

Recovery in Mental Health January 2015

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News items, books, reports

'My bipolar was seen as growing pains.' Stories of **mental health** stigma in school

The Guardian

Just being more open to the topic of **mental health** can make a significant impact ... "It's about accommodating their needs and helping them **recover**."

<http://www.theguardian.com/teacher-network/time-to-change-partner-zone/2014/dec/08/bipolar-student-teacher-mental-health-stories>

Denial about mental illness a big obstacle to **recovery**

TODAYonline

The Institute of **Mental Health** has a competent healthcare team: Doctors, nurses, psychologists and counsellors who can help to stabilise patients, ...

<http://www.todayonline.com/voices/denial-about-mental-illness-big-obstacle-recovery>

Read More

Wellness Recovery Action Plan - Mary Ellen Copeland

My own Wellness **Recovery** Action Plan includes practicing each day as part of my Daily Maintenance. It is on my Triggers Action Plan as an option if I ...

<http://www.mentalhealthrecovery.com/recovery-resources/articles.php?id=131>

Could this man revolutionise **mental health** treatment?

Cosmopolitan UK

If the same rules were applied to **mental health** treatment, we know people would start their **recovery** sooner, and regain their lives sooner. "A deeper ...

<http://www.cosmopolitan.co.uk/reports/news/a31937/simon-wessely-mental-health-treatment/>

Journal articles

Recovery from Mental Illness: A Service User Perspective on Facilitators and Barriers.

Community Ment Health J. 2014 Oct 25;

Authors: Petersen KS, Friis VS, Haxholm BL, Nielsen CV, Wind G

Mental health services strive to implement a recovery-oriented approach to rehabilitation. Little is known about service users' perception of the recovery approach. The aim is to explore the service user's perspectives on facilitators and barriers associated with recovery. Twelve residents living in supported housing services are interviewed. The analysis is guided by a phenomenological-hermeneutic approach and the interpretation involves theories from critical theory, sociology, and learning. Learning, social relations, and willpower are identified as having an impact on recovery. Stigmatization and social barriers occurred. Social relations to peer residents and staff were reported as potentially having a positive and negative impact on recovery. Studies have explored the user's perspectives on recovery but this study contributes with knowledge on how recovery-oriented services have an impact on recovery.

<http://link.springer.com/article/10.1007%2Fs10597-014-9779-7>

'Recovery': Does it fit for adolescent mental health?

J Child Adolesc Ment Health. 2014 Jul;26(1):83-90

Authors: Ward D

The notion of 'recovery' in mental health has a long and diverse history in terms of definition, treatment processes and outcomes. Particularly with regard to definition, there has been much debate in the literature. The aim of this paper is to extend the discussion by exploring how the concept is used for two developmentally divergent populations-adults and adolescents. I argued that it is indeed appropriate and valid to use 'recovery' in the treatment process for adolescents. However, while adults share various facets of the recovery process with their adolescent counterparts, there are also significant differences such as physiological change, the impact of peers, identity development and the role of family. These crucial differences must guide any clinical services for the adolescent population.

http://www.tandfonline.com/doi/abs/10.2989/17280583.2013.877465?url_ver=Z39.88-2003&rft_id=ori:rid:crossref.org&rft_dat=cr_pub%3dpubmed

Healthcare providers' attitudes toward persons with schizophrenia.

Posted: 12 Oct 2014 05:00 PM PDT

Objective: This study compared the attitudes of mental health and primary care providers toward persons with schizophrenia at 5 Veterans Affairs (VA) facilities. **Method:** This study utilized a cross-sectional anonymous survey, including clinical vignettes describing identical patient scenarios for a hypothetical patient with and without schizophrenia, to examine the differences in attitudes of primary care and mental health providers. The survey was distributed in 3 waves from August 2011 to April 2012. Participants included 351 VA providers from 5 VA medical centers, including 205 mental health providers (psychiatrists, psychologists, and mental health nurses) and 146 primary care providers (nurses and physicians). Providers' attitudes were assessed on 3 domains, including social distance, stereotyping, and attribution of mental illness. **Results:** Primary care providers had significantly more negative attitudes toward the vignette patient with schizophrenia compared with the patient without schizophrenia on 2 of 3 attitude measures (stereotyping and attribution of mental illness); however, this difference was not observed for mental health providers on the 2 measures. **Conclusions and Implication for Practice:** Primary care providers' negative attitudes toward individuals with schizophrenia represent a potential target for interventions to reduce disparities in care for individuals with schizophrenia.

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

Development of a recovery education program for inpatient mental health providers.

Objective: Mental health system transformation toward a recovery-orientation has created a demand for education to equip providers with recovery competencies. This report describes the development of a recovery education program designed specifically for inpatient providers. **Method:** Part 1 of the education is a self-learning program introducing recovery concepts and a recovery competency framework; Part 2 is a group-learning program focusing on real-life dilemmas and applying the Appreciative Inquiry approach to address these clinical dilemmas. A pilot study with a pre-test/posttest design was used to evaluate the program. Participants included 26 inpatient multidisciplinary providers from 3 hospitals. **Results:** The results showed participants' improvement on recovery knowledge ($z = -2.55$, $p = .011$) after the self-learning program. Evaluations of the group-learning program were high (4.21 out of 5). **Conclusions and Implications for Practice:** These results support continued efforts to refine the program. Inpatient providers could use this program to lead interprofessional practice in promoting recovery.

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

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

Sensory processing, participation, and recovery in adults with serious mental illnesses.

Psychiatr Rehabil J. 2014 Dec;37(4):289-96

Authors: Pfeiffer B, Brusilovskiy E, Bauer J, Salzer MS

OBJECTIVE: People with serious mental illnesses (SMI) have different sensory processing patterns compared to the general population. The purpose of the study was to examine the relationship between different sensory processing patterns and community participation and recovery-oriented outcomes to inform the development of innovative rehabilitation interventions, including those resulting in more accommodating environments.

METHODS: A quasi-experimental, comparative research design was conducted by using data obtained from 95 adults with SMI who received public mental health services. Participants completed a sensory processing profile and measures of community participation, recovery, and quality of life. Comparisons were made between sensory profile categories for each dependent variable using multivariate analyses of variance.

RESULTS: The category with more evidence of self-reported low registration and sensory sensitivity than most reported less participation and lower levels of recovery than did their peers with processing patterns in typical ranges. The category with more self-reported sensory sensitivity than most reported lower quality of life. Finally, the category in the "similar" to "more than most" range on self-reported sensory seeking had higher levels of participation and recovery.

<http://1.usa.gov/1Ke6ySF>

Rising to the challenge of first episode psychosis: The NIMH Recovery After Initial Schizophrenia Episode (RAISE) initiative.

Psychiatr Rehabil J. 2014 Dec;37(4):267-9

Authors: Mueser KT, Cook JA

This editorial reviews the challenges of treating people who first experience a psychotic episode, and the core elements of effective programs for these individuals. It then describe the NIMH Recovery After Initial Schizophrenia Episode (RAISE) initiative, and other related developments in the U.S., and their implications for psychiatric rehabilitation practitioners.

<http://1.usa.gov/1vRQpYB>

The stages of recovery in relation to the other subjective and objective aspects of psychosis.

Psychiatry Res. 2014 Dec 3;

Authors: Wciórka J, Świtaj P, Anczewska M

The Stages of Recovery Instrument (STORI; Andresen et al., 2006) was used among 110 patients with psychosis. Recovery stages relationship with attribution, the way of experiencing illness and its phase and symptoms were analyzed. The samples were drawn from treatment facility including in-patient unit. The subgroups of recovering patients were identified: moratorium (27%), awareness (32%), preparation (30%) and rebuilding (11%). The achievement of higher stages of the recovery was correlated with: less severe symptoms of psychosis (with the exception of anxiety and depression, which have no impact on the stages of recovery), medical attribution (I am ill), integrative attitude toward the experience of psychosis, and the absence of involuntary hospitalizations. The logistic regression analysis model indicated the independent significance of the medical attribution, the integrating attitude toward psychotic experience and the remission of symptoms. Other clinical variables and social characteristics did not differentiate between the stages of recovery in any significant way. No juxtaposition as such was found between the processes of recovery and being ill, but rather a complementary relation. Recovery has been found to be enhanced by the remission of psychotic symptoms, medical attribution and integrative attitude toward the experience of psychotic crisis.

<http://1.usa.gov/1wax13l>

A randomised controlled trial of recovery focused CBT for individuals with early bipolar disorder.

BMC Psychiatry, November 2012, vol./is. 12/, 1471-244X (Nov 21, 2012)

Jones, Steven; Mulligan, Lee D; Law, Heather; Dunn, Graham; Welford, Mary; Smith, Gina; Morrison, Anthony P

There is increasing evidence for the effectiveness of structured

psychological therapies for bipolar disorder. To date however there have been no psychological interventions specifically designed for individuals with early bipolar disorder. The primary objective of this trial is to establish the acceptability and feasibility of a new CBT based intervention (Recovery focused CBT; RfCBT) designed in collaboration with individuals with early bipolar disorder intended to improve clinical and personal recovery outcomes. Methods and design: This article describes a single blind randomised controlled trial to assess the feasibility and acceptability of RfCBT compared with treatment as usual. Participants will be recruited from across the North West of England from specialist mental health services and through primary care and self referral. The primary outcome of the study is the feasibility and acceptability of RfCBT as indicated by recruitment to target and retention to follow-up as well as absence of untoward incidents associated with RfCBT. We also intend to estimate the effect size of the impact of the intervention on recovery and mood outcomes and explore potential process measures (self appraisal, stigma, hope and self esteem). Discussion: This is the first trial of recovery informed CBT for early bipolar disorder and will therefore be of interest to researchers in this area as well as indicating the wider potential for evaluating approaches to the recovery informed treatment of recent onset severe mental illness.

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

Effectiveness of a peer-led self-management programme for people with schizophrenia: protocol for a randomized controlled trial.

Journal of Advanced Nursing, June 2014, vol./is. 70/6(1425-35), 0309-2402;1365-2648 (2014 Jun)

Chan SW; Li Z; Klainin-Yobas P; Ting S; Chan MF; Eu PW

AIM: To determine the effectiveness of a peer-led self-management programme for people with schizophrenia in reducing psychotic symptom severity, hospital readmission and psychiatric consultation and in enhancing cognition, empowerment, functioning level, medication adherence, perceived recovery, quality of life and social

support.**BACKGROUND:** Several self-management programmes have been developed to empower patients with severe mental illness in achieving recovery. Research suggests that peer-led self-management programmes have positive effects on patient recovery.

However, the existing evidence is inconclusive, due to a lack of credible evidence and long-term follow-up evaluations.**DESIGN:** A stratified randomized controlled trial will be conducted at six community mental health rehabilitation centres**METHODS:** A sample of 242 adults with schizophrenia will be recruited. A peer-led self-management programme, comprising six 2-hour sessions, will be implemented in the intervention group and a standard rehabilitation programme in the control group.

<http://www.ncbi.nlm.nih.gov/pubmed/24224787>

Recovery-oriented care in older-adult acute inpatient mental health settings in Australia: an exploratory study.

Journal of the American Geriatrics Society, October 2014, vol./is. 62/10(1938-42),

0002-8614;1532-5415 (2014 Oct)

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 older-adult inpatient settings in Australia. A general inductive approach was used to analyze the qualitative data. A concerted drive focused on recovery education is required to effectively embed a recovery-orientated paradigm into older-adult mental health settings.

<http://www.ncbi.nlm.nih.gov/pubmed/25263738>

Effectiveness of a worksite mindfulness-related multi-component health promotion intervention on work engagement and mental health: results of a randomized controlled trial.

PLoS ONE [Electronic Resource], 2014, vol./is. 9/1(e84118), 1932-6203;1932-6203 (2014)

van Berkel J; Boot CR; Proper KI; Bongers PM; van der Beek AJ

OBJECTIVES: The aim of the present study was to evaluate the effectiveness of a worksite mindfulness-related multi-component health promotion intervention on work engagement, mental health, need for recovery and mindfulness.**METHODS:** In a randomized controlled trial design, 257 workers of two research institutes participated. The intervention group (n = 129) received a targeted mindfulness-related training, followed by e-coaching. The total duration of the intervention was 6 months. Data on work engagement, mental health, need for recovery and mindfulness were collected using questionnaires at baseline and after 6 and 12 months follow-up. Effects were analyzed using linear mixed effect models.**RESULTS:** There were no significant differences in work engagement, mental health, need for recovery and mindfulness between the intervention and control group after either 6- or 12-months follow-up. Additional analyses in mindfulness-related training compliance subgroups (high and low compliance versus the control group as a reference) and subgroups based on baseline work engagement scores showed no significant differences either.**CONCLUSIONS:** This study did not show an effect of this worksite mindfulness-related multi-component health promotion intervention on work engagement, mental health, need for recovery and mindfulness after 6 and 12 months.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0084118>

Rethinking social inclusion: Experiences of persons in recovery from mental illness.

Am J Orthopsychiatry. 2014 Nov;84(6):685-95

Authors: Wong YL, Stanton MC, Sands RG

This qualitative study examines the relational dimension of social inclusion by exploring the ways in which persons in recovery from mental illness understand and define their relationships with various communities. Semistructured interviews were conducted with 20 participants who were heterogeneous with respect to gender, psychiatric diagnoses, sexual orientation and gender identity, and living environments. We found competencies for establishing reciprocal social relationships and taking on responsibility as citizens and community members, rendering support for the capabilities approach as a promising schema for understanding social inclusion. We propose a competencies-based framework to facilitate thoughtful, proactive, and meaningful engagement of persons in recovery with communities of their choice.

<http://1.usa.gov/1xJUS6K>

Subjective experiences of illness recovery in individuals treated for first-episode psychosis.

Soc Psychiatry Psychiatr Epidemiol. 2014 Dec 31;

Authors: Windell DL, Norman R, Lal S, Malla A

PURPOSE: Individuals with psychotic disorders identify several parallel dimensions of recovery as being important, including illness related, personal and social domains. Learning how patients deal with the experience of psychosis and recovery early in the course of illness may provide insights for improvement of early intervention services. The primary aim of the present research is to explore experiences related to recovery for individuals receiving services following a first episode of psychosis (FEP) in a specialized early intervention (SEI) program and to examine key turning points that shape such recovery.

METHODS: Semi-structured interviews were carried out with 30 individuals in early recovery following an FEP. Interpretative phenomenological analysis (IPA) was used to examine the subjectively identified important processes and turning points in relation to the illness domain of recovery.

RESULTS: Participants described several early recovery processes including symptom recovery; reconciling the meaning of the illness experience; regaining control over the experience; and negotiation and acceptance of treatment. Of particular relevance were the various turning points associated with the recovery processes that were described.

CONCLUSIONS: Differences in illness acceptance trajectories and the turning points within such trajectories have important implications for understanding psychological adjustment to the experience of psychosis, its diagnosis and treatment. These findings underline the importance of assisting individuals with the construction of meaning following the initial illness experience.

<http://1.usa.gov/17cLwot>