Recovery in Mental Health

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Dialectical Behavior Therapy for Wellness and Recovery
Publisher: John Wiley & Sons Inc
Format: Paperback
Publication date: 19 Nov 2013
This hands-on guide addresses the present day realities of applying dialectical behavior therapy in a mental health and substance abuse recovery context. This hands-on guide addresses the present day realities of applying dialectical behaviour...
Journal articles

**Chances and problems of the recovery approach from a psychiatric viewpoint.**
Nervenarzt. 2014 Mar 8;
Authors: Dammann G
The so-called recovery approach is consciously demarcated from traditional psychiatry and enforces claims to introduce a paradigmatically new view on mental healthcare. Recovery is perceived as an individual-centered activating process, enabling mentally ill persons to live with hope and meaning despite disabilities. In some countries recovery is widely used by psychiatric nurses and mental health workers and to some extent is now part of national health programs. Nevertheless, concerted discussions from a psychiatric perspective are rare and the nomenclature is sometimes vague. A brief review of the model, its theoretical roots and the discussion on whether it is novel is given. Finally, strengths and critical aspects of the approach are compared and clinical questions exemplified.

**Stigma, agency and recovery amongst people with severe mental illness.**
Authors: Whitley R, Denise Campbell R
Evidence suggests that people with a severe mental illness still suffer high levels of stigma and discrimination. However little is known about how people with a severe mental illness manage such stigma. As such, the overall aim of this study is to document and analyze behavioral and psychological strategies of stigma management and control in a sample of people in recovery from a severe mental illness. To meet this aim, we conducted a five-year (2008-2012) qualitative longitudinal study in Washington D.C. Participants were recruited from small-scale congregate housing units ('recovery communities') for people in recovery, provided by a public mental health agency. We conducted regular focus groups at these communities, augmented by in-depth participant observation. Analysis was propelled by the grounded theory approach. A key finding of this study is that stigma and discrimination were not perceived as commonly experienced problems by participants. Instead, stigma and discrimination were perceived as omnipresent potential problems to which participants remained eternally vigilant, taking various preventive measures. Most notable among these measures was a concerted and self-conscious effort to behave and look 'normal'; through dress, appearance, conduct and demeanor. In this endeavor, participants possessed and deployed a considered degree of agency to prevent, avoid or preempt stigma and discrimination. These efforts appeared to have a strong semiotic dimension, as participants reported their developing 'normality' (and increased agentic power) was tangible proof of their ongoing recovery. Participants also routinely discussed severe mental illness in normative terms, noting its similarity to physical illnesses such as diabetes, or to generic mental health problems experienced by all. These behavioral and psychological strategies of normalization appeared to be consolidated within the recovery communities, which provided physical shelter and highly-valued peer support. This fostered participants' ability to face and embrace the outside world with confidence, pride and
The promise of recovery: narratives of hope among homeless individuals with mental illness participating in a Housing First randomised controlled trial in Toronto, Canada.

**BMJ Open. 2014;4(3):e004379**

Authors: Kirst M, Zerger S, Wise Harris D, Plenert E, Stergiopoulos V

**OBJECTIVES:** Hope is widely embraced as an important factor in the recovery process. The role of housing in inspiring hope and facilitating recovery has been explored with homeless populations but is not well understood. This study explores perspectives on hopes for recovery and the role of housing on these hopes from the perspective of homeless adults experiencing mental illness participating in a multisite Housing First randomised controlled trial in Canada. The study draws on data from in-depth qualitative interviews with participants from the Toronto, Ontario site of the 'At Home/Chez Soi' Project.

**DESIGN:** In-depth interviews were conducted with a subsample of participants from a larger Housing First randomised controlled trial.

**SETTING:** The research took place in Toronto, Canada.

**PARTICIPANTS:** 60 participants in the larger trial (36 from the Housing First group and 24 from the Treatment as Usual group) took part in in-depth interviews.

**METHOD:** Participants for the in-depth interviews were purposively selected from the larger trial sample in Toronto and participated in an interview at the beginning of the study (baseline). Data from the baseline interviews were analysed using the constant comparative method derived from grounded theory methods.

**RESULTS:** Participants' narratives show clear visualisation of goals for recovery, and emphasise that housing is an integral factor that can facilitate hope and support dimensions of recovery. However, some participants had difficulty adjusting to housing, and were concerned about feeling socially isolated, which could have negative implications for hopefulness and recovery.

**CONCLUSIONS:** Housing First interventions should explicitly incorporate hope-inspiring, recovery-oriented approaches and support participants while adjusting to housing in order to sustain hopefulness.

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**Recovery in mental health.**

*S Afr Med J. 2014 Jan;104(1):77*

Authors: Parker J
Measurements of response, remission, and recovery in schizophrenia and examples for their clinical application.
J Clin Psychiatry. 2014;75 Suppl 1:8-14
Authors: Leucht S
Different definitions of response, remission, and recovery are used in schizophrenia research, which makes comparing and applying results in clinical practice difficult. Response criteria are often based on reductions in rating scale scores (eg, ≥ 20% reduction from baseline). However, when reduction scores from rating scales, such as the Positive and Negative Syndrome Scale (PANSS) and Brief Psychiatric Rating Scale (BPRS), are linked to Clinical Global Impressions (CGI) scores, which are more easily understood, rating scale scores have better clinical application. This linking process also reveals that the widely used response cutoff of 20% does not reflect clinically meaningful improvement in patients with acute, nonrefractory schizophrenia. This article provides suggestions for selecting response criteria, displaying responder rates, and using standard definitions (eg, remission, recovery) in research studies. The ultimate goal of recovery in schizophrenia treatment includes sustained symptom resolution and a return to full functioning.

Suicide prevention as a prerequisite for recovery from severe mental illness.
Authors: Foster TJ
For a significant number of people suffering from severe mental illness (SMI) prevention of suicide is a prerequisite for their recovery. This review summarises and interprets risk/protective factors for suicide in the context of schizophrenia and bipolar disorder, thereby enabling evidence-based suicide risk assessment and management. A history of self-harm greatly increases suicide risk among people with schizophrenia or bipolar disorder. Suicide prevention for patients with SMI necessitates constant vigilance by (mental) health and social care professionals in contact with them, particularly those with a history of self-harm, males, young people, those near illness onset, people with a family history of suicidal behaviour (especially suicide), victims of childhood abuse, those challenged by recent adverse life events (notably interpersonal conflict), people with aggressive/impulsive personality features, and those who have expressed hopelessness. Research suggests that suicide risk associated with SMI should be reduced by early intervention, restricting access to lethal means, improvement of treatment adherence, treating more patients with clozapine and lithium, assertive outreach, treating psychiatric comorbidity (depression, alcohol/drug misuse, etc.), 24-hour crisis care, timely (compulsory) hospitalization (sufficient bed provision imperative), improving psychiatric inpatient ward safety, lowering the risk of absconding from wards, appropriate use of electroconvulsive therapy, intensive follow-up postdischarge, and improving access to psychological/psychosocial interventions, notably cognitive behavioural therapy. The clinical interview is the optimum method of suicide risk assessment and locally developed risk assessment tools should not be used. Evidence-based suicide risk assessment/management within primary care and secondary mental health services warrants recurrent, mandatory training.
Social network activation: The role of health discussion partners in recovery from mental illness.

Authors: Perry BL, Pescosolido BA

In response to health problems, individuals may strategically activate their social network ties to help manage crisis and uncertainty. While it is well-established that social relationships provide a crucial safety net, little is known about who is chosen to help during an episode of illness. Guided by the Network Episode Model, two aspects of consulting others in the face of mental illness are considered. First, we ask who activates ties, and what kinds of ties and networks they attempt to leverage for discussing health matters. Second, we ask about the utility of activating health-focused network ties. Specifically, we examine the consequences of network activation at time of entry into treatment for individuals’ quality of life, social satisfaction, ability to perform social roles, and mental health functioning nearly one year later. Using interview data from the longitudinal Indianapolis Network Mental Health Study (INMHS, N = 171), we focus on a sample of new patients with serious mental illness and a group with less severe disorders who are experiencing their first contact with the mental health treatment system. Three findings stand out. First, our results reveal the nature of agency in illness response. Whether under a rational choice or habitus logic, individuals appear to evaluate support needs, identifying the best possible matches among a larger group of potential health discussants. These include members of the core network and those with prior mental health experiences. Second, selective activation processes have implications for recovery. Those who secure adequate network resources report better outcomes than those who injudiciously activate network ties. Individuals who activate weaker relationships and those who are unsupportive of medical care experience poorer functioning, limited success in fulfilling social roles, and lower social satisfaction and quality of life later on. Third, the evidence suggests that social networks matter above and beyond the influence of any particular individual or relationship. People whose networks can be characterized as having a pro-medical culture report better recovery outcomes.

Mental health mainstreaming: promotion and recovery

Hu Li Za Zhi. 2014 Feb;61(1):18-25
Authors: Chang C, Hsieh CJ

Mental health is a human right and fundamental to good personal health. Developing, planning, and implementing mental health programs is a key part of health policies worldwide. This paper uses the perspective of “mental health mainstreaming” to define mental health and explore its relationship with mental illness and psychiatric disease. Further, we apply this perspective to Taiwan's three-tiered community mental illness prevention strategy as a reference for mental health promotion and rehabilitation programs in hopes that all healthcare providers help facilitate holistic community health.

Maslow and Mental Health Recovery: A Comparative Study of Homeless Programs for Adults with Serious Mental Illness.

Adm Policy Ment Health. 2014 Feb 12;
Authors: Henwood BF, Derejko KS, Couture J, Padgett DK

This mixed-methods study uses Maslow's hierarchy as a theoretical lens to investigate the experiences of 63 newly enrolled clients of housing first and traditional programs for adults with serious mental illness who have experienced homelessness. Quantitative findings suggest that identifying self-actualization goals is associated with not having one's basic needs met rather than from the fulfillment of basic needs. Qualitative findings suggest a more complex relation-
Predictors of Recovery-Oriented Competencies Among Mental Health Professionals in One Community Mental Health System.
Community Ment Health J. 2014 Feb 9;
Authors: Stuber J, Rocha A, Christian A, Johnson D
A survey of 813 mental health professionals serving adults with severe mental illness clustered in 25 community mental health centers assessed the extent to which mental health professionals possess clinical competencies that support recovery and the predictors of these competencies. The results suggest there is room for improvement in recovery-oriented competencies. In-depth professional training in recovery, greater job variety, more years practicing in mental health, participation on an intensive case management team, and perceptions of workplace recovery culture were predictors of recovery-oriented competencies. Prioritization of on-going professional, worker retention, and management strategies that incorporate a team approach to treatment and improvements in workplace recovery culture may potentially increase recovery-oriented clinical practice.

Early Medication Discontinuation on Long-term Recovery Outcome in First-Episode Psychosis-Reply.
JAMA Psychiatry. 2014 Feb 1;71(2):208-9
Authors: Wunderink L, Sytema S
PMID: 24500629 [PubMed - in process]

Do our current approaches to care planning and the CPA enhance the experience and outcomes of a person’s recovery?
Authors: Miles Rinaldi, Flippa Watkeys
Article Type: Conceptual paper
Year: 2014

‘The College is so different from anything I have done’. A study of the Characteristics of Nottingham Recovery College
Authors: jane hazel mcgregor, julie repper, helen brown
Article Type: Research paper
Year: 2014

Co Delivered and Co –Produced: Creating a Recovery College in Partnership
Authors: Sara Meddings, Diana Byrne, Su Barnicoat, Emogen Campbell, Lucy Locks
Article Type: Case study