

Social Support & Housing

Social Support and Housing Transitions Among Homeless Adults With Serious Mental Illness and Substance Use Disorders.

Gabrielian et al., *Psychiatric Rehabilitation Journal* (Aug 22, 2016).

Research suggests that social supports are associated with housing retention among adults who have experienced homelessness. Yet, we know very little about the social support context in consumers find and retain housing. We examined the ways and identified the junctures in which consumers' skills and deficits in accessing and mobilizing social supports influenced their longitudinal housing status. We performed semi-structured qualitative interviews with VA Greater Los Angeles consumers (n = 19) with serious mental illness, substance use disorders, and a history of homelessness; interviews explored associations between longitudinal housing status (categorized as: stable, independent housing; sheltered housing, continually engaged in structured housing programs; and unstable housing) and social supports. We compared data from consumers in these 3 mutually exclusive categories. All participants described social support as important for finding and maintaining housing. However, participants used formal (provider/case managers) and informal (family/friends) supports in different ways. Participants in stable housing relied on formal and informal supports to obtain/maintain housing. Participants in sheltered housing primarily used formal supports, for example, case management staff. Unstably housed participants used formal and informal supports, but some of these relationships were superficial or of negative valence. Interpersonal problems were prevalent across longitudinal housing status categories. Social context, including patterns of formal and informal support, was associated with participants' longitudinal housing status. Within interventions to end homelessness, these findings suggest the value of future research to identify, tailor, and implement practices that can help consumers improve their social resources.



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

Saavedra et al. (2016) Culture, Medicine, and Psychiatry, September 2016, Volume 40, Issue 3, pp 507–532

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.

Effectiveness of individual placement and support supported employment for young adults.

Bond, Drake & Campbell, Early Interv Psychiatry. 2016 Aug;10(4):300-7

The individual placement and support (IPS) model of supported employment was first developed in community mental health centres for adults with severe mental illness. While IPS is an established evidence-based practice in this broad population, evidence on its effectiveness focused specifically on young adults has been limited. The current study aimed to address this gap. To investigate the effects of IPS on young adults, the authors conducted a secondary analysis on a pooled sample of 109 unemployed young adults (under age 30) from four randomized controlled trials employing a common research protocol that included a standardized measurement battery and rigorous fidelity monitoring. Researchers assessed these participants over 18 months on nine competitive employment outcome measures. On all measures, the IPS group had significantly better employment outcomes. Overall, 40 (82%) of IPS participants obtained employment during follow-up compared with 25 (42%) of control participants, $\chi(2) = 17.9$, $P < .001$. IPS participants averaged 25.0 weeks of employment, compared with 7.0 weeks for control participants, $t = 4.50$, $P < .001$. The current analysis supports a small number of previous studies in showing that IPS is highly effective in helping young adults with severe mental illness to attain competitive employment. When young adults acquire competitive jobs and initiate a path towards normal adult roles, they may avoid the cycle of disability and psychiatric patient roles that are demeaning and demoralizing.

A Mixed Methods Study Of Peer-To-Peer Support In A Group-Based Lifestyle Intervention For Adults With Serious Mental Illness.

Aschbrenner et al., Psychiatric Rehabilitation Journal (Aug 25, 2016).

There is potential for peer support to enhance healthy lifestyle interventions targeting changes in body weight and fitness for adults with serious mental illness. The purpose of this study was to explore peer-to-peer support among individuals participating in a group lifestyle intervention that included social media to enhance in-person weight management sessions. A mixed methods study design was used to explore participants' perceptions and experiences of support from other group members during a 6-month group lifestyle intervention. Twenty-five individuals with serious mental illness reported their perceptions of the peer group environment and social support during the intervention. Seventeen of these individuals also participated in focus group interviews further exploring their experiences with group members. More than 80% of participants agreed that other group members were trustworthy and dependable, and 92% reported a high level of shared purpose and active participation in the group. Participants described how shared learning and group problem-solving activities fostered friendships and provided essential support for health behavior change. Sharing information, personal successes and challenges, and "being in the same boat" as other group members were key features of peer-to-peer support. Findings from this exploratory study suggest that participants enrolled in a group-based lifestyle intervention for people with serious mental illness experience peer-to-peer support in various ways that promote health behavior change. These findings highlight opportunities to enhance future lifestyle interventions with collaborative learning and social network technologies that foster peer support among participants.

Participation in Peer Support Services and Outcomes Related to Recovery.

Vayshenker et al. (2016) Psychiatric Rehabilitation Journal

This article presents findings from a naturalistic study that explored the impact of peer support participation on recovery-related outcomes over a 6-month period. In particular, this study hoped to fill gaps in the literature regarding the process through which personal change occurs in peer support organizations. Fifty people newly involved in services provided by Baltic Street AEH (Advocacy, Employment, Housing), a consumer-operated organization, participated in the study. Participants were interviewed at entry and 3- and 6-month follow-up. Attendance records were reviewed to determine the number of days attended, and the sample was divided into 2 categories: minimal or nonattenders (n = 25) and moderate or high attenders (n = 21). The relationship between attendance and outcomes related to recovery over time was examined using a mixed effect regression analysis, allowing data to be included for participants with at least 1 follow-up interview (n = 38). Relative to minimal or nonattenders, moderate or high attenders showed statistically significant improvements over time in internalized stigma, self-esteem–self-efficacy, and community activism–autonomy. No statistically significant differences were observed between groups in hopelessness, social functioning, symptom severity, coping with symptoms, or substance use. This study demonstrates the potential impact of engagement in peer support services on some subjective aspects of mental health recovery. Namely, change mechanisms could be hypothesized to include identity transformation (from patient to peer). Future directions should continue to investigate potential mechanisms of change with larger samples in randomized studies.

Interventions For Recovery

Targeting Recovery In Persistent Persecutory Delusions: A Proof Of Principle Study Of A New Translational Psychological Treatment (The Feeling Safe Programme).

Freeman et al., Behavioural and Cognitive Psychotherapy, Sep 2016, vol. 44, no. 5, p. 539-552,

Many patients do not respond adequately to current pharmacological or psychological treatments for psychosis. Persistent persecutory delusions are common in clinical services, and cause considerable patient distress and impairment. Our aim has been to build a new translational personalized treatment, with the potential for wide use, that leads to high rates of recovery in persistent persecutory delusions. We have been developing, and evaluating individually, brief modular interventions, each targeting a key causal factor identified from our cognitive model. These modules are now combined in "The Feeling Safe Programme". To test the feasibility of a new translational modular treatment for persistent persecutory delusions and provide initial efficacy data. 12 patients with persistent persecutory delusions in the context of non-affective psychosis were offered the 6-month Feeling Safe Programme. After assessment, patients chose from a personalized menu of treatment options. Four weekly baseline assessments were carried out, followed by monthly assessments. Recovery in the delusion was defined as conviction falling below 50% (greater doubt than certainty). 11 patients completed the intervention. One patient withdrew before the first monthly assessment due to physical health problems. An average of 20 sessions (SD = 4.4) were received. Posttreatment, 7 out of 11 (64%) patients had recovery in their persistent delusions. Satisfaction ratings were high. The Feeling Safe Programme is feasible to use and was associated with large clinical benefits. To our knowledge this is the first treatment report focused on delusion recovery. The treatment will be tested in a randomized controlled trial. <http://bit.ly/2c8IVkO>

Empirically Supported Psychosocial Interventions For Bipolar Disorder: Current State Of The Research.

Salcedo et al., Journal of Affective Disorders, Sep 2016, vol. 201, p. 203-214

Bipolar disorder requires psychiatric medications, but even guideline-concordant treatment fails to bring many patients to remission or keep them euthymic. To address this gap, researchers have developed adjunctive psychotherapies. The purpose of this paper is to critically review the evidence for the efficacy of manualized psychosocial interventions for bipolar disorder. We conducted a search of the literature to examine recent (2007-present), randomized controlled studies of the following psychotherapy interventions for bipolar disorder: psychoeducation (PE), cognitive behavioral therapy (CBT), interpersonal and social rhythm therapy (IPSRT), dialectical behavior therapy (DBT), mindfulness-based cognitive therapy (MBCT), and family therapies such as family focused therapy (FFT). All of the psychotherapy interventions appear to be effective in reducing depressive symptoms. Psychoeducation and CBT are associated with increased time to mood episode relapse or recurrence. MBCT has demonstrated a particular effectiveness in improving depressive and anxiety symptoms. Online psychotherapy interventions, programs combining one or more psychotherapy interventions, and targeted interventions centering on particular symptoms have been the focus of recent, randomized controlled studies in bipolar disorder. Psychotherapy interventions for the treatment of bipolar disorder have substantial evidence for efficacy. The next challenge will to disseminate these psychotherapies into the community. <http://bit.ly/2cIBYtC>

Recovery From First-Episode Psychosis And Recovering Self: A Qualitative Study.

Connell & Schweitzer; *Psychiatric Rehabilitation Journal* 38.4 (Dec 2015): 359-364.

Objective: 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.

