

Recovery in Mental Health: March 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.

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Journal articles

The Steps to Recovery Program: Evaluation of a Group-based Intervention for Older Individuals Receiving Mental Health Services.

Flaherty-Jones, Carne & Dexter-Smith (2016). Psychiatric Rehabilitation Journal.

Objective: This study reports on the evaluation of a group-based intervention for older individuals receiving mental health services. Method: A prospective cohort repeated-measure design was used for 48 participants who accessed secondary care mental health services for older people. Changes on the Recovery Assessment Scale (RAS), the Warwick-Edinburgh Mental Well-Being Scale (WEMWEBS), and a postevaluation questionnaire were analyzed. Results: A paired sample t test examined changes in participant's scores on the WEMWEBS and RAS from baseline to postintervention. Participants qualitatively evaluated the Steps to Recovery group as having a positive effect on their recovery. Conclusions and Implications for Practice: Following involvement in this group intervention, participants reported improved mental well-being and recovery from mental health difficulty. These results suggest that the program has the potential to provide an accessible framework for developing recovery-orientated approaches in mental health care that can be delivered by care staff at all levels

Peer Mentoring

The Use of Peer Mentors To Enhance a Smoking Cessation Intervention for Persons with Serious Mental Illnesses.

Dickerson et al. (2016). Psychiatric Rehabilitation Journal.

Objective: We evaluated a well-specified peer mentor program that enhanced a professionally led smoking cessation group for persons with serious mental illnesses. **Method:** Participants were 8 peer mentors, persons with serious mental illnesses who had successfully quit smoking, and 30 program participants, persons with serious mental illnesses enrolled in a 6-month intervention. Peer mentors were trained and then helped to deliver a smoking cessation group and met with program participants individually. We assessed the mentors' skills after training, their fidelity to the model, and the program's feasibility and acceptability. We also measured the smoking outcomes of the program participants including change in exhaled carbon monoxide, a measure of recent smoking, and aspects of the peer mentor-program participant relationship. **Results:** Peer mentors attained a mean score of 13.6/14 on role play assessments after training and delivered the intervention with fidelity as assessed by adherence and competence ratings (mean scores of 97% and 93%, respectively). The feasibility and acceptability of the intervention was demonstrated in that 28/30 participants met with their peer mentors regularly and only 1 participant and no peer mentor discontinued in the study. Both parties rated the interpersonal alliance highly, mean of 5.9/7. The program participants had a decline in carbon monoxide levels and number of cigarettes smoked per day (repeated measures ANOVA $F = 6.04, p = .008; F = 15.87, p < .001$, respectively). A total of 22/30 (73%) made a quit attempt but only 3 (10%) achieved sustained abstinence. **Conclusions and Implications for Practice:** Our study adds to the growing literature about peer-delivered interventions.

<http://1.usa.gov/1V6Kqka>



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Mental Illness Sexual Stigma: Implications for Health and Recovery.

Wainberg et al. (2016), Psychiatric Rehabilitation Journal.

The majority of people in psychiatric care worldwide are sexually active, and studies have revealed sharply elevated rates of HIV infection in that group compared with the general population. Recovery-oriented treatment does not routinely address sexuality. We examined the relationship between gender, severe mental illness diagnosis, and stigma experiences related to sexuality among people in psychiatric outpatient care. Sexually active adults attending 8 public outpatient psychiatric clinics in Rio de Janeiro (N = 641) were interviewed for psychiatric diagnosis and stigma experiences. Stigma mechanisms well-established in the literature but not previously examined in relation to sexuality were measured with the Mental Illness Sex Stigma Questionnaire, a 27-item interview about stigma in sexual situations and activities. Experiences of stigma were reported by a majority of participants for 48% of questionnaire items. Most people reported supportive attitudes toward their sexuality from providers and family members. Those with severe mental illness diagnoses showed greater stigma on individual discrimination and structural stigma mechanisms than did those with nonsevere mental illness diagnoses, whereas there was no difference on the social psychological processes (internalized stigma) mechanism. Regardless of diagnosis or gender, a majority of participants devalued themselves as sexual partners. Adults in psychiatric outpatient care frequently reported stigma experiences related to aspects of their sexual lives. From the perspectives of both HIV prevention and recovery from mental illness, examinations of the consequences of stigma in the sexual lives of people in psychiatric care and improving their measurement would have wide applicability.

The Role of Self-determination In Mental Health Recovery.

Piltch (2016), Psychiatric Rehabilitation Journal.

This contribution describes a personal recovery journey and highlights the importance of growth and renewal of self-determination as a critical part of recovery from mental health challenges. Purpose: Five factors that foster the development of self-determination are highlighted and include access to information about treatment and rehabilitation options and resources, support from trusted others, exposure to mentors or coaches who have the lived experience of mental health challenges, willingness to experiment with various interventions and recovery strategies, and opportunities to be engaged in personally meaningful activities such as work, parenting, or teaching. Sources Used: Personal life experiences are shared and resource information is provided as a guide for readers. Conclusions and Implications for Practice: Attention to these factors that foster self-determination by service users, peers, clinicians, teachers, and loved ones may help cultivate self-determination and contribute to the process of recovery.

<http://bit.ly/1MaY7vP>

Carers' and Service Users' Experiences of Early Intervention in Psychosis Services: Implications for Care Partnerships.

Allard, Clayton, Amos & Birchwood (2016), *Early Intervention in Psychiatry*.

Aim: To explore carers' and service users' experiences of UK Early Intervention Services following referral for first-episode psychosis.

Methods: Thirty-two semi-structured interviews (16 interviews with service users and 16 corresponding interviews with their carers) were completed and analysed.

Results: Carers spoke retrospectively and prospectively by framing their accounts into the periods before and since their engagement with Early Intervention Services. Desperation was evident as emotive experiences were recalled prior to referral. Relief then emerged as carers described support and engagement with key workers. Hope and optimism for the service user's prognosis and life trajectory were also expressed. Service users described similar positive experiences of Early Intervention Services and the support and insight they had gained through their relationships with key workers. They were however less focused on accounts of desperation and relief and more immersed in their current understanding and attempts to normalize their experiences of first-episode psychosis. Prognosis and future trajectories were only discussed tentatively.

Conclusion: Communication and 'partnerships' with service users and carers are essential for effective service engagement, delivery of care and the reduction in relapse following first-episode psychosis. This study highlights how key workers from Early Intervention Services are appropriately valued and situated to develop such relationships. Findings also reveal that service users' and carers' focus and expectations of recovery vary during the early stages of engagement with services. How key workers manage awareness and communication around such differing expectations is a crucial consideration for maintaining the 'partnerships' necessary for effective service provision.

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



Resilience, Internalized Stigma, Self-esteem & Hopelessness Among People with Schizophrenia: Cultural Comparison in Austria and Japan.

Hofer et al. (2016), Schizophrenia Research.

Resilience is becoming an important topic in people with schizophrenia since there is evidence that it increases the probability for long-term recovery. The current study investigated transcultural differences in resilience across schizophrenia patients from two different geographical regions, Austria and Japan. Another objective was to examine transcultural differences in internalized stigma, self-esteem, and hopelessness, which can be expected to be relevant in this context, as well as the interrelations between these subjective elements of recovery and symptom severity. To this end, patients from outpatient mental health services in Innsbruck, Austria (N=52) and Tokyo, Japan (N=60) as well as 137 healthy comparison subjects from both countries were included into this cross-sectional study. Notably, we detected a significant country effect with markedly lower resilience ($F=74.4$, $p<0.001$) and self-esteem scores ($F=226.0$, $p<0.001$) as well as higher hopelessness scores ($F=37.4$, $p<0.001$) among Japanese subjects in general. In addition, both Austrian and Japanese patients indicated significantly lower degrees of resilience ($F=57.5$, $p<0.001$), self-esteem ($F=51.8$, $p<0.001$), and hope ($F=29.5$, $p<0.001$) compared to healthy control subjects. The inter-correlations between subjective elements of recovery were comparable in size in the two patient samples, but the inter-correlations between these issues and residual symptoms of schizophrenia as objective domains of recovery were markedly higher in Austrian subjects. This suggests that schizophrenia patients from Western European and Japanese cultures may have different needs to achieve recovery. In conclusion, it will be critical to develop culture-specific psychosocial programs and to examine their feasibility and effectiveness among these patients.

<http://bit.ly/1q3h21o>

Embedding a Recovery Orientation into Neuroscience Research: Involving People with a Lived Experience in Research Activity.

Stratford et al. (2016), Psychiatric Quarterly.

This paper highlights the importance and value of involving people with a lived experience of mental ill health and recovery in neuroscience research activity. In this era of recovery oriented service delivery, involving people with the lived experience of mental illness in neuroscience research extends beyond their participation as “subjects”. The recovery paradigm reconceptualises people with the lived experience of mental ill health as experts by experience. To support this contribution, local policies and procedures, recovery-oriented training for neuroscience researchers, and dialogue about the practical applications of neuroscience research, are required.

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

Transitions & Functional Recovery

Having Someone Waiting For You Outside: Transitions From Psychiatric Hospitalization to the Community

Hasson-Ohayon, Lerer, Tuval-Mashiach, Shamir & Roe, Psychosis, (2016).

The current study aims at gaining a better understanding of the transition phase from psychiatric hospitalization back to the community, using qualitative methodology and narrative analysis. This purpose of the study was to learn from the personal life stories of 15 people diagnosed with schizophrenia who had just returned to the community following a psychiatric hospitalization. Analysis of the narratives revealed different characteristics of the transition phase. In addition to oscillation between feelings of strength and vitality to vulnerability and despair, participants reported specific factors that contributed to their transition. These factors included social, familial, employment and professional aspects. The results emphasize the non-linear nature of the transition process and the special challenges involved. Results also stress the importance of supportive relationships and work. Based on the results, recommendations for interventions tailored to the delicate transition stage are discussed.

<http://bit.ly/1WWX4jf>

Postsecondary Academic Achievement and First-episode Psychosis: A Mixed-methods Study.

Roy, Rousseau, Jacqueline, Fortier & Mottard (2016), Canadian Journal of Occupational Therapy.

Postsecondary academic achievement as an area of functional recovery for young adults living with mental illness has received little research attention. Purpose: This study had three purposes: to compare rates of participation, performance, and satisfaction in postsecondary education between young adults with first-episode psychosis and closely matched young adults; to identify characteristics associated with academic participation; and to explore the processes associated with educational experiences. Method: One hundred young adults ages 18 to 30 participated in the study. Quantitative data on academic engagement, performance, and satisfaction, and qualitative data (n = 52) on academic experiences were integrated through pattern analyzes. Findings: Young adults with psychosis were significantly less likely to be engaged in postsecondary education. No difference appeared for the extent of engagement, but performance and satisfaction were lower among participants with psychosis. Participants engaged in reflexive decision making to access postsecondary education and to maintain adequate academic performance. Strategies used by successful students with mental illness were identified. Implications. Assessment and intervention focused on educational needs and skills should become landmark practices for psychiatric rehabilitation practitioners, including occupational therapists.

<http://bit.ly/1UT15by>

