

Recovery in Mental Health September 2014

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News items, books, reports

Why is mental health such a low priority for the UN?

The Guardian

Treatments available for **mental health** problems are as powerful as those for ... No – this is the real situation for people with **mental health** problems in ... in England, they were given electroconvulsive therapy to aid their **recovery**.

<http://www.theguardian.com/healthcare-network/2014/sep/02/mental-health-low-priority-united-nations>

Journal articles

The meaning of recovery in a regional mental health service: an action research study.

J Adv Nurs. 2014 Jul 5;

Authors: Kidd S, Kenny A, McKinstry C

AIM: To explore the meaning of the term recovery to people with experience providing and receiving mental health services.

BACKGROUND: Internationally, governments have proposed recovery-oriented mental health policy. In practice, people managing mental health difficulties struggle to recover, self-manage, or improve their quality of life. Mental health services increasingly provide acutely focused and poorly coordinated services to people experiencing mental health difficulties, with self-management, wellness and recovery overlooked.

DESIGN: A cooperative enquiry, action research design guided the study. Participants were people with experience of mental health difficulties from consumer, carer and clinician perspectives.

METHOD: Data were collected between August 2012-July 2013. Analysis was conducted using an iterative process for the duration of the study. A thematic network was developed that reflected key organizing themes.

RESULTS: The overarching theme developed from the participants' group discussions, reflections, actions and observations was recovery as an ongoing quest in life. This global theme was constructed from five organizing themes: 'finding meaning', 'an invisible disability', 'empowerment and agency' 'connection' and 'the passage of time'.

CONCLUSION: Participatory approaches support the inclusion of lived experience perspectives. Structured processes are needed to bring different perspectives together to find solutions, through dialogue, and acknowledge the barriers to participation that people who use mental health services experience. The lack of integration of lived experience perspectives demonstrates forms of discrimination that inhibit consumer participation and prevent the recovery-oriented transformation required in mental health systems.

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Promoting recovery via an integrated model of care to deliver a bed-based, mental health prevention and recovery centre.

Australas Psychiatry. 2014 Aug 21;

Authors: Lee SJ, Collister L, Stafrace S, Crowther E, Kroschel J, Kulkarni J

OBJECTIVE: This research was conducted in order to explore the experience of care and outcomes for people entering a bed-based step-up/step-down Prevention and Recovery Centre (PARC).

METHODS: An audit of files for PARC participants in 2010 collected demographic (age, gender, and marital, housing, employment and education/training status) and clinical measures (length of stay, entry and exit outcome measures, psychiatric hospital use). Participants were also invited to a feedback group to discuss their PARC experience.

RESULTS: In 2010, 118 people entered PARC. Most were single and unemployed and 35% were in temporary housing or homeless. In the six months following PARC exit, participants spent significantly less time in psychiatric hospital than in the six months prior to entry ($p < 0.001$). Significant reductions in clinician-rated difficulties were documented at exit ($p < 0.001$). For 40 episodes of care with self-report measures at entry and exit, significant reductions in difficulties with relating to self/others ($p = 0.004$), daily living/role functioning ($p = 0.006$), and depression/anxiety ($p = 0.019$) were seen. Twelve participants attended a feedback group. Positive aspects of PARC included: supportive and caring staff; help with practical issues or community access; therapeutic activities and learning about health; and socialization opportunities.

CONCLUSIONS: A step-up/step-down PARC can facilitate recovery for people with mental illness through promoting independence and illness self-management.

Consumer-Operated Service Program Members' Explanatory Models of Mental Illness and Recovery.

Qual Health Res. 2014 Aug 21;

Authors: Hoy JM

Incorporating individuals' understandings and explanations of mental illness into service delivery offers benefits relating to increased service relevance and meaning. Existing research delineates explanatory models of mental illness held by individuals in home, outpatient, and hospital-based contexts; research on models held by those in peer-support contexts is notably absent. In this article, I describe themes identified within and across explanatory models of mental illness and recovery held by mental health consumers ($N = 24$) at one peer center, referred to as a consumer-operated service center (COSP). Participants held explanatory models inclusive of both developmental stressors and biomedical causes, consistent with a stress-diathesis model (although no participant explicitly referenced such). Explicit incorporation of stress-diathesis constructs into programming at this COSP offers the potential of increasing service meaning and relevance. Identifying and incorporating shared meanings across individuals' understandings of mental illness likewise can increase relevance and meaning for particular subgroups of service users.

New Roads Paved on Losses: Photovoice Perspectives About Recovery From Mental Illness.

Qual Health Res. 2014 Aug 28;

Authors: Mizock L, Russinova Z, Shani R

People with serious mental illness face stigma that interferes with recovery. Photovoice is a method that integrates photography and writing, providing a valuable means for capturing the narratives of people with mental illness whose voices are often marginalized. The purpose of the present article is to explore the meaning of recovery for individuals with serious mental illness based on a qualitative analysis of a new photovoice-based intervention, Recovery Narrative Photovoice. This intervention focuses on promoting the process of recovery and sense of identity through the creation of empowering visual images and narratives of recovery for individuals with serious mental illness. In this article, we present iconographic and thematic analysis for the 23 photovoice works from two pilots of the Recovery Narrative Photovoice intervention. Results reveal several themes, including metaphors for mental illness, associated losses, recovery strategies, and recovery outcomes. A final theme pertains to recovery messages learned from the recovery process.

Every family has a north star: Family healing and recovery.

<http://www.ncbi.nlm.nih.gov/pubmed/25180527>

Topic: This contribution describes a personal recovery journey and the creation of an organization focused on rebuilding relationships between members of families living with a parent(s) with psychiatric disabilities. Purpose: Adults living with serious mental illnesses have the same hopes and dreams of being successful and resourceful parents to their children and contributing family members as other parents. Specific suggestions highlight ways in which mental health and psychiatric rehabilitation practitioners can support and promote recovery for families. Sources Used: Personal data and resource information available on the Child and Family Connections website located at <http://www.childfamilyconnections.org>. Conclusions and Implications for Practice: Practical guidelines are offered to engage and work with parents living with mental illnesses. Improving our understanding and capacity to better meet the needs of parents with psychiatric disabilities will more likely enhance their roles as parents.

Parenthood and severe mental illness: Relationships with recovery.

<http://www.ncbi.nlm.nih.gov/pubmed/24819698>

Objective: Parenting is an important life domain for many people, but little research examines the parenting experience and its role in recovery for those with a severe mental illness. The current study provides preliminary evidence of how these concepts are related in a sample of individuals living with severe mental illness attending a community mental health center. We also explored potential differences between mothers and fathers, which could help better tailor services to meet the needs of parents with severe mental illness. Method: Data were obtained during baseline interviews for a study testing an intervention designed to increase shared decision making in psychiatric treatment. Participants (N = 167) were administered measures of patient activation, recovery, autonomy preference, hope, and trust in providers. We compared parents and nonparents and compared mothers and fathers using chi-square tests, t tests, and, when appropriate, analysis of covariance. Results: Parents had a significantly higher level of trust in their psychiatric care provider than nonparents. Contrary to hypotheses, parents were less active in their treatment and preferred less information-seeking autonomy than did nonparents, but did not differ on other recovery-related indices. No differences on recovery-related indices were detected between mothers and fathers. Secondary analyses revealed parents with minor children had more hope than parents of older children. Conclusions and Implications for Practice: Although parents may have higher levels of trust in their physicians, our preliminary findings suggest that parents with severe mental illness may benefit from increased efforts to help them be more active and interested in information about their illness-

Recovery in a family context: Experiences of mothers with serious mental illnesses.

<http://www.ncbi.nlm.nih.gov/pubmed/24611867>

Objective: Adults with mental illness are as likely as those without mental illness to be parents. Yet parenting and family life have received considerably less attention than employment, housing, and community integration in psychiatric rehabilitation and mental health services research. This ethnographic pilot study aimed to understand the lived experiences of urban low-income African American mothers diagnosed with serious mental illnesses. Method: Ethnographic observations and informal interviews were conducted over 12 months with three mothers diagnosed with serious mental illnesses and their children. Data were analyzed using a case study approach to distill prominent themes, perspectives, and experiences within and across participating families. Results: Five themes emerged to characterize the lived experiences of African American mothers with serious mental illnesses: (a) mental illness and mental health services are not a prominent focus in everyday life; (b) families live in a context of ubiquitous violence, loss, and everyday stress; (c) family life is the main focus for mothers as they strive for a better life; (d) mothers have limited social support; and (e) religion is a source of meaning and a resource for the everyday work of recovery. Conclusions and Implications for Practice: Findings from this exploratory pilot study suggest that rehabilitative efforts tailored for this population should not focus on, or reside in, professional mental health services. Meaningful rehabilitative strategies for families might include supported employment, social support, youth mentoring, faith-based supports, and community-based anti-violence efforts. Peer-based approaches may be a promising way to provide supports within this population.

Implementing an intervention for parents with mental illness: Building workforce capacity.

<http://www.ncbi.nlm.nih.gov/pubmed/24512480>

Objective: This article describes the challenges in building workforce capacity when implementing an intervention for families living with parental mental illnesses. Method: Data were obtained in the context of a larger, developmental, mixed-methods study. Participants included all agency employees working with families in the Family Options intervention on a daily basis. In-depth interviews were representative of the implementation time frame and activities, and the range of staff members' roles and involvement in the implementation process. Themes emerged as interview transcripts were coded qualitatively using a constant comparative approach. Results: Identifying complex family needs, anticipating the needs of children, and addressing staff needs for training and support were crucial considerations in implementing a family intervention. Conclusions and Implications for Practice: As the psychiatric rehabilitation field acknowledges the impact of family life on adults as well as children, and moves toward family informed services, knowledge of how to shape and support this specialized workforce is essential.

Schizophrenia Is Normal: My Journey Through Diagnosis, Treatment, and Recovery.

Schizophr Bull. 2014 Sep 2;

Authors: Helman DS