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News items, books, reports

**Recovery is hard, but now I'm able to talk about my mental health**
*Time To Change*

People have asked me before, what is it like to live with a mental illness? I've been thinking about this question a lot recently. Until a few months ago, ...


**Recovery 'colleges' preventing a mental health crisis hit by ...**

...Recovery 'colleges', which help patients with mental health issues, are ...

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Journal articles

Does employment promote the process of recovery from schizophrenia? A review of the existing evidence.
Authors: Charzyńska K, Kucharska K, Mortimer A
The aim of this review is to appraise current evidence on the association between employment and specific, non-vocational components that are indicators of recovery from schizophrenia, such as symptom remission, neurocognitive functioning, social cognitive functioning, and quality of life. Out of 754 studies identified in a comprehensive bibliographical data search, 43 were selected for abstract screening and 18 were included in the final review. The studies were categorized in terms of the type of employment investigated (supported employment, Individual Placement and Support, competitive employment). Studies on the Individual Placement and Support programs provide the strongest evidence for their effectiveness in terms of non-vocational outcomes. Quality of life, psychopathology and well being were the most frequently investigated outcomes and only 2 studies utilized a global concept of recovery as a measure. Employment was also associated with positive changes in domains that are not directly related to working, e.g., leisure activities. The current review reports promising, but not conclusive, results in the improvement of quality of life, social functioning and other indicators of recovery, but there is still a need for high quality, long term follow-up, randomized studies to further investigate this relationship.
http://1.usa.gov/1Fp9TPy

Harnessing primary care to enhance recovery from severe mental illness.
Br J Gen Pract. 2015 Aug;65(637):429-30
Authors: Whitley R, Palmer V, Gunn J
http://1.usa.gov/1JkoHdu

Recovery from psychosis: physical health, antipsychotic medication and the daily dilemmas for mental health nurses.
J Psychiatr Ment Health Nurs. 2015 Sep;22(7):549-57
Authors: Bressington D, White J
http://1.usa.gov/1KvzFxt
Mimicking family like attributes to enable a state of personal recovery for persons with mental illness in institutional care settings.

Int J Ment Health Syst. 2015;9:30
Authors: Gopikumar V, Easwaran K, Ravi M, Jude N, Bunders J

BACKGROUND: The convergence between mental ill health and homelessness is well documented, but critical events that precipitate the downward spiral into homelessness, and promote personal recovery remain only partially explored in India.

RESULTS: Findings suggest that besides poverty and deprivation, death of the primary caregiver is a critical event in precipitating distress and a breakdown in the family, leading to a loss of support systems and a sense of belongingness, and rendering persons with mental illness homeless. Social affiliations, kinship, congruence between the real and ideal self, and the drive to assume a more powerful identity and/or pursue self-actualisation emerged as key factors aiding personal recovery. In the absence of a family, mimicking its attributes appears to ground institutions and professionals in an ethos of responsiveness and user-centricity, thereby promoting personal recovery.

CONCLUSIONS: This study highlights the critical need to further explore and understand the nature of distress and descent into homelessness, and gain insight into caregiver strain and strategies that can be developed to reduce the same. It further emphasizes the need to shed light on individual strategies that help pursue wellbeing, and delve deeper into the application of value frameworks in institutions and their role in promoting personal recovery among persons with mental health issues.

http://1.usa.gov/1PjjkAg

Place of family in recovery models for those with a mental illness.

Int J Ment Health Nurs. 2015 Aug 17;
Authors: Reupert A, Maybery D, Cox M, Scott Stokes E

Within the context of mental illness, there is an acknowledgement that the social environment is critical to recovery. Nonetheless, how family roles and interactions are presented in recovery frameworks is unclear. This systematic review sought to: (i) identify how family is defined in recovery models, and (ii) synthesize how family relationships and roles are incorporated into recovery models for those with a mental illness. A systematic search of electronic databases was conducted for peer reviewed, English language papers published between 1980 to April 2013, from Ovid MEDLINE, PsycINFO, Proquest, CINAHL plus and Web of Knowledge. Studies were included if they presented a recovery framework and include and primary data from people with a mental illness where family was incorporated. A narrative thematic analysis was conducted on the eligible 31 studies, using inductive, open coding techniques. Eight studies did not define what was meant by 'family' while 10 studies focused exclusively on an individual's relationships with parents; six papers collected parenting demographics. Family roles included being a (adult) child, parent, spouse and being part of a 'family'. Family interactions involved being passive recipients of family support, caring for elderly parents and children and reciprocal, give and take relationships. Family interactions and roles offer the opportunity to both facilitate and impede recovery.

http://1.usa.gov/1MDECuP
**Investigating trajectories of social recovery in individuals with first episode psychosis: a latent class growth analysis.**

*Br J Psychiatry.* 2015 Aug 20;


**Background**

Social disability is a hallmark of severe mental illness yet individual differences and factors predicting outcome are largely unknown.

**Aim**

To explore trajectories and predictors of social recovery following a first episode of psychosis (FEP).

**Method**

A sample of 764 individuals with FEP were assessed on entry into early intervention in psychosis (EIP) services and followed up over 12 months. Social recovery profiles were examined using latent class growth analysis.

**Results**

Three types of social recovery profile were identified: Low Stable (66%), Moderate-Increasing (27%), and High-Decreasing (7%). Poor social recovery was predicted by male gender, ethnic minority status, younger age at onset of psychosis, increased negative symptoms, and poor premorbid adjustment.

**Conclusions**

Social disability is prevalent in FEP, although distinct recovery profiles are evident. Where social disability is present on entry into EIP services it can remain stable, highlighting a need for targeted intervention.

[http://1.usa.gov/1V5gaBQ](http://1.usa.gov/1V5gaBQ)

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**Mental Health Care Providers' Views of Their Work with Consumers and Their Reports of Recovery-Oriented, Job Satisfaction, and Personal Growth.**

*Community Ment Health J.* 2015 Aug 25;

Authors: Osborn LA, Stein CH

The research examined the role of mental health care providers' perceptions of their professional relationships with consumers in understanding their reports of agency recovery-oriented services and their own sense of job satisfaction and personal growth. Multidisciplinary community mental health care providers (N = 105) responded to an online self-report questionnaire. Providers' reports of higher levels of working alliance and greater provider directiveness in working with consumers was significantly related to providers' reports of higher levels of agency recovery-orientation and higher levels of personal growth. Providers' reports of working alliance accounted for the largest proportion of variance in providers' reports of job satisfaction. Mental health providers' perceptions of relationships with consumers are central to understanding providers' views of agency recovery-orientation and sense of professional and personal well-being.

[http://1.usa.gov/1PjkUCm](http://1.usa.gov/1PjkUCm)
Mental disorder recovery correlated with centralities and interactions on an online social network.
PeerJ. 2015;3:e1163
Authors: Ma X, Sayama H
Recent research has established both a theoretical basis and strong empirical evidence that effective social behavior plays a beneficial role in the maintenance of physical and psychological well-being of people. To test whether social behavior and well-being are also associated in online communities, we studied the correlations between the recovery of patients with mental disorders and their behaviors in online social media. As the source of the data related to the social behavior and progress of mental recovery, we used PatientsLikeMe (PLM), the world’s first open-participation research platform for the development of patient-centered health outcome measures. We first constructed an online social network structure based on patient-to-patient ties among 200 patients obtained from PLM. We then characterized patients’ online social activities by measuring the numbers of “posts and views” and “helpful marks” each patient obtained. The patients’ recovery data were obtained from their self-reported status information that was also available on PLM. We found that some node properties (in-degree, eigenvector centrality and PageRank) and the two online social activity measures were significantly correlated with patients’ recovery. Furthermore, we re-collected the patients’ recovery data two months after the first data collection. We found significant correlations between the patients’ social behaviors and the second recovery data, which were collected two months apart. Our results indicated that social interactions in online communities such as PLM were significantly associated with the current and future recoveries of patients with mental disorders.
http://1.usa.gov/1Le3HO

Recovery Communities of Practice: An Innovative Strategy for Mental Health System Transformation.
Psychiatr Serv. 2015 Sep 1;:appips201500184
Authors: Piat M, Briand C, Bates E, Labonté L
This column describes the development of a “community of practice” (CoP) in Quebec, which was implemented in 2012 to promote recovery-oriented practices in mental health care. A group of diverse stakeholders work together to share and transfer knowledge; support diverse practices, strategies, and solutions; develop a culture of collaboration; mobilize opportunities for quality improvement; and influence decision-making bodies. Recent efforts have been successful: the provision of recovery-oriented services is the primary focus of the 2015-2020 Quebec Mental Health Action Plan.
http://1.usa.gov/1KvA0jP

Teaching Spanish to veterans with psychiatric disabilities: A creative approach to rehabilitation and recovery.
Psychiatr Rehabil J. 2015 Sep;38(3):283-285
Authors: Oh H, Gallegos Rodríguez YE, Singh F
TOPIC: A Spanish course was heuristically designed to serve as a context to bring together components of various therapies and was offered to veterans with psychiatric disabilities enrolled in a psychosocial rehabilitation and recovery center.
PURPOSE: Bilingualism has been associated with enhanced cognitive function and deserves more attention in psychiatric rehabilitation research. Developing opportunities for language instruction to potentially improve cognitive and community integration is explored.
http://1.usa.gov/1FXiJ1R
Supporting recovery in patients with psychosis through care by community-based adult mental health teams (REFOCUS): a multisite, cluster, randomised, controlled trial.


BACKGROUND: Mental health policy in many countries is oriented around recovery, but the evidence base for service-level recovery-promotion interventions is lacking.

METHODS: We did a cluster, randomised, controlled trial in two National Health Service Trusts in England. REFOCUS is a 1-year team-level intervention targeting staff behaviour to increase focus on values, preferences, strengths, and goals of patients with psychosis, and staff-patient relationships, through coaching and partnership. Between April, 2011, and May, 2012, community-based adult mental health teams were randomly allocated to provide usual treatment plus REFOCUS or usual treatment alone (control). Baseline and 1-year follow-up outcomes were assessed in randomly selected patients. The primary outcome was recovery and was assessed with the Questionnaire about Processes of Recovery (QPR). We also calculated overall service costs. We used multiple imputation to estimate missing data, and the imputation model captured clustering at the team level. Analysis was by intention to treat. This trial is registered, number ISRCTN02507940.

FINDINGS: 14 teams were included in the REFOCUS group and 13 in the control group. Outcomes were assessed in 403 patients (88% of the target sample) at baseline and in 297 at 1 year. Mean QPR total scores did not differ between the two groups (REFOCUS group 40.6 [SD 10.1] vs control 40.0 [10.2], adjusted difference 0.68, 95% CI -1.7 to 3.1, p=0.58). High team participation was associated with higher staff-rated scores for recovery-promotion behaviour change (adjusted difference -0.4, 95% CI -0.7 to -0.2, p=0.001) and patient-rated QPR interpersonal scores (-1.6, -2.7 to -0.5, p=0.005) at follow-up than low participation. Patients treated in the REFOCUS group incurred £1062 (95% CI £1103 to £3017) lower adjusted costs than those in the control group.

INTERPRETATION: Although the primary endpoint was negative, supporting recovery might, from the staff perspective, improve functioning and reduce needs. Implementation of REFOCUS could increase staff recovery-promotion behaviours and improve patient-rated recovery.

http://bit.ly/1gFX2wJ

Evaluation of a Rural-Based Community Aged Intensive Recovery Program for Older Adults With Severe Mental Illness.

J Psychosoc Nurs Ment Health Serv. 2015 Sep 1;53(9):17-21

Authors: Sadler P, McIlvena A

Community Aged Intensive Recovery (CAIR) programs are an integral part of Aged Persons Mental Health Services (APMHS); however, no study has investigated whether a rural-based intensive program benefits older clients with severe mental illness. The current sample comprised 119 older adults who were being managed by a CAIR program from July 2011 to June 2013. Three key results were found: (a) approximately three quarters of clients admitted to the CAIR program remained treated in the community; (b) the program assisted in significantly reducing the level of psychiatric symptom severity from CAIR entry to CAIR exit; and (c) the APMHS team with the CAIR program had a lower psychiatric inpatient rate compared to the APMHS team without the program. The current study highlights the importance of delivering effective rural-based CAIR programs to older adults experiencing severe mental illness.

http://1.usa.gov/1V5uhfU
**ProQuest: Recovery narrative photovoice: Feasibility of a writing and photography intervention for serious mental illnesses.**

Mizock, Lauren; Russinova, Zlatka; DeCastro, Sandy. Psychiatric Rehabilitation Journal 01 Sep 2015 : pp.279-282  
http://bit.ly/1OKOqmc

**ProQuest: Consumer satisfaction with psychiatric services: The role of shared decision making and the therapeutic relationship.**

Klingaman, Elizabeth A.; Medoff, Deborah R.; Park, Stephanie G.; Brown, Clayton H.; Fang, Lijuan; Dixon, Lisa B.; Hack, Samantha M.; Tapscott, Stephanie L.; Walsh, Mary Brighid; Kreyenbuhl, Julie A. Psychiatric Rehabilitation Journal 01 Sep 2015 : pp.242-248  

**Compassion and what can happen to it: reflections of a peer support worker**

Purpose – The purpose of this paper is to provide some reflections on how easily compassion can be eroded on a busy inpatient ward and ways in which it might be restored.  
Design/methodology/approach – Narrative account.  
Findings – Reflective account, no findings presented.  
Originality/value – An original viewpoint concerning compassion, its importance, how it can become eroded and ways in which it might be restored from the perspective of a peer support worker.  
http://bit.ly/1LI7yMv

**Creative practice in a group setting**

Mental Health and Social Inclusion, Volume 19, Issue 3, Page 141-147, August 2015.  
Purpose – Involvement in creative practice is commonly regarded as “therapeutic” but what is actually meant by this and how does this work promote social inclusion and mental well-being, particularly when performed in a group setting? Drawing on the findings of a research project called Clay Transformations (AHRC), the purpose of this paper is to consider these questions. The project involved running a series of clay workshops aimed at people with experience of mental health service use and those who work with them.  
Design/methodology/approach – In order to explore the significance of art involvement to people who use mental health services, qualitative research findings are presented. These are then linked to relevant literature in order to consider the way in which workshop participation helped to promote social inclusion and mental well-being.  
Findings – Many benefits were gained from workshop attendance deriving from involvement in the process and the outcome of art creation. These benefits were enhanced by the group context in which the work took place and the mutual support and interaction arising from this group membership.  
Originality/value – The recognition of the therapeutic value of creative practice has been accompanied by the emergence of the notion of “mutual recovery” which extends the concept of recovery beyond an individualised focus. The positive findings of this project uphold these developments and suggest that mental health practice should address the wider social contexts that can facilitate the promotion of mental well-being.  
http://bit.ly/1LI7Y1W

**Making use of elephants: lived experience and organisations**

Purpose – The purpose of this paper is to examine the surrounding attitudes, culture and workplace environment in which Oxleas NHS Foundation trust developed a network for staff with lived experience of mental ill health.  
Design/methodology/approach – Sarah Paynter completed an interview talking about her experiences with a peer, which was recorded, then the authors picked out relevant themes from this which are grounded in lived experience. The paper examines the theme of lived experience in the workplace in more depth, from a personal perspective (Sarah) and from an organisational perspective (Christine).  
Findings – There is a lack of dialogue about staff lived experience of mental ill health within the workplace. There are compelling reasons from both the perspective of the organisation and staff with lived experience for setting up a lived experience staff network. The authors note that increased dialogue and visibility has added value on both sides. Originality/value – This is a relatively new initiative in the NHS, and particularly in mental health trusts. The authors speak from their experiences in Oxleas NHS Foundation Trust. This is of value to organisations looking to start dialogue and therefore improve the experiences of staff and the quality of the organisation.  
Firmin, Ruth L.; Luther, Lauren; Lysaker, Paul H.; Salyers, Michelle P. Psychiatric Rehabilitation Journal 08 June 2015