Introduction

The following bibliography is the result of a comprehensive search for literature relating to mental health populations, their experiences of health and well-being, and the research methods best suited to examine those experiences. The document was compiled as part of the Imagining Inclusion Project which aimed to study how people with lived experience of mental health issues experience community inclusion, health and well-being. This document should be of particular interest to practitioners who work within the mental health discipline and/or who wish to engage mental health consumers in research.

The literature has been divided into the following major headings based on subject matter: health services; determinants of health; methods; and recovery. All of the articles included in the bibliography are related directly to working with individuals with lived experience of mental health issues. References are listed alphabetically and pertinent keywords related to each article are listed below each reference. Where possible the original abstract from the article has been included.

HEALTH SERVICES


Eleven people with enduring mental health problems were interviewed about their quality of life. The analysis of the data collected indicated that the key areas that were problems affecting their quality of life were lack of personal achievement, lack of job, difficulty in forming and maintaining relationships, loneliness, health problems (both mental and physical), lack of leisure activities, personal safety and looking after self. The literature review also clearly indicated that finance and access to benefits were priorities for people with enduring mental health problems. The data collected will be used in the development of the Mayers’ Lifestyle Questionnaire (2), a tool for use in identifying priority quality of life issues for people with enduring mental health problems. The interviewees said that they would be highly motivated to complete such a questionnaire.

**KEYWORDS:** OCCUPATIONAL THERAPY, QUALITY OF LIFE, MENTAL HEALTH, LIFESTYLE


Mental illness and mental health constitute an important component of health care, and the use of recreation has an arguably longer history than the use of recreation in any other health care setting. Although mental health care represents a substantial portion of health services, it has been one of the slowest settings to
Engagement in occupation is proposed to enhance health and wellbeing. To date, few studies have demonstrated this in relation to people with mental health problems. This study aimed to evaluate occupational therapy’s beliefs in the restorative powers of occupation from the perspective of people with enduring mental health problems living in the community. Qualitative research methods were used in two mental health day service settings: a workshop, where woodwork was provided as a medium for creative therapy, and a drop-in facility. Participant observation was undertaken over 10 sessions and, during six in-depth interviews, the clients were asked about their occupational experiences and whether they had perceived any benefits from engagement in occupation. Content and inductive analysis as well as concept mapping of the data resulted in emergent themes and subthemes. Occupation was identified both as a means for building competence through the acquisition of skills, coping with challenges and achieving success and as a medium for developing self-identity through the drive to create, feelings of usefulness and engendering a sense of self. These themes help to support the need for an increase in the provision of meaningful occupation for people with enduring mental health problems. However, further research is required to develop and corroborate the findings.

**KEYWORDS:** OCCUPATIONAL THERAPY, OCCUPATION, MENTAL HEALTH, MEANINGFUL, ENGAGEMENT

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Engagement in occupation is proposed to enhance health and wellbeing. To date, few studies have demonstrated this in relation to people with mental health problems. This study aimed to evaluate occupational therapy’s beliefs in the restorative powers of occupation from the perspective of people with enduring mental health problems living in the community. Qualitative research methods were used in two mental health day service settings: a workshop, where woodwork was provided as a medium for creative therapy, and a drop-in facility. Participant observation was undertaken over 10 sessions and, during six in-depth interviews, the clients were asked about their occupational experiences and whether they had perceived any benefits from engagement in occupation. Content and inductive analysis as well as concept mapping of the data resulted in emergent themes and subthemes. Occupation was identified both as a means for building competence through the acquisition of skills, coping with challenges and achieving success and as a medium for developing self-identity through the drive to create, feelings of usefulness and engendering a sense of self. These themes help to support the need for an increase in the provision of meaningful occupation for people with enduring mental health problems. However, further research is required to develop and corroborate the findings.

**KEYWORDS:** OCCUPATIONAL THERAPY, OCCUPATION, MENTAL HEALTH, MEANINGFUL, ENGAGEMENT

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Over the last two decades in Australia, the deinstitutionalisation process, which began with the intent of moving consumers of mental health services from in-patient facilities and then seeking to integrate these same individuals into the community, has served to highlight a wide range of consumer needs that have remained largely
largely unfulfilled throughout the process. One such need has been the provision of appropriate therapeutic recreation programs for the community based consumers of the various state co-ordinated mental health services. This paper argues a case for a change in the approach which professional staff provide and lead therapeutic recreation based programs to enable participants to be empowered, rather than disempowered, through their involvement. Further, this paper contends that there is a need for health care staff, more generally, to accept the concept of such programs for the community based consumers of various mental health services as a valued one.

**KEYWORDS:** MENTAL HEALTH, LEADERSHIP, EMPOWERMENT, THERAPEUTIC RECREATION

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Over the last two decades, the deinstitutionalisation process has resulted in the movement of mental health consumers from institutional into community living. Today, this still continues to be a challenge for people with mental illness, other members of their social support network as well as service providers who are working with them in the community. Importantly, this on-going transition has highlighted the fact that many consumer needs have been largely unfulfilled throughout this inclusive process. One of these unmet needs has been the lack of provision of appropriate leisure services for people with a mental illness (Pegg & Moxham, 2000). Historically, leisure services in Australia have suffered from a lack of recognition by various state mental health services. Because of this, Dowla (1997) and Cassidy (1996) have strongly argued that there is a need for further empirical research to be undertaken to explore the belief that leisure has a positive effect on an individual’s health and well-being, and that leisure services are an important element of mental health service provision.

The main purpose of the study was to explore the relationship between leisure participation and the health and well-being of a sample of 62 community-based consumers of a mental health service in a regional city in Australia. The authors undertook a quasi-experimental design using a leisure intervention and a pretest, post-test and six-month follow-up procedure to examine the variables of perceived control and self-efficacy. Perceived Control in Leisure was measured by using the Short Form (Version B) of the Leisure Diagnostic Battery (Witt & Ellis, 1989). Self-Efficacy was measured by using the Leisure Efficacy Interview (Western Laboratory for Leisure Research, 1992). The therapeutic recreation intervention was undertaken for a three-hour duration, once a week for a period of 24 weeks. The leisure activities were mainly arts and craft based and were led by occupational therapy staff of the mental health service. Activities were offered as four-week modules or blocks so that there was sufficient time provided for participants to learn the rudimentary skills of the activity. Assignment was one of three groups of participants—autocratic, interactive and a comparison group.

The results of this study support the interactive style of instruction as a more effective method than relying on a traditional autocratic and directive style as it provides greater choices and opportunities for consumers. The findings of this study also support the importance of employing leisure therapy staff in case management teams who are cognizant of the need to establish a positive environment designed to facilitate the empowerment and quality of life of mental health consumers. Furthermore, the research findings provide additional support to validate the importance of leisure programs in community-based psychiatric facilities for people with a range of mental illnesses.
Consumers working as service providers make unique contributions to the quality, accessibility, and responsiveness of mental health services. Relatively little research has explored these roles. This study used a naturalistic inquiry methodology to explore consumer-staff views of working in a program that assists people living with mental illness to access recreation. Three consumer-staff were interviewed about the rewards and challenges of their work. Qualitative analysis of participants' views identified eight themes: (i) wanting purposeful activity; (ii) the importance of work; (iii) rewards of helping others; (iv) re-establishing social networks; (v) gaining a sense of belonging; (vi) experiencing teamwork; (vii) challenges of working; and (viii) maintaining well-being. These findings suggest consumer-provider initiatives may create occupational opportunities and facilitate empowerment of consumers in provider roles. A team approach, clear roles, appropriate remuneration and support are central to achieving these benefits. Occupational therapists should advocate for, and support such initiatives that empower consumers in overcoming barriers to meaningful occupation.

**Keywords:** CONSUMER EMPOWERMENT, MENTAL HEALTH SERVICES, ENABLING OCCUPATION

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Community integration (CI) is an important aspect of therapeutic recreation services for many client groups. CI speaks to the full social, physical, and psychological presence of individuals with disabilities and/or illnesses in their communities, whether that may be their personal homes, group homes, halfway houses, or long-term care facilities. The benefits of CI are numerous and include physical, social, psychological, health, and quality of life related outcomes. The purpose of this paper is to review the recent research regarding CI for individuals with (a) cerebrovascular accidents and traumatic brain injury, (b) intellectual and/or developmental disabilities, (c) mental illnesses, and (d) spinal cord injuries, and for (e) aging individuals with chronic diseases and/or illnesses. Specific implications for therapeutic recreation practice from this research are highlighted.

**Keywords:** COMMUNITY INTEGRATION, CEREBROVASCULAR ACCIDENT, TRAUMATIC BRAIN INJURY, MENTAL ILLNESS, INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITY, SPINAL CORD INJURY, OLDER ADULTS WITH CHRONIC CONDITIONS AND/OR ILLNESSES, THERAPEUTIC RECREATION PRACTICE

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**Keywords:** MENTAL HEALTH, SELF-EFFICACY, PERCEIVED CONTROL, LEADERSHIP

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**KEYWORDS:** COMMUNITY INTEGRATION, CEREBROVASCULAR ACCIDENT, TRAUMATIC BRAIN INJURY, MENTAL ILLNESS, INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITY, SPINAL CORD INJURY, OLDER ADULTS WITH CHRONIC CONDITIONS AND/OR ILLNESSES, THERAPEUTIC RECREATION PRACTICE

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**KEYWORDS:** CONSUMER EMPOWERMENT, MENTAL HEALTH SERVICES, ENABLING OCCUPATION
Determinants of Health

Intersectionality


**Background:** Fewer than half of individuals with a mental disorder seek formal care in a given year. Much research has been conducted on the factors that influence service use in this population, but the methods generally used cannot easily identify the complex interactions that are thought to exist. In this paper, we examine predictors of subsequent service use among respondents to a population health survey who met criteria for a past-year mood, anxiety or substance-related disorder. **Methods:** To determine service use, we use an administrative database including all physician consultations in the period of interest. To identify predictors, we use classification tree (CART) analysis, a data mining technique with the ability to identify unsuspected interactions. We compare results to those from logistic regression models. **Results:** We identify 1213 individuals with past-year disorder. In the year after the survey, 24% (n=312) of these had a mental health-related physician consultation. Logistic regression revealed that age, sex and marital status predicted service use. CART analysis yielded a set of rules based on age, sex, marital status and income adequacy, with marital status playing a role among men and by income adequacy important among women. CART analysis proved moderately effective overall, with agreement of 60%, sensitivity of 82% and specificity of 53%. **Conclusion:** Results highlight the potential of data-mining techniques to uncover complex interactions, and offer support to the view that the intersection of multiple statuses influence health and behavior in ways that are difficult to identify with conventional statistics. The disadvantages of these methods are also discussed.

**KEYWORDS:** INTERSECTIONALITY, MENTAL HEALTH, SOCIAL DETERMINANTS, SERVICE USE


Those with serious mental illness are highly likely to experience stigma resulting in discrimination. This article addresses the intersectionality of serious mental illness with gender, social class, and disability status utilizing a case study of a woman with Dissociative Identity Disorder (DID). Despite estimated prevalence rates of 1.0% to 6.0% in psychiatric settings, individuals with DID experience providers who are unfamiliar or skeptical of the diagnosis. Media portrayal of DID, gender bias, ability, and social status increase difficulties with access to needed services. Discussion of trauma-informed and gender responsive clinical interventions will be provided, as well as clinical recommendations.
This article includes alternative approaches to current psychiatric diagnosis and treatment of women with serious mental illness (SMI) applying the theory of intersectionality and a trauma-informed perspective. We will discuss how these perspectives enriched the work of our mental health treatment team and reduced bias, stigma, and limitations associated with traditional diagnoses. Two vignettes are presented to illuminate the importance of our treatment team’s interpretations of “psychotic symptoms” as meaningful communications. We will explore how interdisciplinary collaborations enabled us to work in an empowering framework in these clinical encounters. We will also examine the impact of race, ethnicity, socioeconomic status, gender, immigration and severe child abuse in these cases. Finally, we will discuss the value of multimodal treatment used by our treatment team as a promising approach to begin the integrative process of healing for women with serious mental illness.

**KEYWORDS:** INTERSECTIONALITY, MENTAL ILLNESS, DISSOCIATIVE IDENTITY DISORDER


Patients diagnosed with mental illness are statistically less likely to access physical healthcare services, resulting in increased mortality rates and diminished quality and decreased longevity of lifespan. This article identifies key aspects of the need for capacity building in, and between, all professional healthcare disciplines and utilizes a clinical case study to demonstrate the relevance of basic psychosocial interventions to all healthcare professionals. Alongside the practicalities of mental healthcare provision within the context of 21st-century society, discussion is extended to two basic theoretical models for understanding the relationship of mental illness to factors over which there can be no intraneous or conscious control. In this sense, the portrayal of patients with mental illness first and foremost as people whose somewhat transient demise from general wellbeing serves only to brand and stigmatize them from the point of diagnosis as fundamentally different to others. Mechanisms of how these stark rhetorical issues may be altered through building on the concept of therapeutic alliance with appropriately designed and insightful pathways of development for multidisciplinary healthcare teams aptly conclude the article.

**KEYWORDS:** CHILDHOOD TRAUMA, SERIOUS MENTAL ILLNESS, PSYCHOSIS, INTERSECTIONALITY, INTEGRATIVE THERAPIES

Population Health


Patients diagnosed with mental illness are statistically less likely to access physical healthcare services, resulting in increased mortality rates and diminished quality and decreased longevity of lifespan. This article identifies key aspects of the need for capacity building in, and between, all professional healthcare disciplines and utilizes a clinical case study to demonstrate the relevance of basic psychosocial interventions to all healthcare professionals. Alongside the practicalities of mental healthcare provision within the context of 21st-century society, discussion is extended to two basic theoretical models for understanding the relationship of mental illness to factors over which there can be no intraneous or conscious control. In this sense, the portrayal of patients with mental illness first and foremost as people whose somewhat transient demise from general wellbeing serves only to brand and stigmatize them from the point of diagnosis as fundamentally different to others. Mechanisms of how these stark rhetorical issues may be altered through building on the concept of therapeutic alliance with appropriately designed and insightful pathways of development for multidisciplinary healthcare teams aptly conclude the article.

**KEYWORDS:** HEALTH CARE, ACCESS TO SERVICES, CAPACITY BUILDING, MENTAL HEALTH SERVICES, PSYCHOSOCIAL INTERVENTIONS, THERAPEUTIC ALLIANCE

For major physical diseases, it is widely accepted that members of the public will benefit by knowing what actions they can take for prevention, early intervention, and treatment. However, this type of public knowledge about mental disorders (mental health literacy) has received much less attention. There is evidence from surveys in several countries for deficiencies in (a) the public’s knowledge of how to prevent mental disorders, (b) recognition of when a disorder is developing, (c) knowledge of help-seeking options and treatments available, (d) knowledge of effective self-help strategies for milder problems, and (e) first aid skills to support others affected by mental health problems. Nevertheless, there is evidence that a range of interventions can improve mental health literacy, including whole-of-community campaigns, interventions in educational settings, Mental Health First Aid training, and information websites. There is also evidence for historical improvements in mental health literacy in some countries. Increasing the community’s mental health literacy needs to be a focus for national policy and population monitoring so that the whole community is empowered to take action for better mental health.

**KEYWORDS:** Mental Health Literacy, Prevention, Early Intervention, Treatment, Services

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With the release of Canada’s mental health strategy, “Changing Directions, Changing Lives,” the Canadian Mental Health Commission marked “a significant milestone in the journey to bring mental health ‘out of the shadows’ and to recognize, in both words and deeds, the truth of the saying that there can be no health without mental health” (Mental Health Commission of Canada, 2012, p. 6). This strategy document points toward a renewed perspective in order to keep people from becoming mentally ill and to improve the mental health status of the whole population. This renewed perspective towards a holistic intervention agenda for the improvement of mental health is gaining momentum and finding its way onto the public health agenda. The momentum is based on the recognition that mental health is fundamental to health. It acknowledges the disproportionately greater burden of mental health problems and disorders among those who are socially and economically disadvantaged. Finally, it recognizes the importance of improving mental health status across the whole population, including those with a mental disorder. Such a perspective concerns public health practitioners at every level. As all public health interventions have the potential to target the well-being of individuals and communities, it is evident that all public health actors, whether they work in clinical prevention and treatment, promotion, protection, or surveillance are working on mental health topics with various clienteles and communities. Hence, what would the role of public health be in advancing population mental health? How could we define a population mental health framework for public health? This briefing note responds to these questions and proposes a framework for population mental health.

**KEYWORDS:** Public Health, Population Mental Health
This article explores the potential of community intervention perspectives for increasing the relevance, reach, and public health impact of mental health services research. Method: The authors reviewed community intervention strategies, including public health and community development and empowerment interventions, and contrast community intervention with practice-based quality improvement and policy research. Results: A model was proposed to integrate health services and community intervention research, building on the evidence-based strength of quality improvement and participatory methods of community intervention to produce complementary functions, such as linking community-based case finding and referral with practice-based quality improvement, enhanced by community-based social support for treatment adherence. The community intervention approach is a major paradigm for affecting public health or addressing health disparities. Despite challenges in implementation and evaluation, it represents a promising approach for extending the reach of mental health services interventions into diverse communities.

**KEYWORDS:** Public Health, Community Intervention, Mental Health, Methods, Research

**Social Determinants of Health**


Mental disability and mental health care have been neglected in the discourse around health, human rights, and equality. This is perplexing as mental disabilities are pervasive, affecting approximately 8% of the world’s population. Furthermore, the experience of persons with mental disability is one characterized by multiple interlinked levels of inequality and discrimination within society. Efforts directed toward achieving formal equality should not stand alone without similar efforts to achieve substantive equality for persons with mental disabilities. Structural factors such as poverty, inequality, homelessness, and discrimination contribute to risk for mental disability and impact negatively on the course and outcome of such disabilities. A human rights approach to mental disability means affirming the full personhood of those with mental disabilities by respecting their inherent dignity, their individual autonomy and independence, and their freedom to make their own choices. A rights-based approach requires us to examine and transform the language, terminology, and models of mental disability that have previously prevailed, especially within health discourse. Such an approach also requires us to examine the multiple ways in which inequality and discrimination characterize the lives of persons with mental disabilities and to formulate a response based on a human rights framework. In this article, I examine issues of terminology, models of understanding mental disability, and the implications of international treaties such as the United Nations Convention of the Rights of Persons with Disabilities for our response to the inequalities and discrimination that exist within society—both within and outside the health care system. Finally, while acknowledging that health care professionals have a role to play as advocates for equality, non-discrimination, and justice, I argue that it is persons with mental disabilities themselves who have the right...
to exercise agency in their own lives and who, consequently should be at the centre of advocacy movements and the setting of the advocacy agenda.

**KEYWORDS:** MENTAL HEALTH, INEQUITY, SOCIAL DETERMINANTS OF HEALTH, EQUALITY, RIGHTS-BASED APPROACH

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This article explores the social determinants of mental illness in order to stimulate debate and advocate for improved services, and greater understanding and acceptance for people with serious mental illness in their community. Systemic and broader social mechanisms that perpetuate stigma and inequity are briefly examined. Research findings from a study of the culture of smoking for psychiatric populations are used to demonstrate the complexity of these mechanisms and to show how they impact on the social determinants of mental illness for people with serious mental illness. From this discussion, broad system and policy options are offered.

**KEYWORDS:** MENTAL ILLNESS, SOCIAL DETERMINANTS OF MENTAL HEALTH, STIGMA, INEQUITY, SYSTEMS, POLICY

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Depression and anxiety are significant mental health issues that affect urban, ethnically diverse, impoverished women disproportionately. This study sought to identify social determinants of mental health and barriers to help-seeking for this population. Using community based participatory research and focus groups, sixty-one Black, Hispanic, and White women identified economic, family, cultural, and neighborhood issues as perceived determinants of their depression/anxiety. They identified practical, psychosocial, and cultural barriers to their help-seeking behavior. These results can promote women’s health by fostering an understanding of social factors as perceived determinants of depression/anxiety and shaping practice and policy initiatives that foster positive aggregate outcomes.

**KEYWORDS:** MENTAL HEALTH ISSUES, ETHNICITY, SOCIAL DETERMINANTS OF MENTAL HEALTH, BARRIERS, HELP-SEEKING BEHAVIOR
The scoping review was conducted in order to assess the current state of mental health recovery literature in Canada, the US, the UK, Australia, and New Zealand. Although many definitions of “recovery” exist in the literature, including those that attend to structural barriers such as racism, sexism, poverty, and homophobia, in addition to individualistic factors such as empowerment, hope, and autonomy, very few models of recovery explicitly address social and structural inequities. Using purposive sampling and a search of social science databases, both peer-reviewed and “grey” literature (i.e. any document or material outside the realm of the formal academic publishing process) was reviewed in order to identify: current models and frameworks for mental health recovery; the degree to which they address social and structural inequities; the degree to which the lived experiences of individuals informed the development of current and past models of recovery; how the concept of citizen engagement is taken up in the recovery literature; and opportunities taking place regionally, nationally, and internationally that are relevant to developing recovery models which address social inequities and/or citizen engagement. In total, 71 pieces of literature were included in the scoping review. Of these, 57 are either peer-reviewed academic journal articles or published books and 14 are considered “grey” literature.

**KEYWORDS:** MENTAL HEALTH, RECOVERY, SOCIAL INEQUITIES, CITIZEN ENGAGEMENT

## METHODS

**Community Based Participatory Research**


**Objective:** Community-based participatory research has the potential to improve implementation of best practices to reduce disparities but has seldom been applied in mental health services research. This article presents the content and lessons learned from a national conference designed to stimulate such an application. **Design:** Mental health program developers collaborated in hosting a two-day conference that included plenary and break-out sessions, sharing approaches to community-academic partnership development, and preliminary findings from partnered research studies. Sessions were audiotaped, transcribed and analyzed by teams of academic and community conference participants to identify themes about best practices, challenges faced in partnered research, and recommendations for development of the field. Themes were illustrated with selections from project descriptions at the conference. **Setting and Participants:** Participants, representing
nine academic institutions and 12 community-based agencies from four US census regions, were academic and community partners from five research centers funded by the National Institute of Mental Health, and also included staff from federal and non-profit funding agencies. Results: Five themes emerged: 1) Partnership Building; 2) Implementing and Supporting Partnered Research; 3) Developing Creative Dissemination Strategies; 4) Evaluating Impact; and 5) Training. Conclusions: Emerging knowledge of the factors in the partnership process can enhance uptake of new interventions in mental health services. Conference proceedings suggested that further development of this field may hold promise for improved approaches to address the mental health services quality chasm and service disparities.

**KEYWORDS:** COMMUNITY-BASED PARTNERED RESEARCH, MENTAL HEALTH, DISPARITIES, IMPLEMENTATION, DISSEMINATION

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In September 2000, a research team from Sheffield University was commissioned to evaluate the Lincolnshire Assertive Outreach Service. An essential aspect of this evaluation was service users’ and carers’ experiences of receiving the service, and this was researched in collaboration with service users and carers who are members of ‘LincUp’ (the Lincolnshire Partnership Trust Service User and Carer Reference Group). Four service users and two carers undertook 4 days training in research skills and went on to develop the interview guides, conduct interviews, analyse transcripts and disseminate the findings. The project has been a learning process for all involved, not least because there are few sources of reference for this kind of work. It appears to be unusual for research to be conducted by a group comprising both service users and carers who are involved in all aspects of the project from interview design to dissemination of findings.

**KEYWORDS:** COMMUNITY-BASED PARTICIPATORY RESEARCH, MENTAL HEALTH, SERVICE EVALUATION

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Patient and public involvement in health research is increasingly well established internationally, but the impacts of involvement on the research process are hard to evaluate. We describe a process of qualitative data analysis in a mental health research project with a high level of mental health service user and carer involvement, and reflect critically on how we produced our findings. Team members not from research backgrounds sometimes challenged academic conventions, leading to complex findings that would otherwise have been missing. An essential component of how we coproduced knowledge involved retaining methodological flexibility so that nonconventional research voices in the team could situate and critique what was conventionally known. Deliberate and transparent reflection on how “who we are” informed the knowledge we produced.
was integral to our inquiry. We conclude that reflecting on knowledge (co)production is a useful tool for evaluating the impact of patient and public involvement on health research.

**KEYWORDS:** Epistemology; Health Care, Users’ Experiences; Interpretive Methods; Knowledge Construction; Mental Health and Illness; Qualitative Analysis; Reflexivity; Research Participation; Self-Care


The goal of this paper is to document and evaluate the process of implementing an evidence-based depression intervention in community settings through the use of community-academic partnered approaches. We discuss how and to what extent the goals of community engagement and collaborative planning were achieved in the intervention arm of the Community Partners in Care study that aimed to adapt evidence-based depression care toolkits for diverse agencies in Hollywood and South Los Angeles. We find that partnered research strategies have a potential to effectively engage community members around depression and involve them in intervention planning activities. Our results suggest that successful collaboration among diverse agencies requires that they understand what is expected of them, are comfortable with the role they choose to perform, and have organizational support to contribute to the project. To facilitate the development of collaborative relationships, time and effort should be devoted to explaining how collaboration among diverse agencies may take place.

**KEYWORDS:** CBPR, Collaborative Care, Community Engagement in Research, Evaluation


Mental health research projects address sensitive issues for vulnerable populations and are implemented in complex environments. Community-based participatory research approaches are recommended for health research on vulnerable populations, but little is known about how variation in participation affects outcomes of partnered research projects. We developed a conceptual model demonstrating the impact of community engagement in research on outcomes of partnered projects. We collected data on key constructs from community and academic leaders of 21 sampled partnered research projects in two cycles of a research center funded by the National Institute of Mental Health. We conducted empirical analyses to test the model. Our findings suggest that community engagement in research is positively associated with perceived professional
development as well as political and community impact.

**KEYWORDS:** CBPR, COMMUNITY-BASED MENTAL HEALTH, MENTAL HEALTH, COMMUNITY ENGAGEMENT IN RESEARCH, COMMUNITY-ACADEMIC PARTNERSHIPS

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Depression and anxiety are significant mental health issues that affect urban, ethnically diverse, impoverished women disproportionately. This study sought to identify social determinants of mental health and barriers to help-seeking for this population. Using community based participatory research and focus groups, sixty-one Black, Hispanic, and White women identified economic, family, cultural, and neighborhood issues as perceived determinants of their depression/anxiety. They identified practical, psychosocial, and cultural barriers to their help-seeking behavior. These results can promote women’s health by fostering an understanding of social factors as perceived determinants of depression/anxiety and shaping practice and policy initiatives that foster positive aggregate outcomes.

**KEYWORDS:** MENTAL HEALTH ISSUES, ETHNICITY, SOCIAL DETERMINANTS OF MENTAL HEALTH, BARRIERS, HELP-SEEKING BEHAVIOR

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**Background:** Since 2007, the Mental Health Commission of Canada has worked collaboratively across all provinces to publish a framework and strategy for recovery and well-being. This federal document is now mandated as policy for implementation between 2012 and 2017. The proposed strategies have been written into provincial health plans, hospital accreditation standards, and annual objectives of psychiatric departments and community organizations. The core premise is: to empower persons with mental illness and their families to become participants in designing their own care, while meeting the needs of a diverse Canadian population. However, recovery principles do not come with an implementation guide to fit the variability of different local contexts. How can policy recommendations and accreditation standards be effectively tailored to support a diversity of stakeholder values? To our knowledge, there is little evidence indicating the most effective manner to accelerate the uptake of recovery-oriented services among providers in a given/particular mental
health treatment setting. **Methods/Design:** This three-year Canadian Institute of Health Research Partnership in Health System Improvement and The Rx&D Health Research Foundation (HRF) Fostering Canadian Innovation in Research study (2013 to 2017) proposed participatory approaches to implementing recovery principles in a department of psychiatry serving a highly diverse Canadian and immigrant population. This project will be conducted in overlapping and recursive phases: I) Conduct formative research to (a) measure the current knowledge and attitudes toward recovery and recovery-oriented practices among service providers, while concurrently (b) exploring the experiential knowledge of recovery of service-users and family members; II) Collaborate with service-users and the network-identified opinion leaders among providers to tailor Recovery-in-Action Initiatives to fit the needs and resources of a Department of Psychiatry; and III) Conduct a systematic theory-based evaluation of changes in attitudes and practices within the service-user/service-provider partnership group relative to the overall provider network of the department and identify the barriers and supports within the local context. **Discussion:** Our anticipated outcome is a participatory toolkit to tailor recovery-oriented services, which will be disseminated to the Mental Health Commission of Canada and Accreditation Canada at the federal level, agencies at the provincial levels, and local end-of-knowledge users.

**KEYWORDS:** RECOVERY, APPLIED POLICY, MIXED METHODS, SOCIAL NETWORK ANALYSIS, ETHNOGRAPHY, NARRATIVE-PHENOMENOLOGY, PARTICIPATORY RESEARCH, INTEGRATED KNOWLEDGE TRANSLATION

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It is becoming increasingly recognized that conventionally derived outcome measures in mental health research are problematic. This is both because of the methodology used and because a ‘good’ outcome is framed from the perspective of clinicians and researchers. This paper describes a methodology for developing outcome measures for use in large studies entirely from the perspective of mental health service users. It is a mixed methods model starting with a participatory and qualitative methodology and proceeding to psychometric testing. At all stages, the researchers are themselves mental health service users. In the first phase of the model, focus groups are convened comprising people who have received the treatment or service being measured. The focus groups meet twice resulting in a draft mixed-methods questionnaire devised from thematic analysis of the focus group data. This is then taken to expert panels, again comprising individuals who have received the treatment or service being evaluated for refinement. Following this, a feasibility study is conducted with n=50 participants and changes made iteratively to the questionnaire in light of feedback. The final measure is subject to psychometric testing both to ensure it is robust and to explore similarities and differences with conventionally derived measures.

**KEYWORDS:** OUTCOME MEASURES, MENTAL HEALTH RESEARCH, PARTICIPATORY METHODOLOGY
Objective: To investigate service users’ priorities for mental health research and compare them with established priorities. Methods: Groups of service users were convened from the London boroughs of Southwark, Lewisham, Lambeth and Croydon. The study was informed by participatory research methodology. User accounts of their research priorities were analysed using a modified grounded theory approach. Results: Service users in this study identified different research priorities from those of professionals. They wished to design and conduct more research themselves, and were more interested in research that was social and psychological rather than biomedical. They also wished to see investigations of alternative treatments to psychiatric medication. Conclusions: The research priorities of service users need further investigation, and effective structures should be developed and consolidated to ensure that these priorities become incorporated into the mental health research agenda.

Keywords: Consumer issues, Service users’ priorities, Mental health research


Objective: This study used participatory methods and concept-mapping techniques to develop a greater understanding of the construct of citizenship and an instrument to assess the degree to which individuals, particularly those with psychiatric disorders, perceive themselves to be citizens in a multifaceted sense (that is, not in a simply legal sense). Methods: Participants were persons with recent experience of receiving public mental health services, having criminal justice charges, having a serious general medical illness, or having more than one of these “life disruptions,” along with persons who had not experienced any of these disruptions. Community-based participatory methods, including a co-researcher team of persons with experiences of mental illness and other life disruptions, were employed. Procedures included conducting focus groups with each life disruption (or no disruption) group to generate statements about the meaning of citizenship (N = 75 participants); reducing the generated statements to 100 items and holding concept-mapping sessions with participants from the five stakeholder groups (N = 66 participants) to categorize and rate each item in terms of importance and access; analyzing concept-mapping data to produce citizenship domains; and developing a pilot instrument of citizenship. Results: Multidimensional scaling and hierarchical cluster analysis revealed seven primary domains of citizenship: personal responsibilities, government and infrastructure, caring for self and others, civil rights, legal rights, choices, and world stewardship. Forty-six items were identified for inclusion in the citizenship measure. Conclusions: Citizenship is a multidimensional construct encompassing the degree to which individuals with different life experiences perceive inclusion or involvement across a variety of activities and concepts.

Keywords: Citizenship, Mental health, Participatory methods
In this review, a synthesis of studies employing community-based participatory research (CBPR) to address mental health problems of minorities, strengths and challenges of the CBPR approach with minority populations are highlighted. Despite the fact that minority community members voiced a need for innovative approaches to address culturally unique issues, findings revealed that most researchers continued to use the traditional methods in which they were trained. Moreover, researchers continued to view mental health treatment from a health service perspective.

**KEYWORDS:** COMMUNITY-BASED PARTICIPATORY RESEARCH, METHODS, MENTAL HEALTH, MINORITY

**Participatory Action Research**


Participatory action research (PAR) is a form of collaborative research particularly concerned with power inequities of marginalized communities. With this approach, occupational therapists can work with clients and communities to address issues of access, inclusion, equity, and collaboration in practice and research. This paper begins with a summary of key concepts and controversies related to participatory action research. Two examples from occupational therapy experience are used to determine the initial steps and key principles of PAR projects and to highlight the conceptual links between PAR and community-based, client-centered occupational therapy. Our project involved a group of mental health consumers, the other a community group of older adults. Several challenges and potential outcomes in PAR projects are highlighted in this examination of the complexity of PAR processes. The paper concludes by identifying possibilities and obstacles to the further use of PAR in occupational therapy.

**KEYWORDS:** PARTICIPATORY ACTION RESEARCH, COMMUNITY OCCUPATIONAL THERAPY, AGED, MENTAL HEALTH

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**Objective:** This article describes a public-academic collaboration between a university research center and the
Texas state mental health authority to design and evaluate a unique “money follows the person” model called self-directed care (SDC). SDC programs give participants control over public funds to purchase services and supports for their own recovery. Methods: Through a participatory action research process, the project combined use of evidence-based practice and community consensus as a tool for system change. Results: The story of this effort and the program that resulted are described, along with quantitative and qualitative data from the project’s start-up phase. Conclusions: Lessons learned about the importance of community collaboration are discussed in light of the current emphasis on public mental health system transformation through alternative financing mechanisms.

**KEYWORDS:** RECOVERY, SYSTEM TRANSFORMATION, CHANGE PROCESS, COMMUNITY MENTAL HEALTH

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Community-based participatory research is an enabling and empowering practice that is based in principles that overlap with those of mental health recovery. Using a participatory approach, an advocacy group called the Dream Team, whose members have mental health issues and live in supportive housing, planned and conducted a study of the neighbourhood impact of two supportive housing buildings in Toronto. The study found that tenants do not harm neighbourhood property values and crime rates, and that they do make important contributions to the strength of their neighbourhoods. This article demonstrates the strength of a self-directed collective of individuals who are prepared to challenge stigma and discrimination, and documents their use of participatory action research as a proactive strategy to contribute their knowledge to discussions that shape the communities, services, and politics that involve them.

**KEYWORDS:** SUPPORTED PLANNING, COMMUNITY-BASED RESEARCH, PARTICIPATORY RESEARCH METHODS, MENTAL HEALTH ISSUES, PAR

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Community-based research in public health focuses on social, structural, and physical environmental inequalities through active involvement of community members, organizational representatives, and researchers in all aspects of the research process. Partners contribute their expertise to enhance understanding of a given phenomenon and to integrate the knowledge gained with action to benefit the community involved. This review provides a synthesis of key principles of community-based research, examines its place within the context of different scientific paradigms, discusses rationales for its use, and explores major challenges and facilitating...
factors and their implications for conducting effective community-based research aimed at improving the public’s health.

**KEYWORDS:** COMMUNITY-BASED RESEARCH, HEALTH INEQUITIES, PUBLIC HEALTH, SCIENTIFIC PARADIGMS


Mental health services in western English-speaking countries are struggling to respond to growing cultural and racial diversity. The overall purpose of the Community University Research Alliance (CURA) study was to explore, develop, pilot, and evaluate how best to provide community-based mental health supports that are effective for people from culturally diverse backgrounds. Using a participatory action research approach within a multimethod design, the study partnership has developed an emerging framework that synthesizes the ideals of previous culture-oriented and power-oriented models. The emerging framework has 3 main components: values that guide concrete actions that in turn produce desired outcomes. Central to the emerging framework is the need for reciprocal collaboration between the mental health system and cultural-linguistic communities.

**KEYWORDS:** PARTICIPATORY ACTION RESEARCH, CULTURE, RACIAL DIVERSITY, COMMUNITY-BASED MENTAL HEALTH SUPPORTS


**Objective:** This paper describes the first phase of a larger project that utilizes participatory action research to examine complex mental health needs across an extensive group of stakeholders in the community. **Method:** Within an objective qualitative analysis of focus group discussions the social ecological model is utilized to explore how integrative activities can be informed, planned and implemented across multiple elements and levels of a system. Seventy-one primary care workers, managers, policy-makers, consumers and carers from across the southern metropolitan and Gippsland regions of Victoria, Australia took part in seven focus groups. All groups responded to an identical set of focusing questions. **Results:** Participants produced an explanatory model describing the service system, as it relates to people with complex needs, across the levels of social ecological analysis. Qualitative themes analysis identified four priority areas to be addressed in order to improve the system’s capacity for working with complexity. These included: (i) system fragmentation; (ii) integrative case management practices; (iii) community attitudes; and (iv) money and resources. **Conclusions:** The emergent themes provide clues as to how complexity is constructed and interpreted across the system of involved agencies and interest groups. The implications these findings have for the development and evaluation of this community capacity-building project were examined from the perspective of constructing interventions.
that address both top-down and bottom-up processes.

**KEYWORDS:** EVALUATION OF SERVICE, PARTICIPATORY ACTION RESEARCH (PAR), MENTAL HEALTH, COMMUNITY STAKEHOLDERS

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This article offers methodological reflections and lessons learned from a three-year university–community partnership that used participatory action research methods to develop and evaluate a model for learning and change. Communities of practice were used to facilitate the translation of recovery-oriented and evidence-based programs into everyday practice at a community mental health agency. Four lessons were drawn from this project. First, the processes of learning and organizational change are complex, slow, and multifaceted. Second, development of leaders and champions is vital to sustained implementation in an era of restricted resources. Third, it is important to have the agency’s values, mission, policies, and procedures align with the principles and practices of recovery and integrated treatment. And fourth, effective learning of evidence-based practices is influenced by organizational culture and climate. These four lessons are expanded upon and situated within the broader literature and implications for future research are discussed.

**KEYWORDS:** MENTAL HEALTH, IMPLEMENTATION, EVIDENCE-BASED PRACTICE, PARTICIPATORY ACTION RESEARCH METHODS

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**Schneider, B. (2012). Participatory action research, mental health service user research, and the hearing (our) voices projects. International Journal of Qualitative Methods, 11(2), 152-165.**

In this article I discuss participatory action research as a framework for enabling people diagnosed with mental health problems to carry out research and in doing so to promote health equity, citizenship, and social justice for people with a mental health diagnosis. The participatory approach to research aims to involve ordinary community members in generating practical knowledge about issues and problems of concern to them and through this promoting personal and social change. The article traces the development of participatory action research and describes its application in the mental health service user research movement. The Hearing (our) Voices projects, participatory research projects carried out in Calgary, Alberta by a group of people diagnosed with schizophrenia, are described to illustrate this approach to mental health research. Participation in research to promote health equity is about inclusion and about how marginalized people can claim full and equal citizenship as participants in and contributors to society.

**KEYWORDS:** PARTICIPATORY ACTION RESEARCH; MENTAL HEALTH SERVICE USER RESEARCH; HEARING (OUR) VOICES; CITIZENSHIP, SCHIZOPHRENIA.
Involving young people in the development of relevant research and policy is seen as a priority in educational and health settings. This paper describes a qualitative study of experiences of young mental health service users who engaged in a Participatory Action Research (PAR) project about stigma in mental health. The PAR project comprised of eight young people using a community based mental health service and was facilitated by a mental health professional, a voluntary sector project worker and a film-maker. The young people undertook research training and controlled all stages of the research process including the creative use of animation to disseminate findings. Qualitative interviews were conducted with the young people at the end of the project and a number of themes concerning change processes emerged during a Grounded Theory analysis. The young people described a number of changes that occurred for them both individually and collectively. Some of these changes correspond with aspects of psychological and group empowerment theories and with constructs associated with recovery from mental health problems. One conclusion drawn from this is that contextually sensitive PAR projects could offer an alternative model of engagement with young people at risk of social exclusion to more traditional, professional led, individual interventions.

**KEYWORDS:** PARTICIPATORY ACTION RESEARCH; COMMUNITY PSYCHOLOGY; EMPOWERMENT THEORY; SERVICE USER INVOLVEMENT IN RESEARCH

**Photovoice**


Individuals with mental health needs experience stigma, prejudice, discrimination, and social isolation. Photovoice, an advocacy and participatory action research method based on the principles of community-based participatory research, offers a creative approach to genuinely engage the voices and expertise of people intimately involved in the mental health system. This article offers strategic planning steps and detailed curriculum stages to develop and facilitate Photovoice groups within mental health settings.

**KEYWORDS:** PHOTOVOICE, PARTICIPATORY ACTION RESEARCH, COMMUNITY-BASED PARTICIPATORY RESEARCH, ADVOCACY, MENTAL HEALTH, CREATIVITY IN COUNSELING

Taggart, D., Franks, W., Osborne, O., & and Collins, S. (2013). ‘We are the ones asking the questions’: The experiences of young mental health service users conducting research into stigma. *Educational & Child Psychology, 30*(1), 61-71.
Objective: The primary purpose of this article is to describe the development and feasibility of the Recovery Narrative Photovoice intervention. The nature of this intervention will be discussed, including facilitating empowerment and a positive sense of identity among people with serious mental illnesses. We will also describe the integration of Photovoice methodology with psychoeducational components, informed by principles of the recovery movement and narrative therapy. Methods: Sixteen participants with serious mental illnesses from a psychosocial rehabilitation and education center in the Northeast participated in a pilot study evaluating this new 10-week intervention with a pre-post test design. To assess feasibility, descriptive statistical analyses were conducted of attendance data and number of works produced. The pilot study was implemented in 2 consecutive waves with 8 participants each. Results: High rates of attendance (69%) and production of photovoice works (82%) were demonstrated over the course of the 2 waves of the pilot. Conclusions and Implications for Practice: Findings support the feasibility and acceptability of the Recovery Narrative Photovoice for individuals with serious mental illnesses. These results reflect the potential for using this intervention in psychiatric rehabilitation settings to facilitate recovery-related outcomes, including empowerment, positive identity, and community integration. Future research will require a replication of pre–post assessment of this intervention to further establish the efficacy of this program.

KEYWORDS: PHOTOVOICE, RECOVERY, SERIOUS MENTAL ILLNESS, NARRATIVE, PSYCHIATRIC REHABILITATION


Objective: The aim of this study was to explore the use of Photovoice as an innovative methodology for understanding aspects of the mental illness experience. Applied ethnographic methods were used to examine 15 photographs and accompanying narratives from a mental illness photovoice exhibit. Analysis occurred within and across cases, resulting in individual case studies and a thematic description of the narratives. Suffering, stigma, and loss of identity were found at the center of this rendering of mental illness experience. The findings suggest that a photovoice project offers a useful lens from which to examine experiences associated with living with mental illness.

KEYWORDS: PHOTOVOICE, MENTAL ILLNESS, SUFFERING, STIGMA, LOSS OF IDENTITY

**Purpose:** This study aims to explore if photovoice methodology can be used to enhance the level of empathy professionals feel when meeting a patient who carries a psychiatric diagnosis in any setting. **Design and Methods:** This study used a qualitative descriptive design. Seven adult patients were interviewed for 1 hr regarding photos that were taken to represent what it has been like to live with their chronic illness. **Findings:** Four major themes emerged: (a) feeling misunderstood and invisible in the world; (b) attempting to gain control and be safe through various actions and activities; (c) making an ongoing effort to repair injured self-esteem; and (d) using various coping skills. **Practice Implications:** Patients in this study enjoyed the process of taking photos to help tell their story, and they were able to capture meaningful images that communicated their lived experience of dealing with a mental illness.

**KEYWORDS:** CAMERA, CHRONIC MENTAL ILLNESS, EMPATHY, PHOTOVoice, PSYCHIATRIC PATIENTS

**RECOVERY**


The concept of recovery has moved to the centre of mental health policy and service delivery for persons who have been diagnosed with a mental illness in Vancouver BC Canada. This article provides a review of the literature on recovery in mental health. A brief definition of recovery is given, followed by a historical review of the development of the philosophy of recovery with emphasis on the cultural implications of recovery for different countries and organizations. Much like other community mental health systems Vancouver Community Mental Health Services (VCMHS) has not yet identified a specific model or framework to guide the development of recovery-oriented services. To that end three models and a framework of recovery are presented and possible next steps in integrating recovery are highlighted for VCMHS. The discussion on model development with a focus on the cultural implications and the process of implementing recovery has relevance for the development of mental health services internationally (Schinkel & Dorrer, 2007).

**KEYWORDS:** RECOVERY, MODELS, IMPLEMENTATION
Background: Self-management approaches with mental health problems have been developing recently through condition-specific courses, e.g., the Manic Depression Fellowship Course, Rethink Self-Management Course and generic courses, e.g., the Wellness Recovery Action Plan (WRAP) and the Expert Patient Programme. These approaches have been service user led and developed and are now beginning to be taken seriously by mental health professionals. Aims: To trace the development of recovery and self-management approaches in the UK and abroad and to explore whether self-management models transferred from physical health are helpful for mental health. Results: Programmes for recovery derived from physical illnesses cannot be implemented in mental health without some changes and disorder specific self-management programmes are complementary rather than alternatives. Both have their advantages and disadvantages. In particular, models which are professionally led are not only less attractive to service users but also seem to ‘lend responsibility’ rather than sharing it. Conclusion: Self-management models derived from a recovery model and service users’ experiences may have more value than models derived from physical health.

KEYWORDS: RECOVERY, SELF-MANAGEMENT, MENTAL HEALTH, EXPERT PATIENT PROGRAMME


Despite a range of long-standing historical, political, ideological, professional, structural, and practical barriers, there has been, and continues to be, a clear consensus that integration between mental health and addiction services is sorely needed and long overdue. This paper focuses on one dimension of the challenge of integration from among the several – the conceptual – and proposes the construct of recovery as an organizing principle for bridging the divide between the two domains. After reviewing briefly the parallel history of the two traditions and their shared need for transformation to a recovery orientation, the authors offer an integrated model of recovery for persons with co-occurring disorders. They then derive from this model the underlying values, guiding principles, key strategies, and essential ingredients of recovery-oriented systems of care that comprise a common approach across both addictions and mental illness, offering a strengths-based solution to achieving integration where pathology-focused approaches have failed.

KEYWORDS: RECOVERY, MENTAL HEALTH, ADDICTIONS, SERVICE INTEGRATION
Objectives: Recovery is a multifaceted concept, and the need for operationalization in practice has been identified. Although guidance on recovery-oriented practice exists, it is from disparate sources and is difficult to apply. The aims of the study were to identify the key characteristics of recovery-oriented practice guidance on the basis of current international perspectives and to develop an overarching conceptual framework to aid the translation of recovery guidance into practice. Methods: A qualitative analysis of 30 international documents offering recovery-oriented practice guidance was conducted. Inductive, semantic-level, thematic analysis was used to identify dominant themes. Interpretive analysis was then undertaken to group the themes into practice domains. Results: The guidance documents were diverse; from six countries—the United States, England, Scotland, Republic of Ireland, Denmark, and New Zealand—and varied in document type, categories of guidance, and level of service user involvement in guidance development. The emerging conceptual framework consists of 16 dominant themes, grouped into four practice domains: promoting citizenship, organizational commitment, supporting personally defined recovery, and working relationship. Conclusions: A key challenge for mental health services is the lack of clarity about what constitutes recovery-oriented practice. The conceptual framework contributes to this knowledge gap and provides a synthesis of recovery-oriented practice guidance.

Background: No systematic review and narrative synthesis on personal recovery in mental illness has been undertaken. Aims: To synthesise published descriptions and models of personal recovery into an empirically based conceptual framework. Method: Systematic review and modified narrative synthesis. Results: Out of 5208 papers that were identified and 366 that were reviewed, a total of 97 papers were included in this review. The emergent conceptual framework consists of: (a) 13 characteristics of the recovery journey; (b) five recovery processes comprising: connectedness; hope and optimism about the future; identity; meaning in life; and empowerment (giving the acronym CHIME); and (c) recovery stage descriptions which mapped onto the transtheoretical model of change. Studies that focused on recovery for individuals of Black and minority ethnic (BME) origin showed a greater emphasis on spirituality and stigma and also identified two additional themes: culturally specific facilitating factors and collectivist notions of recovery. Conclusions: The conceptual framework is a theoretically defensible and robust synthesis of people’s experiences of recovery in mental illness. This provides an empirical basis for future recovery-oriented research and practice.

Background: Recovery from mental health challenges is beginning to be explored as an inherently social process. There is a need to measure social recovery. Targeted measures would be utilized in needs assessment, service delivery, and program evaluation. This paper reports on the first stage of development of a social recovery measure.

Aims: Explore the social aspects of recovery as reported by individuals with lived experience.

Method: A qualitative study using thematic analysis of data from focus groups with 41 individuals in recovery.

Results: Three meta-themes of social recovery emerged: community, self-concept, and capacities. Each theme contained a number of sub-themes concerned with a sense of belonging, inherent acceptability of the self, and ability to cope with mental distress and engage socially.

Conclusions: Study participants clearly spoke to common human needs to belong, contribute, and have hope for one’s future. Findings converged with results of consumer-led research that emphasize the importance of overcoming the impact of illness on the self and social context.

**KEYWORDS:** MENTAL HEALTH, RECOVERY, SOCIAL INCLUSION, SOCIAL RECOVERY


This is the first mental health strategy for Canada. Its release marks a significant milestone in the journey to bring mental health ‘out of the shadows’ and to recognize, in both words and deeds, the truth of the saying that there can be no health without mental health. Although there are several population groups and policy areas for which the federal government has important mental health responsibilities, the organization and delivery of health care, social services and education in Canada largely fall to provincial and territorial governments. Despite the fact that pan-Canadian initiatives could help all jurisdictions to improve mental health outcomes, planning documents that address these matters from the perspective of the country as a whole are rare. Jurisdictional challenges have been compounded by the stigma that has kept discussion of mental health issues out of the public arena for far too long.

*Changing Directions, Changing Lives* is the culmination of many years of hard work and advocacy by people across the country. A key driver behind its development has been the testimony of thousands of people living with mental health problems and illnesses. In increasing numbers they have found the courage to speak publicly about their personal experiences and the many obstacles they face in obtaining the help and support they need from an underfunded and fragmented mental health system. Family members have echoed this assessment while pointing to the many challenges that they also confront. Service providers (within the mental health system as well as outside of it), researchers, and policy experts have added their voice to the chorus calling for much-needed change. They have all had a voice in the development of this Strategy.

**KEYWORDS:** MENTAL HEALTH STRATEGY, RECOVERY
An understanding of recovery as a personal and subjective experience has emerged within mental health systems. This meaning of recovery now underpins mental health policy in many countries. Developing a focus on this type of recovery will involve transformation within mental health systems. Human systems do not easily transform. In this paper, we identify seven misuses (“abuses”) of the concept of recovery: recovery is the latest model; recovery does not apply to “my” patients; services can make people recover through effective treatment; compulsory detention and treatment aid recovery; a recovery orientation means closing services; recovery is about making people independent and normal; and contributing to society happens only after the person is recovered. We then identify ten empirically-validated interventions which support recovery, by targeting key recovery processes of connectedness, hope, identity, meaning and empowerment (the CHIME framework). The ten interventions are peer support workers, advance directives, wellness recovery action planning, illness management and recovery, REFOCUS, strengths model, recovery colleges or recovery education programs, individual placement and support, supported housing, and mental health triologues. Finally, three scientific challenges are identified: broadening cultural understandings of recovery, implementing organizational transformation, and promoting citizenship.

**Keywords:** Recovery, mental health services, peer support workers, wellness recovery action planning, individual placement and support, supported housing, organizational transformation, promoting citizenship

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Aims: Mental health policy internationally varies in its support for recovery. The aims of this study were to validate an existing conceptual framework and then characterise by country the distribution, scientific foundations and emphasis in published recovery conceptualisations. Methods: Update and modification of a previously published systematic review and narrative synthesis of recovery conceptualisations published in English. Results: A total of 7431 studies were identified and 429 full papers reviewed, from which 105 conceptualisations in 115 papers were included and quality assessed using established rating scales. Recovery conceptualisations were identified from 11 individual countries, with 95 (91%) published in English-speaking countries, primarily the USA (47%) and the UK (25%). The scientific foundation was primarily qualitative research (53%), non-systematic literature reviews (24%) and position papers (12%). The conceptual framework was validated with the 18 new papers. Across the different countries, there was a relatively similar distribution of codings for each of five key recovery processes. Conclusions: Recovery as currently conceptualised in English-language publications is primarily based on qualitative studies and position papers from English-speaking countries. The conceptual framework was valid, but the development of recovery conceptualisations using a broader range of research designs within other cultures and non-majority populations is a research priority.

**Keywords:** Personal recovery, mental illness, review
The scoping review was conducted in order to assess the current state of mental health recovery literature in Canada, the US, the UK, Australia, and New Zealand. Although many definitions of “recovery” exist in the literature, including those that attend to structural barriers such as racism, sexism, poverty, and homophobia, in addition to individualistic factors such as empowerment, hope, and autonomy, very few models of recovery explicitly address social and structural inequities. Using purposive sampling and a search of social science databases, both peer-reviewed and “grey” literature (i.e. any document or material outside the realm of the formal academic publishing process) was reviewed in order to identify: current models and frameworks for mental health recovery; the degree to which they address social and structural inequities; the degree to which the lived experiences of individuals informed the development of current and past models of recovery; how the concept of citizen engagement is taken up in the recovery literature; and opportunities taking place regionally, nationally, and internationally that are relevant to developing recovery models which address social inequities and/or citizen engagement. In total, 71 pieces of literature were included in the scoping review. Of these, 57 are either peer-reviewed academic journal articles or published books and 14 are considered “grey” literature.

KEYWORDS: MENTAL HEALTH, RECOVERY, SOCIAL INEQUITIES, CITIZEN ENGAGEMENT


Purpose: The review aimed to (1) identify measures that assess the recovery orientation of services; (2) discuss how these measures have conceptualised recovery, and (3) characterise their psychometric properties. Methods: A systematic review was undertaken using seven sources. The conceptualisation of recovery within each measure was investigated by rating items against a conceptual framework of recovery comprising five recovery processes: connectedness; hope and optimism; identity; meaning and purpose; and empowerment. Psychometric properties of measures were evaluated using quality criteria. Results: Thirteen recovery orientation measures were identified, of which six met eligibility criteria. No measure was a good fit with the conceptual framework. No measure had undergone extensive psychometric testing and none had data on test-retest reliability or sensitivity to change. Conclusions: Many measures have been developed to assess the recovery orientation of services. Comparisons between the measures were hampered by the different conceptualisations of recovery used and by the lack of uniformity on the level of organisation at which services were assessed. This situation makes it a challenge for services and researchers to make an informed choice on which measure to use. Further work is needed to produce measures with a transparent conceptual underpinning and demonstrated psychometric properties.

KEYWORDS: OUTCOME MEASURES, RELIABILITY AND VALIDITY, MENTAL HEALTH SERVICES, SYSTEMATIC REVIEW