mental health community settings in Israel. Participants filled in the Working Alliance Inventory (Tracey and Kokotovic, 1989), the Recovery Promoting Relationships Scale (Ruscinova et al., 2013), and Recovery Assessment Scale (Corrigan et al., 2004). Pearson correlations and linear regression analysis showed positive correlations between relational variables and recovery. A mediating model was identified whereby providers' recovery strategies positively impact the working alliance, which, in turn, positively impact consumers' recovery. Implications of the current study for future research and clinical practice are discussed, emphasizing the importance of examining recovery strategies and the working alliance with regard to the process of mental health recovery.

<http://www.ncbi.nlm.nih.gov/pubmed/25219616>

LIABILITY FOR PSYCHOLOGICAL AND PSYCHIATRIC HARM: THE ROAD TO RECOVERY.

Med Law Rev. 2014 Sep 14;

Authors: Ahuja J

This article examines the judicial approach to emotional harm claims from a medical perspective. Legal rules in this area are already recognised as being illogical and incoherent. Psychological and psychiatric research illustrate that they also conflict with empirical findings. By basing claims on erroneous criteria, courts may deny liability in meritorious cases, and impose liability in possibly less deserving claims. This not only brings the law into disrepute, but also reinforces the stigma that surrounds mental illness, and does disservice to an already misunderstood and vulnerable section of people in society. The article examines the evidence for the threshold requirement that distress must qualify for a psychiatric diagnosis to be actionable, and for the Alcock secondary victim criteria. It contends that these legal rules are based in misconceptions about mental illness and trauma, and suggests an alternative approach that is more principled, yet also addresses policy concerns about excessive liability.

<http://www.ncbi.nlm.nih.gov/pubmed/25223239>

Patients' subjective perspective on recovery orientation on an acute psychiatric unit.

Nord J Psychiatry. 2014 Sep 22;;1-8

Authors: Jaeger M, Konrad A, Rueegg S, Rabenschlag F

Background: Evaluations of the recovery orientation of mental health services have focused on outpatient and rehabilitative rather than acute inpatient facilities. Aim: This naturalistic observational study seeks to evaluate the subjective perspective and functional outcome of inpatients before and after structural alterations. The changes made were the introduction of treatment conferences and conjoint treatment planning, reduction of the total time spent on reports about patients (in their absence), and recovery-oriented staff training on an acute psychiatric unit of the University Hospital of Psychiatry, Zurich, Switzerland. Methods: During 1 year (2011/2012) eligible patients on the study unit were interviewed on a voluntary basis using established instruments to assess several recovery-relevant aspects. Two different samples (before and after the project; n = 34 and n = 29) were compared with regard to subjective parameters (e.g. patients' attitudes toward recovery, quality of life, perceived coercion, treatment satisfaction, and hope), clinical and socio-demographic basic data, as well as the functional outcome according to the Health of the Nation Outcome Scales (HoNOS). Results: Some patient attitudes towards recovery and their self-assessment of the recovery process improved during the study. Other subjective parameters remained stable between samples. Functional outcome was better in subjects who were treated after the implementation of the new concept. The length of stay remained unchanged. Conclusions: The implementation of recovery-oriented structures and providing the necessary theoretical underpinning on an acute psychiatric unit is feasible and can have an impact on attitudes and knowledge of personal recovery.

<http://www.ncbi.nlm.nih.gov/pubmed/25241849>

A lifetime of recovery: spirituality groups on an acute inpatient psychiatry unit.

J Pastoral Care Counsel. 2014 Mar-Jun;68(1-2):3

Authors: Gangi L

Spirituality groups provide an environment in which persons experiencing acute stages of mental illness can find healing. Focused spiritual care is an important aspect in the recovery model of mental health care, by addressing the needs of the whole person rather than simply treating an illness. Spirituality groups provide a non-judgmental setting in which patients can discover and experience three elements for recovery: acknowledgement, meaning, and coping skills. This article briefly describes a recovery model for psychiatric care and the acute care environment identifying how the three key modular elements are facilitated within the dynamics of a group. Structured experiences and treatments are particularly important during acute stages of mental illness. This model provides a structured intervention detailed for an acute inpatient psychiatric spirituality group.

Enhancing and Promoting Recovery In Attentionally Impaired People Diagnosed With Schizophrenia: Results From A Randomized Controlled Trial Of Attention Shaping In A Partial Hospital Program.

Am J Psychiatr Rehabil. 2014;17(3):272-305

Authors: Silverstein SM, Roché MW, Khan Z, Carson SJ, Malinovsky I, Newbill WA, Menditto AA, Wilkniss SM

The attentional impairments associated with schizophrenia are well-documented and profound. Psychopharmacological and most psychosocial interventions have been shown to have limited effect in improving attentional capacity. That said, one form of psychosocial treatment, attention shaping procedures (ASP), has been repeatedly demonstrated to produce significant and meaningful change in various aspects of participant attentiveness behaviors. To date, studies of ASP have been limited in that they have been conducted primarily with inpatients, have not assessed the generalizability of ASP's effects, and have not explored whether reinforcement is required to be contingent on performance of attentive behaviors. To address these limitations we conducted the first randomized clinical trial of ASP with people diagnosed with schizophrenia who are being treated in a partial hospital program. Our results indicate that ASP is effective in improving attention in people with schizophrenia in these types of programs, the effects of ASP generalize outside of the immediate treatment context to both other treatment groups and real world functioning, and contingent reinforcement is a critical ingredient of ASP. This project provides further evidence for the benefits of use of ASP in the recovery-oriented treatment of people diagnosed with schizophrenia who have significant attentional impairments.

<http://www.ncbi.nlm.nih.gov/pubmed/25264432>

Recovery-Oriented Care in Older-Adult Acute Inpatient Mental Health Settings in Australia: An Exploratory Study.

J Am Geriatr Soc. 2014 Sep 29;

Authors: McKenna B, Furness T, Dhital D, Ireland S

Recovery-oriented care acknowledges the unique journey that consumers lead with the aim of regaining control of their lives in order to live a good life. Recovery has become a dominant policy-directed model of many mental health care organizations, but in older-adult acute mental health inpatient settings, nurses do not have a clear description of how to be recovery-oriented. The aims of this study were to determine the extent to which elements of existing nursing practice resemble the domains of recovery-oriented care and provide a baseline understanding of practice in preparation for transformation to recovery-oriented mental health care provision. An exploratory, qualitative research design was used to meet the research aims. A purposive sample of mental health nurses (N = 12) participated in focus groups in three

Harnessing mobile health technology to digitally engage mental health consumers in recovery.

J Am Psychiatr Nurses Assoc. 2014 Sep;20(5):345-6

Authors: Garcia EJ, Repique RJ

<http://jap.sagepub.com/content/20/5/345.extract>

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

Mental Health and Social Inclusion, Volume 18, Issue 4, October 2014.

Purpose The purpose of this paper is to provide an insight into a day in the life of a peer support worker. **Design/methodology/approach** Narrative account and analysis of the boundary challenges and 'boundary issues' raised by work with a client. **Findings** Reflective account, no findings presented. **Originality/value** An original viewpoint on the challenges and 'boundary issues' raised in the work of a peer support worker.

<http://www.emeraldinsight.com/doi/abs/10.1108/MHSI-08-2014-0030>

The Development of Recovery Based Nursing in a High-Security Hospital: Nurturance and Safe Spaces in a Dangerous World?

Mental Health and Social Inclusion, Volume 18, Issue 4, October 2014.

Purpose This article derives from an on-going, innovative, project to explore the concept, and application, of 'recovery' in the care and clinical management of patients detained in one U.K. high-security hospital. **Design/methodology/approach** Utilising a qualitative, action research, methodology the aim was to involve forensic mental health nurses in a collaborative, client-centred, approach to identification and resolution of dilemmas in the process of planning care for offender-patients. **Findings** In this context we identify constraints and contradictions involved in employing recovery principles in institutions critics refer to as part of the disciplinary apparatus of psychiatric and social control; where the taken for granted lives, and relations, of an incarcerated population are measured by the calendar, not the clock. **Research limitations/implications** Protective practices remain highly relevant in high secure practice. Safety, an important value for all can by and large be achieved through recovery approaches. The humanistic elements of recovery can offer up safe and useful methods of deploying the mental health nurse on the ward. Many nurses have the pre-requisite approach but there remains a wide scope to enhance those skills. Many see the approach as axiomatic though nurse education often prepares nurses with a biomedical view of the ward. **Practical implications** Currently, philosophical tenets of recovery are enshrined in contemporary health policy and professional directives but, as yet, have not been translated into high-secure settings. Drawing on preliminary findings, attention is given to the value of socially-situated approaches in challenging historic dominance of a medical model. **Originality/value** This research is located in high secure setting. The social situation is marked by the extent of the isolation involved. A value is in this situation. Firstly it is akin to the isolation of the tribe utilised by many anthropologists for their ability to adopt the 'social laboratory' status to test out theories of behaviour in industrial society. We urge others to utilise this research in this way. Secondly, the situation represents the locus of so many of societies dilemmas, paradoxes and fears that moral issues morph from what is the mundane in wider society. In this way humanistic approaches are tested via action research with nurses in some rigorous ways.

<http://www.emeraldinsight.com/doi/abs/10.1108/MHSI-08-2014-0024?journalCode=mhsi>

Prosper: A social movement approach to mental health

Mental Health and Social Inclusion, Volume 18, Issue 4, October 2014.

Purpose This paper describes the conceptual basis and development of Prosper: an emerging and evolving self-directed network and movement for people with lived experience of mental health problems in South West London. **Design/methodology/approach** The conceptual principles from which Prosper emerged - co-production, recovery and social movement approaches - are outlined. The ways in which these ideas were translated into action, the guiding principles and operation of Prosper are then described. **Findings** An evolving self-directed network and movement has been developed that comprises around 150 'members' and a wider network of 20 service user groups across South West London. As well as open forums, collective actions fall under the themes of 'create' (peer support, outreach, campaigns, training) and 'collaborate' (partnership working with user-led organisations and a Recovery College, peer support networks, supporting the development of personal health budgets and local commissioning, and consultancy). This network has initially been funded by South West London and St George's Mental Health Trust with a view to it becoming an independent entity. **Originality/value** The innovative and evolving social network and movement for people with lived experience of mental health problems that is continuously influenced and changed by the skills, ideas and energy of its growing and developing membership could act as a useful model for others to follow.

<http://www.emeraldinsight.com/doi/abs/10.1108/MHSI-08-2014-0026?journalCode=mhsi>

The challenges of research on new ways to support recovery

Mental Health and Social Inclusion, Volume 18, Issue 4, October 2014.

Purpose The randomised controlled trial, though highly valued, has been criticised as not helping us understand how results occur: Real-life complexity is not captured, i.e. what actually happens at trial sites (rather than what was intended). This article summarises and comments on two 2014 research papers addressing this challenge of randomised trials – concerning new therapeutic approaches for people diagnosed with psychotic disorders. **Design/methodology/approach** One paper is about what staff thought when adopting a new recovery-focused approach in two mental health services as part of a randomised trial. The other is the plan for a small pilot trial of a new treatment for psychosis called positive psychotherapy. It describes how the researchers planned to study the detail of what happens in their small trial, to help them improve the design of a future, larger trial. **Findings** The first paper recommends avoiding services undergoing too many changes and ensuring managers will visibly support the project. When training staff in a new approach, trainers should recognise staff's existing knowledge and skills and use practical methods like role-play. In the second paper, the plan for the small positive psychotherapy trial seems detailed enough to explain what really happens, except in one area: looking at how clinicians actually select service users for the trial. **Originality/value** These papers concern pioneering therapeutic approaches in psychosis. With randomised trials highly influential, both these papers recognize their potential problems, and seem to represent good attempts to understand what really happens.

<http://www.emeraldinsight.com/doi/abs/10.1108/MHSI-08-2014-0027?journalCode=mhsi>

Recovery is for staff not just for people using services

Mental Health and Social Inclusion, Volume 18, Issue 4, October 2014.

Purpose The purpose of this paper is to illustrate, from the lived experience of the author, that recovery does not only apply to people who use services, it is just as relevant to the staff who work in those services. **Design/methodology/approach** Narrative account. **Findings** Reflective account, no findings presented. **Originality/value** In offer the author's account of moving from a dissatisfied, passive approach at work towards a rewarding, hopeful position, this paper demonstrates the relevance of hope, control and opportunity in recovering job satisfaction.

<http://www.emeraldinsight.com/doi/abs/10.1108/MHSI-09-2014-0033?journalCode=mhsi>

Journeys to Work: the perspective of client and employment specialist of 'Individual Placement and Support' in action

Mental Health and Social Inclusion, Volume 18, Issue 4, October 2014.

Purpose The purpose of this paper is to provide the personal accounts of the journey back to work from the perspective of both the person entering employment and the Employment Specialist who assisted them. **Design/methodology/approach** Two people with mental health problems who received help into employment from an employment service in a London Mental Health Trust were asked to give write their accounts of their journey. The Employment Specialists who assisted them in this journey were also asked to write their accounts. **Findings** Reflective accounts – no findings presented. **Originality/value** Much has been written about the effectiveness of Individual Placement and Support evidence based supported employment, but little has been published about the lived experience of this approach from the perspective of both the person endeavouring to return to work and the employment specialists who support them. This paper presents two such accounts.

<http://www.emeraldinsight.com/doi/abs/10.1108/MHSI-08-2014-0029?journalCode=mhsi>

Mental health recovery is social

Mental Health and Social Inclusion, Volume 18, Issue 3, Page 110-115, August 2014.

Purpose – The purpose of this paper is to summarise two 2014 research papers that highlight the role of social interactions and the social world in recovery in the context of mental distress. **Design/methodology/approach** – The author summarise two papers: one is about two theories from social psychology that help us understand social identity – our sense of who we are. The other brings together and looks at the similarities and differences between ten different therapies that can be called resource-oriented – that is, they focus on people's strengths and resources rather than what is wrong with them. **Findings** – The paper on social identity gives a convincing case for incorporating teaching about social identity – and the social groups to which people belong – into the training of mental health professionals. The paper on resource-oriented therapies suggests that social relationships are a main component of all ten therapies examined. This second paper suggested a need for more research and theory relating to resource-oriented therapies. Social identity theory could help address this issue. Mental health services may be able to help people more by focusing on their established and desired social identities and group-belonging, and their strengths, than is usual. **Originality/value** – These two papers seem timely given the growing recognition of the role of social factors in the development and maintenance of mental distress. More attention to social factors in recovery could help make it more self-sustaining.

The benefits of peer support: transforming day services in hard times

Mental Health and Social Inclusion, Volume 18, Issue 3, Page 151-154, August 2014.

Purpose – The purpose of this paper is to describe a voluntary sector organisation's work in transforming day services, based on peer support, in the face of major cuts in Local Authority funding and the requirement to provide “low-cost, high-impact services”. Design/methodology/approach – A description of the challenges facing the organisation and the ways in which services were configured based on peer support. Findings – The number of people for whom support was provided increased from 60 to 180 using the rich pool of talent present among peers/volunteers. Friendships developed to reduce isolation and across the provision a sense of hope and optimism was created. Originality/value – Many services are facing substantial cuts. This paper offers a positive approach to addressing these based on peer support and use of community resources that may be of value to others facing similar challenges.

<http://www.emeraldinsight.com/doi/abs/10.1108/MHSI-07-2014-0019>

Student perspectives: recovery college experience

Mental Health and Social Inclusion, Volume 18, Issue 3, Page 142-150, August 2014.

Purpose – The purpose of this paper is to explore Recovery College from a student perspective and consider what contributes to making Recovery College effective. Design/methodology/approach – The authors draw on interviews with students, course feedback forms, a detailed narrative of one of the authors' experiences as a student and the authors' own reflections. Findings – Students' experience is that Recovery College is effective because of the social relational factors, learning from other students and the collaborative co-production approach; the educational approach learning skills and knowledge, and choice and progression to personal goals. Originality/value – This paper explores key aspects of Recovery College from a student perspective, informing the authors about possible components to their effectiveness.

<http://www.emeraldinsight.com/doi/abs/10.1108/MHSI-05-2014-0016?journalCode=mhsi>

Vocational rehabilitation in mental health services: evaluating the work of a social and therapeutic horticulture community interest company

Mental Health and Social Inclusion, Volume 18, Issue 3, Page 155-163, August 2014.

Purpose – The purpose of this paper is to report on an action inquiry (AI) evaluation of the Natureways project, a time-limited collaboration between an NHS Trust Vocational Service and a voluntary sector horticulture-based community interest company (CIC). Design/methodology/approach – Natureways produced positive employment outcomes and an AI process – based on co-operative inquiry with trainees, staff, and managers – explored how these had been achieved. Findings – Natureways' efficacy was based on features of the setting (its supportiveness, rural location, and workplace authenticity), on its embeddedness (within local care-planning pathways, the horticultural industry, and the local community), and on effective intersectoral working. The inquiry also generated actionable learning about creative leadership and adaptability in the changing landscape of service provision, about the benefits of the CIC's small scale and business ethos, about the links between trainees' employability, social inclusion and recovery, about horticulture as a training medium, and about the role of AI in service development. Practical implications – The inquiry highlights how an intersectoral CIC can be an effective model for vocational rehabilitation. Social implications – Community-embeddedness is an asset for mental health-orientated CICs, facilitating social inclusion and recovery. Social and therapeutic horticulture settings are seen to be conducive to this. Originality/value – This case study suggests that AI methodology is not only well-suited to many practitioners' skill sets, but its participatory ethos and focus on experiential knowledge makes it suitable for bringing a service user voice to bear on service development.

A day in the life of a Peer Support Worker: training day

Mental Health and Social Inclusion, Volume 18, Issue 3, Page 116-119, August 2014.

Purpose – The purpose of this paper is to describe the experience of being a peer support worker: a day providing training for new peer support workers. Design/methodology/approach – A reflective personal account of a day in the authors work sent as a trainer on a peer support worker training course. Findings – The critical value of co-production. Training is not about an “expert” imparting their wisdom – the answers are in the room. To provide training is to continue to learn. Research limitations/implications – One person's account of their experience of providing peer support worker training. Practical implications – Modelling that which is valued rather than simply telling people. A recovery focus must extend to colleagues as well as the people we serve. Originality/value – While there is a great deal written about the theory of peer support work, little is published about peer support workers experience. This paper provides important insights into the nature of peer support work.

My evolving understanding of recovery

Posted: 10 Sep 2014 07:54 AM PDT

Mental Health and Social Inclusion, Volume 18, Issue 3, Page 125-132, August 2014.

Purpose – The purpose of this viewpoint is to discuss a personal account of the author's personal journey of recovery and evolving understanding of recovery. Design/methodology/approach – A personal narrative describing the ways in which the author's understanding of recovery has been challenged and has evolved. Reference to theories of learning is made to understand this process. Findings – That reflection and re-evaluation of long held beliefs is a painful process. It involves not simply adding to existing knowledge but “supplative learning” – learning as loss: changing how the author sees things having processed new “threshold concepts” (Atherton, 2013b). Originality/value – A personal account of the painful process of change that has relevance for both people rebuilding their lives with mental health conditions and those who are working with them.

<http://www.emeraldinsight.com/doi/abs/10.1108/MHSI-07-2014-0020?journalCode=mhsi>

Challenging discrimination within mental health services: the importance of using lived experience in the work place

Mental Health and Social Inclusion, Volume 18, Issue 3, August 2014.

Creating a recovery focused workforce: supporting staff well-being and valuing the expertise of lived experience

Mental Health and Social Inclusion, Volume 18, Issue 3, Page 133-141, August 2014.

Purpose – The purpose of this paper is to argue that if mental health services are to genuinely support the recovery of those who they serve then recovery principles must permeate all facets of the organisation, in particular human resources and workforce development. **Design/methodology/approach** – This paper draws on the principles of recovery-focused approaches to people who use services and explores how these might guide a recovery-focused approaches to human resources and workforce issues. **Findings** – The recovery principles like recognising and utilising the expertise of lived experience, co-production and shared decision making, peer support, focusing on strengths and becoming an expert in your own self-care all have as much relevance for creating a recovery-focused workforce as they do in the recovery journeys of those who use services. Everyone who uses services is “more than a mental patient” and everyone who provides services is “more than a mental health practitioner” – we need to use all the assets that everyone brings. **Originality/value** – Although there has been a great deal of discussion about the features of recovery-focused services, there has been little, if any, consideration of extending the principles of recovery to human resources. The aim of this paper is not to offer a blue print but to begin an exploration of what a recovery-focused approach to workforce issues might look like.

<http://www.emeraldinsight.com/doi/abs/10.1108/MHSI-07-2014-0022?journalCode=mhsi>

Recovery Entails Bridging the Multiple Realms of Best Practice: Towards a More Integrated Approach to Evidence-based Clinical Treatment and Psychosocial Disability Support for Mental Health Recovery.

East Asian Arch Psychiatry. 2014 Sep;24(3):104-9

Authors: Rosen A, O'Halloran P

While mental health recovery is a very personal process, the approach also offers possibilities as a meta-framework for improving quality of services to support people with severe and enduring mental illness. This paper explores how a recovery paradigm offers opportunities to better understand how efforts within the personal, clinical, and psychosocial disability domains of well-being relate and need bridging and integration with an evidence-based framework of practice to optimise outcomes. Recovery from a severe and persisting mental illness such as schizophrenia is optimised by a holistic approach integrating the domains of clinical treatment and psychosocial rehabilitation with the personal efforts of individuals. For service providers, a monolithic or single paradigm approach with an exclusive or predominant biological, psychological, social, or cultural focus is unable to offer effective guidance on the treatment and rehabilitation support needed to enable community participation and ameliorate the impact which problems associated with mental illness have on individuals, their families, and their wider communities. Moreover, recovery-oriented services need to be effective, embracing evidence-based policy, practice and service delivery by providing treatment and support which actually work to improve outcomes for consumers and families.

<http://www.pubfacts.com/search/rehabilitation+services>

Positive psychology: an approach to supporting recovery in mental illness.

East Asian Arch Psychiatry. 2014 Sep;24(3):95-103

Authors: Schrank B, Brownell T, Tylee A, Slade M

This paper reviews the literature on positive psychology with a special focus on people with mental illness. It describes the characteristics, critiques, and roots of positive psychology and positive psychotherapy, and summarises the existing evidence on positive psychotherapy. Positive psychology aims to refocus psychological research and practice on the positive aspects of experience, strengths, and resources. Despite a number of conceptual and applied research challenges, the field has rapidly developed since its introduction at the turn of the century. Today positive psychology serves as an umbrella term to accommodate research investigating positive emotions and other positive aspects such as creativity, optimism, resilience, empathy, compassion, humour, and life satisfaction. Positive psychotherapy is a therapeutic intervention that evolved from this research. It shows promising results for reducing depression and increasing well-being in healthy people and those with depression. Positive psychology and positive psychotherapy are increasingly being applied in mental health settings, but research evidence involving people with severe mental illness is still scarce. The focus on strengths and resources in positive psychology and positive psychotherapy may be a promising way to support recovery in people with mental illness, such as depression, substance abuse disorders, and psychosis. More research is needed to adapt and establish these approaches and provide an evidence base for their application.

<http://www.ncbi.nlm.nih.gov/pubmed/25316800>

The experience of mental distress and recovery among people involved with the service user/survivor movement.

Health (London). 2014 Oct 14;

Authors: Chassot CS, Mendes F

Abstract

This article examines how the personal experiences of mental distress of people involved in the British service user/survivor movement were shaped or transformed by this involvement, and the impact of involvement on their recovery journeys. The analysis was based on 12 in-depth interviews with service users/survivors who are, or were once, involved with the service user/survivor movement. Three large themes were identified regarding the ways in which social movement involvement affected the personal experience of mental distress: (a) making sense and reframing mental distress, (b) the social experience of involvement and (c) identity and identity reconstruction. We discuss how some features of the service user/survivor movement, such as self-help, user involvement, the centrality of experience to collective action, and the range of political positions adopted by activists can affect experience and recovery in different forms. As an exploratory study that looks into a complex topic, our findings illuminate the ways of surviving, recovering and experiencing mental distress in the context of a significant social movement.

Where is the path to recovery when psychiatric hospitalization becomes too difficult?

Shanghai Arch Psychiatry. 2012 Feb;24(1):38-40

Authors: Xie B

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4198890/>