Recovery – a selective list of books & journal articles

(1) Davidson L. Recovery and the medical model in institutional care. Psychiatric Services 2010; 61(4).
Ref ID: 46
Abstract: Comments on an article by P. Turton et al. (see record 2010-04187-010). Turton et al. describe a process that assessed stakeholder views on the most important treatment components in promoting recovery of people receiving institutional care in the European Union. The authors expressed surprise that aspects of care that were ranked as being most important were "therapeutic interventions" and other domains of "a more conventional" medical model. They contrasted these domains to ones that they considered more reflective of a "recovery" orientation--such as "autonomy and self-management, social inclusion, dignity, hope"--and inferred from these findings that the recovery vision might need to be tempered a bit by giving more importance to medical aspects of care and less value to such "broader recovery principles" as autonomy and dignity. Turton et al. readily acknowledge that these findings might be due to the fact that therapeutic interventions and medical care "form the very basis and raison d'etre of health care." What they perhaps have not taken fully into account is that therapeutic interventions and medical care form the very justification for institutional care in particular. (PsycINFO Database Record (c) 2010 APA, all rights reserved) Available in fulltext.

(2) Davidson L. The roots of the recovery movement in psychiatry: lessons learned. Wiley-Blackwell; 2010.
Ref ID: 96
Notes: Available in Wonford House Library. WM670 DAV

(3) Faigin DA, Stein CH. The power of theater to promote individual recovery and social change. Psychiatric Services 2010; 61(3):306-308.
Ref ID: 49
Abstract: Although theatrical activities are used in a variety of therapeutic settings, little attention has been paid to the ways that theater can enhance the recovery process and community integration for people living with psychiatric disabilities. Community-based theater involving people with psychiatric disabilities offers unique opportunities for personal growth, social connection, and advocacy efforts. This Open Forum posits that theater has the power to both facilitate individual recovery and improve the social conditions of people living with mental illness. Critical elements of theatrical activities that relate to processes of recovery and community integration are examined. Implications for future research and program development are discussed. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(4) Fitzgerald MM. Comparison of recovery style and insight of patients with severe mental illness in secure services with those in community services. Journal of Psychiatric and Mental Health Nursing 2010; 17(3):229-235.
Ref ID: 45
Abstract: Insight and recovery style have long been associated with Severe Mental Illness (SMI) but there remains little understanding of the relationship between how individuals comprehend and react to their illness and whether this reaction has a subsequent impact on where they receive treatment. Patients receiving treatment for SMI in two different locations, community services and long-term secure services were compared on their Recovery Style and Insight. This study hypothesizes that patients with SMI who receive treatment in secure services do so because they have poor insight into their illness and adopt a 'sealing over' recovery style. A significant difference in insight was found. The community group recorded higher insight than those in the secure group. Recovery style was found to relate to insight but not to service provision. This difference may provide an explanation of how insight and recovery style contributes to the recovery

process and why some people do not respond well to the traditional medical approach to their illness. Further research is required to explore these possibilities but early indications are that services could benefit from the assessment of insight and recovery style at the baseline assessment stage to support early treatment formulation. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

(5) French P. Promoting recovery in early psychosis: a practice manual. Wiley-Blackwell; 2010.
Ref ID: 97
Notes: Available in Wonford House Library. WM 200 PRO

(6) Harrow M, Jobe TH. How frequent is chronic multiyear delusional activity and recovery in schizophrenia: A 20-year multi-follow-up. Schizophrenia Bulletin 2010; 36(1):192-204.
Ref ID: 54
Abstract: To determine how frequent chronic multiyear delusional activity is in modern-day schizophrenia, we studied 200 patients over a 20-year period. We also studied the relation of delusions to hallucinations and thought disorder-disorganization, to work disability, and to later periods of global recovery and assessed several protective factors against delusional activity. The sample was assessed 6 times over 20 years and includes 43 patients with schizophrenia. Participants were evaluated at each follow-up for delusions, hallucinations, thought disorder-disorganization, work disability, and global recovery. Possible protective factors were assessed prospectively at index hospitalization. Twenty-six percent of the patients with schizophrenia were delusional at all follow-ups over the 20 years. Overall, 57% had frequently recurring or persistent delusions. A subgroup of over 25% of the schizophrenia patients had no delusional activity at any of the 6 follow-ups over 20 years. Schizophrenia patients with posthospital delusional activity had increased work disability ($P < .05$). Delusions that persisted after the acute phase in schizophrenia patients predicted a lower likelihood of future global recovery ($P < .01$). In conclusion, slightly over half of modern-day schizophrenia patients are vulnerable to frequent or "chronic" delusional activity after the acute phase. Schizophreniform patients and other types of psychotic disorders are vulnerable to posthospital delusional activity, but less frequently, less severely, and more episodically. Delusional activity is associated with work disability. Internal factors such as good premorbid developmental achievements and favorable prognostic factors are protective factors that reduce the probability of chronic multiyear, delusional activity in schizophrenia ($P < .01$). (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

(7) Hill Laura, Roberts, Glenn and Wilson, Igbrudel. Experience of support time and recovery workers in promoting WRAP. The Psychiatrist 2010; 34(7):279-284.
Ref ID: 106
Abstract: Aims and method Supporting self-management is a core ambition of progressive mental health services, but little is known about how to achieve this. Support time and recovery (STaR) workers are routinely taught the Wellness Recovery Action Plan (WRAP). This study explores their capacity to support self-management using WRAP.
Results The audited STaR trainees had introduced an average of nine service users each to WRAP. There was a trend for those with personal experience of mental illness to introduce more clients to WRAP and even more so for those who had used WRAP themselves. Qualitative analysis suggested a range of factors that may mediate whether people engage with self-management or not.
Clinical implications The capacity of STaR workers and others to support people in self-management may depend on more than knowledge of self-management methods and having personal experience of mental health problems and services. Important factors may also include specific experience of the methods introduced, ongoing training,

accountability and supervision.
Notes: Available online with NHS Athens.

(8) Hill Laura, Roberts, Glenn, Wildgoose, Joanna. et al. Recovery and person-centred care in dementia: common purpose, common practice? Advances in Psychiatric Treatment 2010; 16(4):288-298.
Ref ID: 105
Abstract: With the launch of the Fair Deal for Mental Health campaign in 2008 the Royal College of Psychiatrists made a commitment to ensuring that 'training for psychiatrists promotes the recovery approach'. National guidance emphasises the universal applicability of the recovery values for anyone of any age who has a significant mental health problem. Yet there has been little thinking as to whether the recovery approach is applicable to old age psychiatry and particularly to dementia care. This article explores the striking similarities between a recovery-oriented approach and person-centred care, the particular challenge posed in dementia care and the benefits of a collaborative approach in pursuit of common purposes.
Notes: Available online with NHS Athens.

(9) Hodgekins J, Fowler D. CBT and recovery from psychosis in the ISREP trial: Mediating effects of hope and positive beliefs on activity. Psychiatric Services 2010; 61(3):321-324.
Ref ID: 48
Abstract: Objective: Hope and positive self-concept have been highlighted as important components of recovery from psychosis. This study investigated the impact of a recovery- focused intervention on these dimensions, as well as their role as mediators of functional outcome. Methods: Seventy-seven participants in recovery from psychosis were recruited into a randomized controlled trial of social recovery-focused cognitive-behavioral therapy (SRCBT). The primary outcome was hours spent weekly in structured activity. Hopelessness and beliefs about self and others were also assessed. Results: SRCBT had a significant effect on improving positive beliefs about self and others. A trend was noted suggesting a main effect of SRCBT on reducing hopelessness among individuals with nonaffective psychosis. Increases in positive beliefs about self were found to mediate improvements in activity in the SRCBT group. Conclusions: Fostering hope and positive self-concept should be central components of recovery-oriented services and interventions. Modifying these dimensions may have a positive impact on functional outcome. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(10) Lakeman R. Mental health recovery competencies for mental health workers; a Delphi study. J Mental Health 2010; 19(1).
Ref ID: 51
Abstract: Research using the Delphi technique to examine the competencies and practices of mental health workers, including nurses, in recovery. Service users rated competency statements in 2 rounds and identified the meaning of mental health recovery and supportive strategies by mental health workers and others. 38 refs.

(11) Nordby K, Kjonsberg K, Hummelvoll JK. Relatives of persons with recently discovered serious mental illness: In need of support to become resource persons in treatment and recovery. Journal of Psychiatric and Mental Health Nursing 2010; 17(4):304-311.
Ref ID: 43
Abstract: A considerable amount of research on the treatment of young people suffering from serious mental illnesses states that good collaboration with relatives is essential for reducing relapse, improving recovery and enhancing quality of life for patients and relatives. The aim of this study was to explore and describe what facilitates active involvement for relatives in the treatment and rehabilitation of their family member. The present study is a part of a larger cooperative inquiry project carried out in a mental hospital in southern Norway focusing on improving practices for collaboration with

relatives. This sub-study presents results from eight focus group interviews with relatives and staff members. Data were analysed by means of qualitative content analysis. The results showed that the relatives had mostly positive experiences from their encounters with the staff, although some negative experiences were articulated. Both relatives and staff underlined the importance of developing a good encounter characterized by sharing information, giving guidance and support according to the relatives' needs as well as addressing existential issues. This was perceived as a necessary basis for the relatives to become active participants in the treatment and rehabilitation process. To activate this basis, the relatives are dependent on the staff members' ability to convey and nurture hope related to the patient's recovery and quality of life. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

(12) Ostacher MJ, Perlis RH, Nierenberg AA, Calabrese J, Stange JP, Salloum I et al. Impact on substance use disorders on recovery from episodes of depression in bipolar disorder patients: Prospective data from the Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD). The American Journal of Psychiatry 2010; 167(3):289-297.
Ref ID: 47
Abstract: Objective: Bipolar disorder is highly comorbid with substance use disorders, and this comorbidity may be associated with a more severe course of illness, but the impact of comorbid substance abuse on recovery from major depressive episodes in these patients has not been adequately examined. The authors hypothesized that comorbid drug and alcohol use disorders would be associated with longer time to recovery in patients with bipolar disorder. Method: Subjects (N=3,750) with bipolar I or bipolar II disorder enrolled in the Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) were followed prospectively for up to 2 years. Prospectively observed depressive episodes were identified for this analysis. Subjects with a past or current drug or alcohol use disorder were compared with those with no history of drug or alcohol use disorders on time to recovery from depression and time until switch to a manic, hypomanic, or mixed episode. Results: During follow up, 2,154 subjects developed a new-onset major depressive episode; of these, 457 subjects switched to a manic, hypomanic, or mixed episode prior to recovery. Past or current substance use disorder did not predict time to recovery from a depressive episode relative to no substance use comorbidity. However, those with current or past substance use disorder were more likely to experience switch from depression directly to a manic, hypomanic, or mixed state. Conclusions: Current or past substance use disorders were not associated with longer time to recovery from depression but may contribute to greater risk of switch into manic, mixed, or hypomanic states. The mechanism conferring this increased risk merits further study. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(13) Stickley T. Does prescribing participation in arts help to promote recovery for mental health clients? Nursing Times 2010; 106(18).
Ref ID: 44
Abstract: Research using narrative enquiry to examine experiences of people with a mental illness who participated in an art activity prescribed by psychiatric nurses. Clients involved in an arts on prescription programme were interviewed 3 times over a period of a year to identify the perceived benefits in providing psychological safety, a sense of empowerment, social inclusion and peer support. 21 refs. Available in print at Exeter Health Library.

(14) Sugarman P. Choice in mental health: participation and recovery. The Psychiatrist 2010; 34(1):1-3.
Ref ID: 108
Abstract: The Royal College of Psychiatrists has established a Working Group on Choice in Mental Health and held a conference to include service users in formulating a challenging view of the choice agenda for mental health. This is set out here to stimulate

wider interest. Choice-based practice develops in a climate of trust and information, and goes beyond simple variety or individual consumerism. For some service users, limited initial areas of choice can be of great importance, but a true culture of choice requires the widespread participation of service users and carers in service improvement. It is important that psychiatrists champion the empowerment of their patients through choice, in policy and training, and in clinical practice.
Notes: Available online with NHS Athens

(15) Torgalsboen AK, Rund BR. Maintenance of recovery from schizophrenia at 20-year follow-up: What happened? Psychiatry: Interpersonal and Biological Processes 2010; 73(1):70-83.
Ref ID: 53
Abstract: The present study reports longitudinal data on individuals who 20-years ago were fully recovered from previously diagnosed schizophrenia. Four subjects from the original sample consented and were interviewed at the present follow-up; data on two more subjects were secured elsewhere. A semistructured interview, the Positive and Negative Symptom Scale (PANSS) and Connor and Davidsons Resilience Scale (CD-RISC) were used to examine the psychosocial functioning and resilience of the subjects in the follow-up period. Out of the six subjects with a confirmed diagnosis of schizophrenia, two subjects were still fully recovered, one was recovered, one was in remission, one had a deteriorating course of illness, and one was deceased. The results indicate that full recovery was maintained for nearly half of the reexamined subjects when a criterion-based definition of full recovery is used. Good personality and attitudinal approaches (resilience) seem to play a role in sustaining recovery. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(16) Turton P, Wright C, White S, Killaspy H, DEMoBinc Group. Promoting recovery in long-term institutional mental health care: An international Delphi study. Psychiatric Services 2010; 61(3):293-299.
Ref ID: 50
Abstract: Objective: Service provision in psychiatric and social care is increasingly guided by recovery principles. However, little is known about the degree of consensus among stakeholders in diverse contexts on the components of care that most promote recovery. This study aimed to identify specific items of care that key stakeholders regard as most important in promoting recovery for people with longer-term mental health problems in institutional care, to measure consensus between and across stakeholder groups and countries, and to develop a conceptual framework of the most important domains of care. Methods: Ten European countries in various stages of deinstitutionalization participated in a series of conventional three-round iterative Delphi exercises. In each country individuals in four separate expert groups (service users, mental health professionals, caregivers, and advocates) identified components of care that they considered important to recovery and then rated their group's suggestions in terms of importance. Median and consensus ratings were measured. High-ranking items were grouped into domains. Results: A total of 4,098 separate items of care were proposed by the 40 participating groups. Eleven broad domains of care important for recovery were identified: social policy and human rights, social inclusion, self-management and autonomy, therapeutic interventions, governance, staffing, staff attitudes, institutional environment, postdischarge care, caregivers, and physical health care. Consensus between groups and countries was generally high, but some modest differences in priorities were noted. Conclusions: The most consistently highly rated consensus domain was therapeutic interventions. Domains and components of care related to recovery principles were also viewed as important across stakeholder groups. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(17) Warner R. Does the scientific evidence support the recovery model? The Psychiatrist 2010; 34(1):3-5.

Ref ID: 107
Abstract: This editorial addresses the question of whether some of the basic tenets of the recovery model – optimism about outcome, the value of work, the importance of empowerment of patients and the utility of user-run programmes – are supported by the scientific research
Notes: Available online with NHS Athens.

(18) Weinstein J. Mental health, service user involvement and recovery. Mental health, service user involvement and recovery 2010.
Ref ID: 52
Abstract: (from the cover) Service users are increasingly participating as partners in all aspects of health and social care delivery, planning and professional training. This book provides a timely overview of user involvement and recovery in mental health by critically examining their origins and development in current policy and practice. Written cooperatively by service users and academics, this book conveys a vital connection between recovery and involvement, offering a framework of values and helpful strategies to promote meaningful user participation. By sharing their personal narratives and contributing their views, service user authors demonstrate how taking control of their own care facilitates a swifter and more satisfying recovery. The book further acknowledges the bilateral value of user involvement in the development of mental health services, student learning, collaborative research and challenging social stigma, providing examples and critical appraisal of how this is currently being implemented. With a strong, positive emphasis on the benefits to all stakeholders, Mental health, service user involvement and recovery offers guidelines for good practice that will be relevant to health and social care practitioners, service users, students, researchers and educators. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

(19) Amering MaSM. Recovery in mental health: reshaping scientific and clinical responsibilities. Wiley; 2009.
Ref ID: 99
Notes: Available from Wonford House Hospital Library. WM 670 REC.

(20) Armstrong NP, Steffen JJ. The Recovery Promotion Fidelity Scale: Assessing the organizational promotion of recovery. Community Mental Health Journal 2009; 45(3):163-170.
Ref ID: 68
Abstract: The Recovery Promotion Fidelity Scale (RPFS) was developed to evaluate the extent to which public mental health agencies in Hawai'i incorporate recovery principles into their services and operations. The project progressed through two phases using concept mapping and expert review methods to generate scale items and identify dimensions of recovery that were used as scale domains. The resultant measure consists of 12 items organized around five recovery domains. This paper describes the development of the RPFS, illustrating how public mental health stakeholders, particularly persons in recovery, can be involved in efforts toward making a system of care more recovery oriented. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(21) Barbic S, Krupa T, Armstrong I. A randomized controlled trial of the effectiveness of a modified recovery workbook program: Preliminary findings. Psychiatric Services 2009; 60(4):491-497.
Ref ID: 74
Abstract: Objective: The study examined the effectiveness of the Recovery Workbook as a group intervention for facilitating recovery of persons with serious mental illness. Methods: The multicenter, prospective, single-blind, randomized controlled trial included 33 persons who were receiving assertive community treatment services. For 12 weeks, a control group (N = 17) received treatment as usual and an intervention group (N = 16)

received Recovery Workbook training in addition to usual treatment. At study entry and within three days of completion of the intervention, participants' perceived level of hope, empowerment, recovery, and quality of life were measured with the Herth Hope Index, the Empowerment Scale, the Recovery Assessment Scale, and the Quality of Life Index, respectively. Repeated-measures analysis of variance was used to examine between-group differences. Results: Participation in the intervention group was associated with positive change in perceived level of hope, empowerment, and recovery but not in quality of life. The associations remained after analyses controlled for demographic variables. Conclusions: The study, which is one of the first randomized controlled trials of a recovery-based group intervention for persons with serious mental illness, showed that the Recovery Workbook group program was effective in increasing individuals' perceived sense of hope, empowerment, and recovery. In an era when recovery is the primary goal around which reformed mental health service delivery is organized, researchers should continue to study recovery-based interventions such as the Recovery Workbook to determine their potential as evidence- based treatment options. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(22) Chadwick P, Morgan S, Carson J. Recovery heroes: a profile of Peter Chadwick. Life in the Day 2009; 13(3).
Ref ID: 63
Abstract: Personal account, accompanied by an interview, of recovery from psychotic episodes over 30 years ago, to illustrate the personal nature of the history of recovery from a mental illness. Peter Chadwick's biography is given to show how he pursued his illness experience through academic work in psychology. 12 refs. Available in fulltext

(23) Clarke S, Oades L, Crowe T. The role of symptom distress and goal attainment in promoting aspects of psychological recovery for consumers with enduring mental illness. J Mental Health 2009; 18(5).
Ref ID: 58
Abstract: Research in Australia on the effect of assessment of symptom distress on goal progress towards recovery in people with ongoing mental illness and the impact on mental wellbeing of goal attainment. Levels of attainment for case-management goals among participants with serious mental illness were examined against mental health outcome measures. 28 refs.

(24) Cleary A, Dowling M. The road to recovery. Mental Health Practice 2009; 12(5).
Ref ID: 92
Abstract: Literature review on the concept of recovery in mental health. The issues surrounding recovery are discussed, including patient empowerment, hope, the non-linear process of recovery, empowering people to take control and take risks, and the importance of communication and the interpersonal relationship between the patient and mental health professional. Ochocka's theory on recovery is discussed. 51 refs. Available in fulltext.

(25) Cleary A, Dowling M. Knowledge and attitudes of mental health professionals in Ireland to the concept of recovery in mental health: a questionnaire survey. J Psychiatric & Mental Health Nursing 2009; 16(6).
Ref ID: 64
Abstract: Quantitative research investigating mental health professionals' knowledge and attitudes regarding psychiatric recovery. Comparisons in attitudes to 4 components of recovery are made by gender, professional background (nursing/non-nursing), workplace (acute or community) and length of experience. 28 refs.

(26) Cook JA, Copeland ME, Hamilton MM, Jonikas JA, Razzano LA, Floyd CB et al. Initial outcomes of a mental illness self-management program based on wellness recovery action planning. Psychiatric Services 2009; 60(2):246-249.

Ref ID: 90
Abstract: Objective: This study examined changes in psychosocial outcomes among participants in an eight-week, peer-led, mental illness self-management intervention called Wellness Recovery Action Planning (WRAP). Methods: Eighty individuals with serious mental illness at five Ohio sites completed telephone interviews at baseline and one month after the intervention. Results: Paired t tests of pre- and postintervention scores revealed significant improvement in self-reported symptoms, recovery, hopefulness, self-advocacy, and physical health; empowerment decreased significantly and no significant changes were observed in social support. Those attending six or more sessions showed greater improvement than those attending fewer sessions. Conclusions: These promising early results suggest that further research on this intervention is warranted. Confirmation of the efficacy and effectiveness of peer-led self-management has the potential to enhance self-determination and promote recovery for people with psychiatric disabilities. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(27) Davidson L. A practical guide to recovery oriented practice tools for transforming mental health care. Oxford University Press; 2009.
Ref ID: 98
Notes: Available in Wonford House Library. WM670 PRA

(28) Dickens G. Mental health outcome measures in the age of recovery-based services. Br J Nursing 2009; 18(15).
Ref ID: 65
Abstract: Debate concerning the use of outcomes tools as measurements in the recovery model approach among mental health service users. Health of the Nation Outcome Scales are listed, the recovery model is described and the development of measures of individual recovery is discussed. 21 refs. Available in fulltext

(29) Essock S, Sederer L. Understanding and measuring recovery. Schizophrenia Bulletin 2009; 35(2):279-281.
Ref ID: 85
Abstract: As heterogeneous as people with schizophrenia are, so too are their paths to recovery. Recovery may proceed along multiple domains: psychotic symptoms, cognitive capacities, functioning in terms of independent living in the community, competitive employment, social and intimate relationships, physical health, economic health, and other aspects of quality of life. To the extent we recognize and respond to the diverse domains of a person's life, we will help people in the work of crafting a life. We comment on this series of reports describing the challenges of measuring recovery from schizophrenia and identifying predictors of recovery. We offer these comments as public mental health system administrators charged with promoting recovery, including knowing whether the services being purchased with public funds are promoting recovery. (PsycINFO Database Record (c) 2010 APA, all rights reserved) Available in fulltext

(30) Fowler D, Hodgekins J, Painter M, Reilly T, Crane C, Macmillan I et al. Cognitive behaviour therapy for improving social recovery in psychosis: A report from the ISREP MRC trial platform study (Improving Social Recovery in Early Psychosis). Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences 2009; 39(10):1627-1636.
Ref ID: 60
Abstract: Background: This study reports on a preliminary evaluation of a cognitive behavioural intervention to improve social recovery among young people in the early stages of psychosis showing persistent signs of poor social functioning and unemployment. The study was a single-blind randomized controlled trial (RCT) with two arms, 35 participants receiving cognitive behaviour therapy (CBT) plus treatment as usual (TAU), and 42 participants receiving TAU alone. Participants were assessed at

baseline and post-treatment. Method: Seventy-seven participants were recruited from secondary mental health teams after presenting with a history of unemployment and poor social outcome. The cognitive behavioural intervention was delivered over a 9-month period with a mean of 12 sessions. The primary outcomes were weekly hours spent in constructive economic and structured activity. A range of secondary and tertiary outcomes were also assessed. Results: Intention-to-treat analysis on the combined affective and non-affective psychosis sample showed no significant impact of treatment on primary or secondary outcomes. However, analysis of interactions by diagnostic subgroup was significant for secondary symptomatic outcomes on the Positive and Negative Syndrome Scale (PANSS) [F(1,69)=3.99, p = 0.05]. Subsequent exploratory analyses within diagnostic subgroups revealed clinically important and significant improvements in weekly hours in constructive and structured activity and PANSS scores among people with non-affective psychosis. Conclusions: The primary study comparison provided no clear evidence for the benefit of CBT in a combined sample of patients. However, planned analyses with diagnostic subgroups showed important benefits for CBT among people with non-affective psychosis who have social recovery problems. These promising results need to be independently replicated in a larger, multi-centre RCT. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(31) Frese FJI, Knight EL, Saks E. Recovery from schizophrenia: With views of psychiatrists, psychologists, and others diagnosed with this disorder. Schizophrenia Bulletin 2009; 35(2):370-380.
Ref ID: 79
Abstract: As the concept of schizophrenia began to develop over a century ago, it was accompanied by little hope of recovery. As the second half of the 20th century began, new treatments and changing social conditions resulted in most long-term patients being discharged into the community. Many of these expatients showed more improvement than had been expected. Treatment approaches evolved to help these persons live better lives in the community. In the recent past, psychosocial and psychiatric rehabilitation approaches to treatment have increasingly incorporated perspectives of persons in recovery. These perspectives are explored with emphasis on how they have helped drive federal government and other perspectives on recovery. Particular attention is given to the varying views of psychiatrists, psychologists, and other highly trained persons who have themselves been diagnosed and treated for schizophrenia. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(32) Handa K, Grace J, Trigoboff E, Olympia JL, Annalett D, Watson T et al. Continuing day treatment programs promote recovery in schizophrenia: A case-based study. Psychiatry 2009; 6(4):32-36.
Ref ID: 77
Abstract: Continuing day treatment programs focus on community stabilization through comprehensive individualized rehabilitation. They promote recovery through a variety of practical clinical therapeutic interventions. This empirically based report describes a continuing day treatment program's rehabilitation of four clients with schizophrenia, chronic type in a western New York mental health clinic who were in each of the specialty services: a two phase program, a program for seniors, and a program for cooccurring substance dependence. Some particularly difficult psychiatric symptoms of schizophrenia were successfully treated in this continuing day treatment program. Each of these clients showed improvements in their symptoms and overall community adjustment that may well have been unobtainable with less intensive outpatient treatment. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext

(33) Harvey PD. Functional recovery in schizophrenia: Raising the bar for outcomes in people with schizophrenia. Schizophrenia Bulletin 2009; 35(2).
Ref ID: 84

Abstract: Provides a brief introduction to the present special issue of Schizophrenia Bulletin. This special issue focuses on the issue of functional recovery in schizophrenia. With the interest in promoting functional recovery comes the need to define and understand what functional recovery actually is. In some sense, we lack a basic terminology of functional recovery, a well-defined measurement strategy, evidence of milestones in improvements, and treatment strategies that are targeted at meaningful elements of recovery. This special issue provides some first steps in these areas. Additional topics discussed include tentative and heuristic definitions of functional remission and functional recovery as well as the assessment of functional disability and recovery. (PsycINFO Database Record (c) 2010 APA, all rights reserved) Available in fulltext.

(34) Heather N, Honekopp J, Smailes D. Progressive stage transition does mean getting better: A further test of the Transtheoretical Model in recovery from alcohol problems. Addiction 2009; 104(6):949-958.
Ref ID: 70
Abstract: Aims: To test two central assumptions of the Transtheoretical Model (TTM) regarding recovery from alcohol problems: (i) individuals making a forward transition from pre-action to action stages will show greater drinking improvements than those remaining in pre-action stages; and (ii) individuals remaining in pre-action stages will not demonstrate improvements in drinking outcomes. Design and setting: Large, multi-centre, randomized controlled trial of treatment for alcohol problems [United Kingdom Alcohol Treatment Trial (UKATT)]. Measurements: Stage of change, drinks per drinking day and percentage days abstinent at baseline, 3- and 12-month follow-ups. Findings: In support of TTM assumption 1, improvements in drinking outcomes were consistently greater among clients who showed a forward stage transition (Cohen's d = 0.68) than among those who did not (d = 0.10). Two tests of assumption 2 showed a significant improvement in drinking outcomes in non-transition groups, inconsistent with the TTM; one test showed a significant deterioration and the other showed equivalent drinking outcomes across time. An explanation is offered as to why, under the relevant assumption of the TTM, clients in non-transition groups showed small changes in drinking outcomes. Conclusions: In contrast to a previous study by Callaghan and colleagues, our findings largely support the TTM account of recovery from alcohol problems in treatment. The discrepancy can be explained by the use in our study of a more reliable and valid method for assigning stage of change. copyright 2009 Society for the Study of Addiction. Available in fulltext.

(35) Hendryx M, Green CA, Perrin NA. Social support, activities, and recovery from serious mental illness: STARS study findings. The Journal of Behavioral Health Services & Research 2009; 36(3):320-329.
Ref ID: 66
Abstract: Research on the role of social support in recovery from severe mental illness is limited and even more limited is research on the potential effects of participating in various activities. This study explores these relationships by analyzing baseline data from a 153-participant subsample in the Study of Transitions and Recovery Strategies. Higher scores on the recovery assessment scale were related to both social support/network size and engagement in more activities. The particular nature of the activities (more/less social, more/less physically active, inside/outside the home) was not important, rather, activities of any type were related to recovery. Furthermore, engagement in activities was more important as levels of social support declined. The results suggest that both social support and activities may promote recovery, and that for persons with poor social support, engagement in a variety of individualized activities may be particularly beneficial. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(36) Holdeman TC. Review of Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. Psychiatric Services 2009; 60(2).
Ref ID: 87
Abstract: Reviews the book, Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery edited by Terri Tanielian and Lisa H. Jaycox (2008). This book begins by explaining what makes the conflicts in Afghanistan and Iraq different from other wars. It continues by determining the prevalence, correlates, and consequences of posttraumatic stress disorder (PTSD), depression, and traumatic brain injury (TBI) among returning service members of Operation Enduring Freedom and Operation Iraqi Freedom. The book concludes with a discussion of the cost of mental health care as well as the challenges and opportunities to improve access to high-quality health care for this population. This book has very adequately met its stated objectives, and it is a must for those working in the psychiatric field who want to learn more to understand and treat veterans of the conflicts in Afghanistan and Iraq. (PsycINFO Database Record (c) 2010 APA, all rights reserved) Available in fulltext.

(37) Johnson G. High expectations lead to recovery. Mental Health Practice 2009; 13(4).
Ref ID: 56
Abstract: Work of the organisation Recovery Innovations in changing attitudes in the USA about the meaning and possibility of recovery from mental illness. The development of peer support specialists is outlined. 1 ref. Available in fulltext.

(38) Jones A. Football as a metaphor: learning to cope with life, manage emotional illness and maintain health through to recovery. J Psychiatric & Mental Health Nursing 2009; 16(5).
Ref ID: 69
Abstract: Commentary series. Application of Albert Camus' theories about football to mental health and well-being and mental illness recovery approaches. Football as a metaphor for living is illustrated using the case of a client suffering from social phobia and anxiety disorder whose involvement in football facilitated his recovery. 8 refs. Available in fulltext.

(39) Kelly J, Wellman N, Sin J. HEART-The Hounslow Early Active Recovery Team: Implementing an inclusive strength-based model of care for people with early psychosis. Journal of Psychiatric and Mental Health Nursing 2009; 16(6):569-577.
Ref ID: 62
Abstract: In recent years in the UK, the National Health Service has made policy commitments to delivering mental health services based on recovery principles. In general though, the UK mental health service providers are in the early stages of implementing recovery principles and approaches in frontline services. This paper describes the work of the Hounslow Early Active Recovery Team (HEART), which has made substantial progress in placing recovery principles and approaches at the heart of the work of an early intervention for psychosis team working in an ethnically diverse area of West London. As evidence of the success of the HEART, in its first year and half, the team has achieved high levels of customer satisfaction with its work and a recent audit has revealed that 57% of respondents were in employment or education contrasting with the extremely high unemployment rates reported in several UK studies of people with serious mental health problems. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

(40) Kennard BD, Silva SG, Tonev S, Rohde P, Hughes JL, Vitiello B et al. Remission and recovery in the Treatment for Adolescents With Depression Study (TADS): Acute and long-term outcomes. Journal of the American Academy of Child & Adolescent Psychiatry 2009; 48(2):186-195.
Ref ID: 89
Abstract: Objective: We examine remission rate probabilities, recovery rates, and residual symptoms across 36 weeks in the Treatment for Adolescents with Depression Study

(TADS). Method: The TADS, a multisite clinical trial, randomized 439 adolescents with major depressive disorder to 12 weeks of treatment with fluoxetine, cognitive/behavioral therapy, their combination, or pill placebo. The pill placebo group, treated openly after week 12, was not included in the subsequent analyses. Treatment differences in remission rates and probabilities of remission over time are compared. Recovery rates in remitters at weeks 12 (acute phase remitters) and 18 (continuation phase remitters) are summarized. We also examined whether residual symptoms at the end of 12 weeks of acute treatment predicted later remission. Results: At week 36, the estimated remission rates for intention-to-treat cases were as follows: combination, 60%; fluoxetine, 55%; cognitive/behavioral therapy, 64%; and overall, 60%. Paired comparisons reveal that, at week 24, all active treatments converge on remission outcomes. The recovery rate at week 36 was 65% for acute phase remitters and 71% for continuation phase remitters, with no significant between-treatment differences in recovery rates. Residual symptoms at the end of acute treatment predicted failure to achieve remission at weeks 18 and 36. Conclusions: Most depressed adolescents in all three treatment modalities achieved remission at the end of 9 months of treatment. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in print at Wonford House Hospital Library.

(41) Kern RS, Glynn SM, Horan WP, Marder SR. Psychosocial treatments to promote functional recovery in schizophrenia. Schizophrenia Bulletin 2009; 35(2):347-361.
Ref ID: 81
Abstract: A number of psychosocial treatments are available for persons with schizophrenia that include social skills training, cognitive behavioral therapy, cognitive remediation, and social cognition training. These treatments are reviewed and discussed in terms of how they address key components of functional recovery such as symptom stability, independent living, work functioning, and social functioning. We also review findings on the interaction between pharmacological and psychosocial treatments and discuss future directions in pharmacological treatment of schizophrenia. Overall, these treatments provide a range of promising approaches to helping patients achieve better outcomes far beyond symptom stabilization. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(42) Levitt AJ, Mueser KT, DeGenova J, Lorenzo J, Bradford-Watt D, Barbosa A et al. Randomized controlled trial of illness management and recovery in multiple-unit supportive housing. Psychiatric Services 2009; 60(12):1629-1636.
Ref ID: 55
Abstract: Objective: This study evaluated the effects of the illness management and recovery program on mental illness and functional outcomes of persons with serious mental illness who were receiving supportive housing services. Methods: A randomized controlled trial was conducted with 104 persons with serious mental illness who were assigned either to illness management classes for six months or to a waitlist control group, with followup assessments conducted six months posttreatment. Assessments included self-reports, nonblinded clinical ratings, and blinded interview ratings and included the domains of illness management, symptoms, psychosocial functioning, hospitalizations, and substance abuse and dependence. Results: Participants assigned to the program showed significantly greater improvements than the control group in self-reported and clinician ratings of illness management, interview-based ratings of symptoms on the Brief Psychiatric Rating Scale, and interview-based ratings of psychosocial functioning on the abbreviated Quality of Life Scale. Participants in both groups improved in self-ratings of symptom distress and had low rates of hospitalization and substance abuse over the course of the study. Conclusions: The results suggest that the program was effective at improving illness management and functional outcomes for persons with serious mental illness who were receiving supportive housing services. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(43) Lysaker PH, Buck KD, Lintner JI. Addressing recovery from severe mental illness in clinical supervision of advanced students. Journal of Psychosocial Nursing and Mental Health Services 2009; 47(4):36-42.
Ref ID: 76
Abstract: Although it is widely recognized that curricula should incorporate emerging knowledge about recovery as an attainable outcome for individuals with severe mental illness, little has been written about the clinical supervision of advanced students within a recovery model. For example, are there systematic is sues a supervisor should anticipate and be prepared to address? How should a clinical supervisor assist students as they begin to try and apply their knowledge in a clinical context? To begin a dialogue about these issues, this article will propose that clinical supervision from a recovery model is faced with at least four semi-distinct challenges: the detection and avoidance of stigma, the setting of consensually valid and personally relevant goals, the development of a therapeutic relationship, and the assessment of barriers to recovery and outcomes. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(44) Malik N, Kingdon D, Pelton J, Mehta R, Turkington D. Effectiveness of brief cognitive-behavioral therapy for schizophrenia delivered by mental health nurses: Relapse and recovery at 24 months. Journal of Clinical Psychiatry 2009; 70(2):201-207.
Ref ID: 86
Abstract: Background: Evidence of the efficacy of cognitive-behavioral therapy (CBT) for schizophrenia is increasing. There are very few studies of effectiveness, especially in the medium term. Objective: To evaluate the durability of the effect of brief CBT provided by mental health nurses in community-based patients with schizophrenia (diagnosed according to ICD-10 research criteria), using time to relapse as primary outcome and days hospitalized and occupational recovery as secondary outcomes at 24-month follow-up. Method: A 2:1 randomized trial, conducted from 1999 to 2003, was performed to evaluate the effects of brief CBT delivered by mental health nurses trained over 10 days with ongoing supervision compared to treatment as usual (TAU), with measurement performed by raters blind to treatment allocation. Results: 205 (79.8%) of 257 CBT patients and 125 (75.8%) of 165 TAU patients could be followed up at 24 months. Of 205 patients in the CBT group, 64 (31.2%) relapsed, versus 57 (45.6%) of 125 patients in the TAU group ($p = .02$). Patients rehospitalized from the CBT group spent a total of 6710 days in hospital (mean = 32.7 days), while those from the TAU group were inpatients for 6114 days (mean = 48.9 days) ($p < .05$). Twenty-one (10.2%) of 205 patients made an occupational recovery in the CBT group, and 17 (13.6%) of 125, in the TAU group (Chi superscript 2 test not significant). Mean time to relapse was 356.8 days (SD = 241.9 days) for the CBT group and 296.1 days (SD = 215.7 days) for the TAU group (OR = 1.592, 95% CI = 1.038 to 2.441, $p = .033$). Conclusion: Beneficial effects on relapse and rehospitalization following brief CBT delivered by mental health nurses in community-based patients with schizophrenia are maintained at 24-month follow-up. Occupational recovery is not improved by brief CBT. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in print at Wonford House Library.

(45) Martin G. Recovery approach to the care of people with dementia: Decision making and best interests concerns. Journal of Psychiatric and Mental Health Nursing 2009; 16(7):654-660.
Ref ID: 61
Abstract: The concept of 'recovery' has been central to the discussion of the care of people with mental health problems in recent years, in this paper these ideas will be applied to the care of people with dementia in an attempt to focus nursing practice on the notion that it is possible to involve this group of patients in their own decision-making processes. It is acknowledged that this is not always possible without support and advocacy by nurses and other carers who must take on board the need to arrive at solutions to problems or change that are in the person's best interests. The provisions of

the Mental Capacity Act in 2005 are key to this discussion, and ways forward are recommended, which include a nursing model for change, in an effort to bring together the concepts addressed in this paper. The conclusion reached is that the recovery approach has some difficulties when applied to people with dementia but it remains an essential aspect of the care process which, together with the provisions of the Mental Capacity Act, could bring about radical improvements to the lives of this group of vulnerable people. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

(46) Mausbach BT, Moore R, Bowie C, Cardenas V, Patterson TL. A review of instruments for measuring functional recovery in those diagnosed with psychosis. Schizophrenia Bulletin 2009; 35(2):307-318.
Ref ID: 83
Abstract: The task of judging an individual's functional recovery is not an easy one for healthcare professionals. Indeed, increasing one's accuracy in predicting one's ability to self-maintain would be of great value for determining if functional recovery has or is occurring. The purpose of this review is to examine existing measures for assessing remission/normalization of functional status among people with psychosis. Our review evaluates 8 measures of functional ability encompassing self-report, clinical,and performance-based measures. We elected to utilize a grading system to aid readers in understanding the merit of a scale for use in assessing functional recovery. In this approach, a letter grade (A, B, or C) was assigned to each of 4 domains we deemed important to professionals in electing to use specific assessments: (1) Ease of Administration, (2) Reliability, (3) Validity/Relationship to Real-World Outcomes, and (4) Sensitivity to Change/Use in Clinical Trials. Results indicated that no "gold standard" measure has been developed to date, but performance-based measures appear to have the most evidence for predicting concurrent self-maintenance abilities (eg, residing independently or maintaining work). More research on existing measures is needed, and greater funding for developing new measures of functional recovery is strongly recommended. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext. (47) McGurk SR, Mueser KT, DeRosa TJ, Wolfe R. Work, recovery, and comorbidity in schizophrenia: A randomized controlled trial of cognitive remediation. Schizophrenia Bulletin 2009; 35(2):319-335.
Ref ID: 82
Abstract: Employment is central to the concept of recovery in severe mental illness. However, common comorbid conditions present significant obstacles to consumers seeking employment and benefiting from vocational rehabilitation. We review research on the effects of three common comorbid conditions on work and response to vocational rehabilitation, including cognitive impairment, substance abuse, and medical conditions, followed by research on vocational rehabilitation. We then present the results of a randomized controlled trial evaluating the effects of adding cognitive remediation to a vocational rehabilitation program compared with vocational rehabilitation alone in 34 consumers with severe mental illness. Consumers who received both cognitive remediation and vocational rehabilitation demonstrated significantly greater improvements on a cognitive battery over 3 months than those who received vocational rehabilitation alone and had better work outcomes over the 2-year follow-up period. Substance abuse was associated with worse employment outcomes, but did not interact with treatment group, whereas medical comorbidity was not related to work outcomes. More research is warranted to evaluate the interactions between substance abuse and medical comorbidity with vocational rehabilitation and cognitive remediation. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(48) Noiseux S, St-Cyr TD, Leclerc C, Ricard N, Corin E, Morissette R et al. Developing a model of recovery in mental health. BMC Health Services Research 2009; 9.
Ref ID: 95
Abstract: Background. The recovery process is characterized by the interaction of a set of

individual, environmental and organizational conditions common to different people suffering with a mental health problem. The fact that most of the studies have been working with schizophrenic patients we cannot extend what has been learned about the process of recovery to other types of mental problem. In the meantime, the prevalence of anxiety, affective and borderline personality disorders continues to increase, imposing a significant socioeconomic burden on the Canadian healthcare system and on the patients, their family and significant other 1. The aim of this study is to put forward a theoretical model of the recovery process for people with mental health problem schizophrenic, affective, anxiety and borderline personality disorders, family members and a significant care provider. Method and design. To operationalize the study, a qualitative, inductive design was chosen. Qualitative research open the way to learning - the inside - about different perspectives and issues people face in their process of recovery. The study proposal is involving a multisite study that will be conducted in three different cities of the Province of Quebec in Canada: Montreal, Quebec and Trois-Rivieres. The plan is to select 108 participants, divided into four comparison groups representing four types of mental health problem. Each comparison group (n = 27) will be made up of 9 units. Each unit will comprise one person with a mental health problem (schizophrenia, affective anxiety, and borderline personality disorders. Data will be collected through semi-structured open-ended interview. The in-depth qualitative analysis inspired from the grounded theory approach will permit the illustration of the recovery process. Discussion. The transformation of our Health Care System and the importance being put on the people well-being and autonomy development of the person who are suffering with mental problem This study protocol follows-up on earlier theory-building process that begun with the work of Noiseux 2. The contribution of the present study is to increase the comprehension of the concept of recovery and to enhance the body of knowledge in that domain. Very few studies have examined recovery and the one that did used a descriptive approach which did not take into account the perspective of the family members and the caregivers of the recovery process. Available in fulltext

(49) Salyers MP, Rollins AL, McGuire AB, Gearhart T. Barriers and facilitators in implementing illness management and recovery for consumers with severe mental illness: Trainee perspectives. Administration and Policy in Mental Health and Mental Health Services Research 2009; 36(2):102-111.
Ref ID: 78
Abstract: We conducted an on-line survey of clinicians who attended training on illness management and recovery (IMR) to identify the extent of implementation and barriers and facilitators of IMR practice. Of 89 direct service providers, 50.6% reported using the formal IMR curriculum, 25.8% reported using parts of IMR, and 23.6% never used IMR following training. Factor analysis of facilitator items revealed three internally consistent factors: agency leadership support, program level structure, and job-related structural support. Participants who used formal IMR endorsed a greater percentage of overall facilitators, and scored higher on each of the three factors of agency leadership support, program-level structures (e.g., fidelity reports) and job-related structures (e.g., presence of weekly supervision). In addition to training and toolkit materials, attention needs to be given to other elements to support IMR implementation. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(50) Salyers MP, Godfrey JL, McGuire AB, Gearhart T, Rollins AL, Boyle C. Implementing the illness management and recovery program for consumers with severe mental illness. Psychiatric Services 2009; 60(4):483-490.
Ref ID: 75
Abstract: Objective: The primary purpose of this study was to evaluate the statewide implementation of the illness management and recovery program, a curriculum-based intervention for adults with severe mental illnesses. Methods: Using knowledge gained from the National Evidence-Based Practices Project, the ACT Center of Indiana assisted seven community mental health centers with implementation of the illness management

and recovery program. Implementation was conducted by trainers, who provided in-depth skills training, ongoing monitoring and supervision, and consultation as needed. At six and 12 months, the fidelity of implementation was assessed by use of the Illness Management and Recovery Fidelity Scale, and changes in illness self-management, hope, and satisfaction with services were assessed for 324 consumers with severe mental illness by use of the Illness Management and Recovery Scale, the Adult State Hope Scale, and the Satisfaction With Services Scale, respectively. Results: The illness management and recovery program was successfully implemented at six of seven sites; five sites achieved high fidelity by 12 months and the sixth by 24 months. Self-reports of consumers and clinicians indicated significant changes in illness self-management. Consumers reported increased hope but no changes in satisfaction with services. Conclusions: The illness management and recovery program can be implemented with a high degree of fidelity and may be a meaningful way for mental health providers to promote recovery and provide an evidence-based intervention. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

(51) Schon U. How men and women in recovery give meaning to severe mental illness. J Mental Health 2009; 18(5).
Ref ID: 57
Abstract: Qualitative research in Sweden on how people who had recovered from severe mental illness interpreted their illness and how this affected recovery, focusing on gender differences. Participants who had recovered were interviewed about how they understood of their illness, perceived causes, personal responsibility and illness triggers. Differences between male and female patients were analysed. 13 refs.

(52) Shean GD. Evidence-based psychosocial practices and recovery from schizophrenia. Psychiatry: Interpersonal and Biological Processes 2009; 72(4):307-320.
Ref ID: 94
Abstract: Pessimistic views about the course and outcome of schizophrenia have been replaced by a more hopeful perspective that emphasizes on providing opportunities for recovery. Recovery, from a provider perspective, means that priority is placed on providing access to treatments and community services that have been proven effective in both decreasing symptoms and assisting individuals to lead maximally productive and personally meaningful lives. In 2004, the Schizophrenia Patient Outcomes Research Team (PORT) published a consensus list of evidence-based practices (EBPs) that includes six psychosocial treatments. These psychosocial interventions in combination with access to pharmacotherapy are important components of comprehensive treatment programs for the seriously mentally ill. This paper summarizes and updates the research basis for the PORT psychosocial EBPs and discusses several additional issues and research topics to be considered in the future. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

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Abstract: Editorial on the concept of recovery in mental health and the need for the mental health system to do more to promote real transformation. The Personal Recovery Model is explained. 7 refs.

(55) Till U, Ramsey C. A long and emotional story from illness to recovery. Mental Health Practice 2009; 12(8).

Ref ID: 73
Abstract: Personal narrative of a woman's experiences of mental health services over a period of 55 years. Changes in attitudes of those providing mental health care are described, resulting in her discharge following treatment by a rehabilitation service. Developments in patients' autonomy are described, and the use of personal narratives to help staff gain insight into the impact of services is discussed. 2 refs. Available in fulltext.

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Abstract: Purpose of review: The recovery model refers to subjective experiences of optimism, empowerment and interpersonal support, and to a focus on collaborative treatment approaches, finding productive roles for user/consumers, peer support and reducing stigma. The model is influencing service development around the world. This review will assess whether optimism about outcome from serious mental illness and other tenets of the recovery model are borne out by recent research. Recent findings: Remission of symptoms has been precisely defined, but the definition of 'recovery' is a more diffuse concept that includes such factors as being productive and functioning independently. Recent research and a large, earlier body of data suggest that optimism about outcome from schizophrenia is justified. A substantial proportion of people with the illness will recover completely and many more will regain good social functioning. Outcome is better for people in the developing world. Mortality for people with schizophrenia is increasing but is lower in the developing world. Working appears to help people recover from schizophrenia, and recent advances in vocational rehabilitation have been shown to be effective in countries with differing economies and labor markets. A growing body of research supports the concept that empowerment is an important component of the recovery process. Summary: Key tenets of the recovery model-optimism about recovery from schizophrenia, the importance of access to employment and the value of empowerment of user/ consumers in the recovery process-are supported by the scientific research. Attempts to reduce the internalized stigma of mental illness should enhance the recovery process. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in print at Wonford House Library.

(57) Whitley R, Gingerich S, Lutz WJ, Mueser KT. Implementing the illness management and recovery program in community mental health settings: Facilitators and barriers. Psychiatric Services 2009; 60(2):202-209.
Ref ID: 88
Abstract: Objective: There is little research on how to effectively implement the illness management and recovery program for people with severe mental illness in community mental health settings. This study aimed to examine which factors promote or hinder successful implementation of illness management and recovery in these settings. Methods: Twelve community mental health centers implemented illness management and recovery over a two-year period. They were supported in this endeavor by an implementation resource kit and regular meetings with a consultant trainer. Implementation efforts at each center were monitored by a supervised researcher (an implementation monitor) over the two years. This researcher conducted qualitative interviews with key informants every six months and conducted more frequent observations of routine activity in order to discern the implementation progress. These qualitative data were gathered into a database that was examined by the authors to discern key cross-site barriers to and facilitators of the implementation of illness management and recovery. Results: Through content analysis of the qualitative data, four broad cross-site themes emerged that appear to meaningfully determine success or failure of implementation. These were leadership, organizational culture, training, and staff and supervision. These overlapping themes worked synergistically to effect implementation. Conclusions: Implementation of illness management and recovery in community mental health settings is facilitated through strong leadership, an

organizational culture that embraces innovation, effective training, and committed staff. Where these factors are lacking, strategies may need to be developed to effectively implement and sustain illness management and recovery. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext..

(58) Wunderink L, Sytema S, Nienhuis FJ, Wiersma D. Clinical recovery in first-episode psychosis. Schizophrenia Bulletin 2009; 35(2):362-369.
Ref ID: 80
Abstract: Introduction: Generally agreed outcome criteria in psychosis are required to evaluate the effectiveness of new treatment strategies. The aim of this study is to explore clinical recovery in first-episode patients, defined by meeting criteria for both symptomatic and functional remission. Method: In a sample of first-episode patients (N 125), symptomatic and functional remission during the last 9 months of a 2-year follow-up period were examined, as well as recovery and its predictors. Results: Half the patients (52.0%) showed symptomatic remission and a quarter (26.4%) functional remission, while one-fifth (19.2%) met both criteria sets and were considered recovered. Recovery was significantly associated with short duration of untreated psychosis and better baseline functioning. Conclusion: Most functionally remitted patients were also symptomatically remitted, while a minority of symptomatically remitted patients were also functionally remitted. Treatment delay may affect chance of recovery. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract) Available in fulltext.

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Ref ID: 91
Abstract: Research by case study in the USA to explore whether a partial hospitalisation programme is compatible with both evidence-based and recovery-oriented treatment for adults with severe mental illness. Data on discharge and length of stay, the implementation of integrated dual disorder treatment and the use of recovery-orientated principles by programme staff are evaluated. 15 refs. Available in fulltext.

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Abstract: Development of the person-centred Tidal Model, its benefits for the recovery of mental health patients and criticisms of its use. The philosophy of the Tidal Model and its involvement of service users are described. The experiences of a chief executive and a senior nurse who have used the Model are discussed. 27 refs

(61) Borg M, Davidson L. The nature of recovery as lived in everyday experience. J Mental Health 2008; 17(2).
Ref ID: 34
Abstract: Research in Norway into the nature of recovery as a social process. Interviews with people who had suffered severe mental illness, about their everyday lives and experiences are described, and perceptions of being normal, taking action to promote recovery, making life easier and 'being good to yourself' are examined. 16 refs

(62) Craig T. Recovery: say what you mean and mean what you say. J Mental Health 2008; 17(2).
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Abstract: Editorial on what the term 'recovery' means for mental illness. The history of approaches to recovery, and its expression in policies and practice is examined. The concerns around the effect of a recovery orientation in mental health on the services provided are discussed. 20 refs

(63) Dorrer N, Schinkel M. Towards recovery competencies. Mental Health Today 2008.
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Abstract: Research amongst Scottish service users and educators into the development of skills in a recovery-focussed approach to mental health. International frameworks describing competencies in recovery are considered and participants' views on the attributes required of staff, the tensions between different competencies and recommendations for practice are discussed. 10 refs

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(65) Jones G, Evans A. Hope, help and recovery. Mental Health Practice 2008; 11(8).
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Abstract: Work of Hafan Coed, the early intervention service in South Wales for young people with psychosis. The use of a digital storytelling project which encourages service users to tell their personal stories about recovery from psychosis and its culmination in publication are described. Its presentation at a conference including the service users is described. 33 refs

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Abstract: Analysis of research, carried out by the Scottish Recovery Network, which examined personal accounts, 'recovery narratives' of how a range of individuals experienced mental health recovery. Key elements required for mental health recovery are identified and discussed, and implications of the research for practice are considered. 7 refs

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Abstract: Research in the USA to evaluate the impact of intentional recovery communities. Concepts of the community as a place of safety, a surrogate family, and a

social grouping, are discussed and the effect of the community in working with abused women, dual diagnosis and troubled teens is explored. 36 refs

(72) Recovery in mental health. Community Care 2007.
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Abstract: The use of Developing Recovery Enhancing Environments Measure (DREEM), as a tool to evaluate the effectiveness of recovery-based care in a mental health service in Devon. Staff and residents completed a questionnaire rating the importance and achievement of components of recovery and the value of DREEM in collaborative evaluation and service development is highlighted. 17 refs

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Abstract: The vision of recovery is reshaping the fields of mental health and addiction services. This paper reviews how this broad vision is shaping common goals, principles, values and strategies across two fields. Looks at how a common vision of recovery can positively impact the treatment of co-occurring disorders and speculates on how this vision can bridge the seeming differences between these two fields and reshape a mutual understanding of the essentials of recovery from severe mental ilnness and addiction.

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Abstract: Avoiding the 'Groundhog Day' trap in which each new contact with a mental health service user is perceived by practitioners as no different from the last meeting. Strengths-based approaches such a Solution Focused Therapy, nurses' patient support role and the development of recovery intelligence, which facilitates professionals' longer-term view of a client's recovery, are discussed. 8 refs

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Ref ID: 18
Abstract: Literature review on the incorporation of the concept of recovery into mental health services. The debate on the need to restructure mental health services to include recovery as a goal is discussed. Recovery as a process for the individual and as an approach to care for professionals is included. A model for the inclusion of recovery is suggested. 32 refs

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Abstract: The use of the National Institute for Mental Health in England core values framework for service user experience, the Ten Essential Shared Capabilities (ESC). Training for mental health workers, building on ESC 5, 'Promoting Recovery', called the Creating and Inspiring Hope programme, to empower patients and encourage reflection on daily practice is described. 2 refs

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Abstract: Outline of the recovery alliance theory (RAT) including client involvement and a recovery focus in a theory of mental health nursing based on humanistic philosophy. The scope and constructs of the theory are presented and the 3 concepts of working alliance, coping and self responsibility/control are examined. 63 refs

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Ref ID: 30
Abstract: Discussion of how arts and mental health projects can facilitate recovery approaches in mental health. Case studies from 6 diverse arts and mental health projects are presented as a means of exploring the processes through which arts projects achieve benefits for participants. 41 refs

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