

## Recovery in Mental Health: February 2016

### Colleagues,

See below for recent articles and other items of interest on Recovery in Mental health. If you wish to see the full text and there is a link below the abstract you should be able to access the article using your Athens password. If there is no link or you have any problems please email [library.moorgreen@southernhealth.nhs.uk](mailto:library.moorgreen@southernhealth.nhs.uk).

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### Journal articles

#### Exercise & Recovery

#### **A Pilot Study of the Nutrition and Exercise for Wellness and Recovery (NEW-R): A Weight Loss Program for Individuals with Serious Mental Illnesses.**

*Brown et al. (2015). Psychiatric Rehabilitation Journal, Vol 38(4).*

This purpose of this study was to evaluate the Nutrition and Exercise for Wellness and Recovery (NEW-R) weight loss intervention. Using a pretest/posttest design, 18 participants recruited from a community-based mental health program were assessed at baseline, immediately following the intervention (8 weeks), and at 6-month follow-up. The intervention was delivered by an occupational therapist and occupational therapy graduate students and consisted of 8 weekly sessions lasting 2 hr. Outcomes included changes in weight, and levels of knowledge about nutrition and exercise. Participants lost an average of 3 pounds at immediate postintervention, and lost an average of 10 pounds at the 6-month follow-up. Participants also demonstrated significant increases in their knowledge about nutrition and physical activity. The results of this study provide preliminary support for the impact of the NEW-R intervention on weight loss and knowledge about diet and exercise.

# Recovery: Measurement

## Psychometric Properties of the Recovery Measurement in Homeless People with Severe Mental Illness

*Girard, Tinland, Mohamed, Boyer & Auquier (2015), Schizophrenia Research, 169(3-4), 292-297.*

The Recovery Assessment Scale (RAS) is one of the most widely used measurements of recovery in mental health research. To date, no data have been available concerning the psychometric characteristics of the RAS in homeless people with severe mental illness. The aim of this study was to provide new data regarding the psychometric properties of the RAS in homeless people with schizophrenia and bipolar disorder.

This multi-center study was conducted in 4 French cities. In addition to the RAS, data on sociodemographic information, disease severity using the Modified Colorado Symptom Index - MCSI, and the number of mental health comorbidities, care characteristics and quality of life (S-QoL-18) were collected. The RAS was tested for construct validity, reliability, external validity, sensitivity to change and acceptability.

Six hundred fifty-eight homeless patients participated in this study. The five-factor structure was confirmed by confirmatory factor analysis (RMSEA=0.043, CFI=0.95, NFI=0.94 and SRMR=0.063). The internal item consistency (from 0.40 to 0.80) and reliability (Cronbach's alpha from 0.79 to 0.87) were satisfactory for all dimensions. External validity testing revealed that the dimension scores were correlated significantly with the MCSI and S-QoL 18 scores. Significant associations with age, disease severity, psychiatric comorbidities and care characteristics showed good discriminant validity. The percentage of missing data (b14.4%) and sensitivity to change were satisfactory.

Our study demonstrated the satisfactory acceptability and psychometric properties of the RAS, supporting its use as a mean of recovery measurement for homeless patients. <http://bit.ly/1ocHHrI>



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## **How Stigma Impacts on People with Psychosis: The Mediating Effect of Self-esteem and Hopelessness on Subjective Recovery and Psychotic Experiences**

*Vass, Morrison & Law et al., (2015), Psychiatry Research, 230(2), 487-495.*

This study aimed to examine how stigma impacts on symptomatic and subjective recovery from psychosis, both concurrently and longitudinally. We also aimed to investigate whether self-esteem and hopelessness mediated the observed associations between stigma and outcomes. 80 service-users with psychosis completed symptom (Positive and Negative Syndrome Scale) and subjective recovery measures (Process of Recovery Questionnaire) at baseline and 6-months later, and also completed the King Stigma Scale, the Self-Esteem Rating Scale and the Beck Hopelessness Scale at baseline. In cross sectional regression and multiple mediation analyses of the baseline data, we found that stigma predicted both symptomatic and subjective recovery, and the effects of stigma on these outcomes were mediated by hopelessness and self-esteem. When the follow-up data were examined, stigma at baseline continued to predict recovery judgements and symptoms. However, self-esteem only mediated the effect of stigma on PANSS passive social withdrawal. Self-esteem and hopelessness should be considered in interventions to reduce the effects of stigma. Interventions that address the current and long-term effects of stigma may positively affect outcome for people being treated for psychosis. <http://bit.ly/1X8hCpz>

## **The Impact of Adverse Child and Adult Experiences on Recovery From Serious Mental Illness.**

*Stumbo, Yarborough, Paulson & Green (2015). Psychiatric Rehabilitation Journal, 38(4), p. 320-327,*

The purpose of this study was to compare effects of adverse childhood experiences and adverse adult experiences on recovery from serious mental illnesses. As part of a mixed-methods study of recovery from serious mental illnesses, we interviewed and administered questionnaires to 177 members of a not-for-profit health plan over a 2-year period. Participants had a diagnosis of bipolar disorder, affective psychosis, schizophrenia, or schizoaffective disorder. Data for analyses came from standardized self-reported measures; outcomes included recovery, functioning, quality of life, and psychiatric symptoms. Adverse events in childhood and adulthood were evaluated as predictors. Child and adult exposures to adverse experiences were high, at 91% and 82%, respectively. Cumulative lifetime exposure to adverse experiences (childhood plus adult experiences) was 94%. In linear regression analyses, adverse adult experiences were more important predictors of outcomes than adverse childhood experiences. Adult experiences were associated with lower recovery scores, quality of life, mental and physical functioning and social functioning and greater psychiatric symptoms. Emotional neglect in adulthood was associated with lower recovery scores. Early and repeated exposure to adverse events was common in this sample of people with serious mental illnesses. Adverse adult experiences were stronger predictors of worse functioning and lower recovery levels than were childhood experiences. Focusing clinical attention on adult experiences of adverse or traumatic events may result in greater benefit than focusing on childhood experiences alone.

## Recovery in Mind: Perspectives from Postgraduate Psychiatric Trainees.

*Gambino, Pavlo & Ross (2016). Acad Psychiatry.*

The authors assessed psychiatric trainees' understanding of recovery-oriented care, a therapeutic philosophy with varied meanings but wide purchase in contemporary mental health policy.

Four cohorts of residents were presented with a clinical vignette as part of a written curricular evaluation and asked what it would mean to engage the patient from a recovery-oriented perspective. Responses were subjected to qualitative analysis, with the analysts examining each cohort independently, then meeting to discuss their findings and build consensus on the most pertinent themes.



Nine themes emerged in trainees' understanding of recovery-oriented care: (1) a person is more than his or her illness; (2) hope; (3) an emphasis on patient goals; (4) taking a collaborative approach; (5) an emphasis on level of social function; (6) valuing subjective experience; (7) psychosocial interventions; (8) empowerment of the patient; and (9) persistence of traditional attitudes.

Residents revealed an understanding of recovery that reflected many, but not all, of the guiding principles in the Substance Abuse and Mental Health Services Administration's 2010 working definition. For many of these trainees, recovery-oriented care signified a shift in the traditional power dynamic between physician and patient that allowed patients to take an active role in their own care. Residents also recognized the importance of hope and the complexity of their patients' social identities, though some trainees had difficulty reconciling a collaborative approach with their perceived responsibilities as physicians. If educators wish to incorporate elements of the American Psychiatric Association's Recovery to Practice initiative into their curricula, they would do well to recognize residents' variable receptivity to elements of the mode.

<http://bit.ly/1PZ1DdW>

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

*Fermin, Luther, Lysaker & Salyers. Psychiatric Rehabilitation Journal, 38(4), 336-341, (2015).*

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. 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. 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.

**‘And the Stuff that I’m Able to Achieve Now Is Really Amazing’: The Potential of Personal Budgets as a Mechanism for Supporting Recovery in Mental Health.**

*Tew, Larsen, Hamilton, Manthorpe, Clewett, Pinfold & Szymczyńska (2015). Br J Soc Work (2015) 45 (suppl 1): 79-97.*

While there is substantial common ground between the ideas of self-directed support and recovery, there are also significant differences in how these ideas have been implemented in policy and practice. This paper develops an ‘ideal type’ model of how personal budgets may need to be set up for people with mental health difficulties if they are to be effective as a mechanism that can enable recovery. Aspects of this ‘ideal type’ model are then examined in relation to the reported experiences of people accessing personal budgets from a national study of the implementation of personal budgets in mental health in England. In-depth qualitative interviews were undertaken across three local authority areas with fifty-three people with serious mental health difficulties who had accessed personal budgets in 2012–13. Our findings suggest that personal budgets can support recovery thinking and processes, and can be used to mobilise relevant resources to make this possible. Key to achieving this can be co-productive and/or peer-supported processes of assessment and planning. In addition, resource allocation may need to be flexible to take account of fluctuating levels of mental distress, and budgets should be linked to recovery goals rather than assuming long-term care needs.

<http://bit.ly/1PZ8zb0>

# Recovery Colleges & Policy

## Learned Recovery.

*Camus (2015). The Lancet Psychiatry, vol. 2, no. 12, p. e35., 2215-0366.*

The article shares the author's experience about recovery colleges. Recovery Colleges, as they are known, began in Arizona: pioneered by a psychiatric ward patient who was disgruntled with services, alongside staff who wanted to help. Now, Recovery Colleges have started to spread across the USA and into the UK, Italy, Australia, the Netherlands, and Japan. Casting the author's mind back to the own university days, they weren't the best days of the author's life. At 22, the author had just been diagnosed with paranoid psychosis. So it was with trepidation that the author arrive at Westminster University on this windy morning to attend the Central and North West London Mental Health NHS Trust (CNWL) Recovery & Wellbeing College. The author was booked on a healthy eating course. The Recovery & Wellbeing College focus is to support the journey that people take from a person that currently uses services, to achieving the best quality of life possible for them. Today, the author discover that as a service user, the author is contributing to the course with other attendees as well as the trainers. The authors were promised certificates at the end of the day, but these are not formal qualifications. Today's training is led by a qualified social worker and a peer trainer, who has lived experience of mental illness. The author was told that this helps not only people attending but also the Peer Trainer's personal journey to recovery. <http://bit.ly/1QKD2qk>

## Mental Health Service Users' Aspirations for Recovery: Examining the Gaps between what Policy Promises and Practice Delivers.

*Davies & Gray (2015). Br J Soc Work, 45 (suppl 1): 45-61.*

This paper draws on findings from an Australian study of mental health service users' perspectives on service user participation to examine the challenges for translating recovery policy into practice. It considers the ways in which national mental health policies and developing welfare reforms reflect and/or contradict the highly personal mode of recovery important to service users; though they seemingly signal potential wins for service user empowerment, they are accompanied by losses for those who do not fit neatly into clinical categorisations. The service users ( $n = 11$ ) and service providers ( $n = 6$ ) interviewed for this exploratory qualitative study revealed that recovery was a lifelong process of fluctuating capacity and described a system poorly equipped and often unwilling to move beyond tokenistic modes of participation. The analysis of service user perspectives against the backdrop of policy reform reveals the ongoing tensions between personal and clinical definitions of recovery.

<http://bit.ly/1Sxyes4>

# Carers and Recovery

## Exploring the Meaning of Recovery for Carers: Implications for Social Work Practice.

*Fox, Ramon & Morant (2015). Br J Soc Work (2015) 45 (suppl 1): 117-134.*

This paper describes the impact that learning about recovery has on mental health carers, exploring the implications of this research for UK social work and beyond. A steering group co-produced a training intervention on recovery that was delivered by the first author and a carer, both with experiences of recovery, to eleven carers. Mainly qualitative data, with supplementary socio-demographic data, were collected to evaluate the impact of this training. Thematic analysis was applied to the data.

Findings suggest that being more 'recovery-aware' gives carers increased hope and optimism for the future. Awareness of the impact of caring upon the service user's life helps carers to promote recovery in their relative, and gain confidence in their own expertise-by-caring. Professional care is fundamental to recovery but needs to build on a partnership model. The carers evaluated the training as helpful, and valued its authenticity in being led by trainers with experience of recovery. Carers' expectations of professional practice are highlighted, with different approaches discussed that support effective carer involvement in their relative's care. Recognition of carers' expertise-by-caring demands a new approach to mental health care, with significant implications for British social work practice.

<http://bit.ly/1L3e5Cb>

