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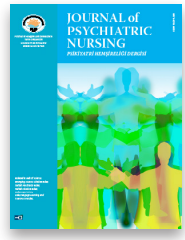

Review

Mental illness and recovery

Olcay Çam, Nihan Yalçıner

Department of Psychiatry Nursing, Ege University Faculty of Nursing, İzmir, Turkey

Abstract

In the traditional model, recovery from mental illness is defined as the elimination of all symptoms or the complete recovery of normal functioning. Recovery is defined as a deeply individual and unique change process, affecting attitudes, values, feelings, goals, skills and roles, despite the limitations caused by the disease. The disabled person returns to living a satisfactory life. Various recovery models have been developed, including the Watson's Caring Model, and the Tidal Model. Mental health nurses have an important supportive role in patients' lives regarding recovery. Psychiatric nurses have a unique role in helping people to develop a positive, hopeful attitude, live a satisfactory life and improve their self-efficacy. This review has been written to contribute to the inclusion in psychiatric nursing literature and services of a contemporary approach which leads to recovery. This new approach goes beyond the traditional approach regarding perception of the patient and the disease.

Keywords: Mental illness; psychiatric nursing; recovery.

Recovery is a period of change when individuals improve their health, live a life in accordance with their wishes, identify and understand their unique initiatives, and discover their potential. It means that one attains his/her goals that are appropriate to his/her potential in society.[1–4] Recovery is an ongoing journey in life; but mostly it is tortuous and it is not a consistent forward movement, but a back and forth process.[5–7] It is a recovery process in which one finds uniqueness and builds wholeness through joining parts together. It is a lifestyle.[8,9] Traditional medical models assess recovery according to the level of social functioning, the ability to control symptoms and the lack of symptoms. A traditional medical model gives less importance to personal experiences. An independent life, enjoyment of appropriate entertainment events, the ability to work, and a social support network are the recovery criteria in a traditional model. Also, these criteria include not having a recurrence of the illness for two years, and not using anti-psychotic medication.[5,10,11] However in its most extended definition, recovery is a way of living a satisfying, hopeful and meaningful life, as well as making contributions, despite the limitations originating from illness. It includes a period of change regarding the patient's attitudes, values, feelings, aims, abilities and roles.[2,3,12] The aim of the recovery period is to improve the individuals' capabilities and skills, and provide a comprehensive, coordinated and long-standing support system to enable the patient to live as a normal citizen in vocational, educational and social fields.[13,14] The basis of recovery relies on individually- centered and holistic care, endurance and hope.[12]

The literature on recovery, including the opinions of patients with mental disorders and those of psychiatric nurses was reviewed. The study carried out by Kidd et al.[6] (2014) on clinicians, patients diagnosed with a psychiatric illness, and patients' relatives showed that all of the participants defined recovery as elimination of the illness. Resnick et al.[15] (2005) reported that patients with schizophrenia described recovery in four dimensions: a) having life satisfaction, b) having hope and optimism, c) feeling powerful and d) being knowledgeable. According to Chi et al.[16] (2013) individuals who attempted suicide defined recovery in five stages. These stages were a) gaining insight and becoming aware of responsibilities, b) searching for help from health professionals and social support systems, c) coping with stressors and symptoms, d)

Address for correspondence: Nihan Yalçıner, Ege Üniversitesi Hemşirelik Fakültesi, Psikiyatri Hemşireliği Anabilim Dalı, İzmir, Turkey
Phone: +90 232 388 11 03 **E-mail:** nihan_yalciner@hotmail.com **ORCID:** 0000-0001-7430-9316

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managing emotions, thoughts and behaviors and e) finding meaning in life. Lindgren et al.[17] (2014) stated that recovery meant a long and difficult process that included a dynamic and two-way movements for patients diagnosed with bulimia nervosa, it was necessary to trust their abilities and hope for the future. Corrigan et al.[18] (2004) reported that the indicators of recovery were trust and hope, a tendency to have goals and desire success, as well as seeking treatment and a decrease in symptoms. According to the study of Kaewprom, Curtis and Deane[19] (2011) with psychiatry nurses from Thailand, the recovery of patients with schizophrenia patients was defined as being free from symptoms, managing daily life activities and functioning well psychosocially. Factors that prevented recovery were not taking responsibility for personal health, not managing symptoms of the illness, experiencing stigmatization and separate mental illness hospitals from general health system. Accepting the illness, having hope, commitment to treatment, having a supporting environment and having easy access to mental illness services were facilitating factors.

Factors affecting recovery positively and negatively were indicated in the literature. Factors affecting recovery are given (Table 1).

Table 1. Factors affecting recovery

Factors affecting positively

- Accepting the illness[11,13]
- Defining yourself again and apart from the illness[2,5,11]
- Managing symptoms[2,11,27]
- Maintaining control and assuming responsibility[5,13,27,28]
- Adjusting privileges[2,11]
- Focusing on power and change[3,11]
- Sharing experiences[3,27]
- Hope[2,3,5,11,13,27–30]
- Realistic optimism[11,13,28]
- Confidence/Self-respect[2,5,11,28]
- Determination[13]
- Good quality of life[11]
- Support from the environment and from members of society[2,6,11,13,30,31]
- Continuity of medical treatment[6,11]
- Inner power[6,11,13,31]
- Individual-centered care[11,29]
- Education[2,3,30]

Factors affecting negatively

- Negative ego perception[31]
- Self-accusation[32]
- Self-hate[32]
- Dilemma in family[31]
- Stress[31]
- Stigmatization[6,11]
- Prejudice[3,6]
- Discrimination[5,6]

The study also focused on the importance of endurance during the recovery process. The recovery process requires endurance.[6] Psychological endurance is the ability to successfully overcome the bad experiences, such as trauma, threat, tragedy, family issues, health problems, and financial stress, as well as the power to pull yourself together and the ability to adapt to change.[20–22] Endurance develops in relation to a variety of personal characteristics, including physical strength, good social skills, intelligence, and good communication and problem solving skills., having alternative perspectives, self-efficacy, self-confidence, a positive viewpoint towards the future, sensitiveness, and flexibility.[21,23] In the literature, endurance is defined as to give flexible answers to a stressful situation.[24] When the features of recovery are examined, it is clear that endurance plays a key role during recovery.[5]

Various programs which may have contributed to recovery have been developed and their effectiveness was assessed. Chiba et al.[25] (2014) included individuals with a chronic mental disorder in a newly developed program. This program included three sessions. The first session comprised sharing personal experiences and difficulties rising from having a mental disorder; the second session comprised developing goals and hope for the future; the third session comprised writing three beautiful events each day. At the end of the program, it was found that having a positive perception, along with awareness, life skills, and positive values made recovery easier. Knutson and Newberry[26] (2013) developed psycho-social training for patients with a psychiatric diagnosis based on the Recovery Model. The stages included having hope, feeling safe, managing symptoms well, taking responsibility, developing social relationships, developing coping skills and finding meaning in life. Study results showed that 37% and 35% of the patients assessed the effectiveness of sessions during recovery as very good and perfect, respectively. In addition, the patients stated that they did not feel alone, they gained new information, the group process was helpful, they were able to communicate with other patients, developed their perspectives and they experienced personal development.

The concept of recovery in the field of mental health and illness is not limited with its conventional meaning today, as it was in the 1970s. The definition of recovery in modern medicine was brought to prominence in the Mental Health Report published by the U.S. Surgeon General in 1999. In 2003, this definition of recovery began to be recognized as the common purpose of mental health services throughout the world, thanks to the "New Freedom Commission on Mental Health".[1,28] Unlike traditional understanding that ensures the recovery of the individual, this new understanding includes the approach that the individual is the expert concerning his own recovery, and it is not the health professionals that have control and effect.[7] Throughout this process, health professional are responsible for helping patients come to believe in the possibility of recovery, and empowering them to make decisions about their care and treatment.[8,29] This review was written to make a contribution to the current, modern approach, to assume a place in

psychiatric nursing literature and services instead of a health system where traditional approach rules over.

Recovery Models and Assessment Tools

There are many recovery based models in the mental health literature. The Watson Human Caring Model, the Tidal Model, the Recovery Model based on Cooperation and the Conceptual Model are explained.

Watson Human Caring Model: According to this model, relationships between the individual and the nurse can boost the individual's self-recovery capacity and develop a high--level consciousness. There are three main concepts: the interpersonal care relationship, the state of care and helping to develop the patient's recovery process. The interpersonal care relationship is a special communication and commitment between two people, and it respects the integrity of a person that consists of mind, body and soul, as well as his/her harmony and uniqueness. The state of care is created by an integrity of life experiences and an existential dimension of the individual. It also helps the individual to recover by having him/her understand this integrity. Care provided as recovery process increases the patient's satisfaction and safety by ensuring that the individual is approached as a whole.[33]

Tidal Model: This model is a rooted and universal model which is a basis for psychiatric nursing. It is also focused on appropriate care environment for the mentally health of population. The model concentrates on things that the individuals need to adapt to and/or overcome their problems. It emphasizes that nurses should have an intimate relationship with individuals, ensuring cooperation and giving them authority. Professionals focus on helping individuals to realize changes in themselves, and use this information to positively orient their lives. According to practitioners of this model, recovery is possible. People have varied sources which can initiate the journey of recovery, and they know which one of these sources is the most effective.[11]

Recovery Alliance Theory-RAT: This is a model based on humanistic philosophy and the patient-nurse relationship. It was created by Shanley et al.[34] Researchers were influenced by the recovery focused approach when creating the RAT model. This theory is comprised of six structures: humanistic philosophy, recovery, partner relationship, a focus on power, empowerment and common humanity. Coping, taking personal responsibility/control and cooperative work notions, all of which originated from those six structures, make up the basis of psychiatric nursing practices. According to this theory, individuals are capable of making their own choices and they have the potential to improve their self-awareness, as well as their interaction with themselves and others. This model lets patients and psychiatric nurses develop an understanding with others. The chances for recovery increase when patients believe their recovery is possible. The patient-nurse relationship relies on power-sharing and interviews between the psychiatric nurse and the patient.

Conceptual Model: This model developed by Jacobson and Greenley[27] (2001) aims to connect with the concepts that define the strategies used to ease recovery, systematically and individually. The basis of the model is patients practice taking on responsibility, developing their goals, working with their care providers, making decisions and providing self-care. Internal and external states which had a positive effect on the recovery process were defined. Internal states included hope, reconnection with personality and taking control, autonomy, courage, responsibility and relationships. External states were identified as decreasing stigmatization and discrimination, establishing a relationship between medical staff and patients based on co-operation with a focus on services for recovery (decreasing symptoms, crisis intervention, rehabilitation, basic safety etc.).

Recovery Assessment Tools

Recovery depends on correctly identifying the patients' state to begin their tough journey toward a more functional life.[13] Tools used in the literature were examined in this process, since they would facilitate information exchange in terms of evaluating patients' experiences, and assessing the process objectively during this period.

1) Recovery Assessment Scale-RAS: There are five recovery assessment factors in this scale: aim/success orientation and hope, trust in others, self-confidence, non-dominant symptoms and voluntarily seeking help.[35]

2) Self-Identified Stage of Recovery-SISR-B: There are four factors used in assessing the recovery period: finding hope, rebuilding personal identity, finding meaning in life, and taking responsibility.[35]

3) Illness Management and Recovery Scales-IMRS: There are six factors as follows: receiving information about mental illness, committing to treatment, avoiding relapse, building social support, developing effective coping skills and overcoming substance addiction.[36]

4) Psychosis Recovery Inventory-PRI: The inventory developed for patients with schizophrenia includes three factors: attitude towards illness, attitude towards treatment, and attitude towards recovery and relapse.[37]

5) Recovery Process Inventory-RPI: There are six dimensions as follows: pain, communication with others, trust/aim, help from others, adequate living space, and hope.[38]

The Role of Mental Health and Diseases Nursing During Recovery

In psychiatry, the recovery period involves comprehensive and coordinative bio-behavioral services. These services provide the opportunity for people with mental illness to develop necessary cognitive, emotional, social, mental and physical skills so that the mentally ill can learn, work, live in society as independently as possible, and be functional.[13] Recovery in psychiatry is possible if it is comprehensive, continuous, co-

ordinated with other services, cooperative, in line with the patient's aims, flexible for each stage of the disease, coherent with the patient's culture and individual needs and related to evidence-based practices, including society's treatment.[12,13] During this period, the role of the psychiatric nurse is to be supportive of the patient's adaptation to life changes.[8,39]

Psychiatric nurses need to understand the nature of the difficulties that individuals face, and what they want to accomplish before they start their initiatives.[3] A therapeutic relationship is created when patients feel that they are understood. Working cooperatively is a part of the therapeutic approach, and an important dimension of recovery.[34]

Recovery expectation can be a burden on patients.[4] Therefore, the relationship between nurse and patient must be a supportive one which allows development. Recreating hope in individuals with serious mental illness includes adaptation to all losses. Patients who lost their identity and roles in the past can contact individuals who had similar experiences, as they may feel isolated.[3] It is significant for nurses to understand patients' experiences within cultural norms during the recovery process.[34] According to studies, the time the health professionals spend with patients, and the quality of the relationship they build with them, is more significant than any level of knowledge.[4,40]

Continuity of medical treatment plays a key role during the recovery process. Patients quit taking medication because they think they do not need it, they experience side effects and they are exposed to stigmatization. Nurses have an important role to make patient start their recovery by helping patients become compliant with taking medication and remaining on the medication. Psychiatric nurses must be aware of the negative effects of medical treatment on the individual's quality of life. Encouraging the patient to ask questions about treatment, including patients in planning treatment, arranging psycho-social training, and including the family initiatives and arranging society focused support are initiatives of nurse for continuing medicament use.[41]

The potential of resuming and enhancing lives that had been affected by illness is also within the individual and nurses act as helpers to uncover this potential.[42] A nurse gives necessary support to ensure the individual's emotional and physical safety, facilitate recovery, and help professionals, families and friends to discover their roles during the whole recovery process.[11] Nurses can start initiatives such as providing information, developing aims and goals together with the patient, helping patients to develop skills and cope with anxiety. Nurses also assure access to resources, direct patients to counseling for problems, arrange for support groups and provide guidance within the scope of legal regulations to ease the transition of patients in resuming former roles and activities.[3]

A study performed by Savaşan[43] (2015) conducted using the Tidal Model, a recovery model, showed that alcohol dependents were efficient models for reinterpretation, coping, use of social support and planning. Another study by Tektaş[33] (2015) conducted using the Watson Human Caring Model, another recovery model, revealed that the model was effective in terms of decreasing anxiety, depression and hopelessness levels of pregnant women with a pregnancy loss history; the model also increased their capacity for prenatal bonding. levels. Stern and Sin[44] (2012) found that group programs, including psycho-social training, self-auditing and cognitive behavioral approaches for individuals with bipolar disorder prevented relapse.

Patient relatives who are one of the important parts of recovery process may be neglected considering the support they receive. Patient relatives may feel themselves hopeless, burnout, alone and isolated. It is necessary that nurses embrace patient relatives as well, and make plans to improve their quality of life.[45,46]

The manners and attitudes of society play an important role in patient behavior, in their search for help, in their relationships with professionals and in their adaptation to treatment.[47] If society does not have faith in patient and what he/she can do, the person loses his/her faith in own value as well. Support and help are important for restructuring hope.[3] Nurses must create a positive recovery environment through strengthening hope through cooperation.[48] Patients should be encouraged in terms of planning future, rearranging priorities, strengthening self-audit and developing positive point of view.[27,28,34] As a part of the interdisciplinary team, nurses should cooperate for education of patients, families and society.[26] Van Gestel-Timmermans[49] et al. (2010) stated that there was a strong relationship between hope and the perception of a good quality of life; also between health and self-efficacy. Kavak and Ekinci[50] (2014) revealed that improved life quality also increased the recovery potential of schizophrenia patients. The study by Gale and Marshall-Lucette[51] (2012) reported that community mental health nurses were the people who were the most trusted in terms of encouraging hope and helping the patients resume normal, social activities.

Result

Serious mental health problems are detrimental and life changing experiences.[3] However, the possibility of recovery from mental illnesses causing ability loss are is higher today than ever.[13] Patients are the experts that are responsible for their own goodness.[5,34] Patients take an active role in recovery when they understand that they can control their treatment and care.[26] Recovery does not mean abolishing all symptoms, or completely restoring functioning. Recovery is a period beyond treatment; it requires an understanding of life, and living life fully.[3] Recovery involves maturity of people, a change in their attitudes and values, and recognizing the value of personal experiences.[28]

Psychiatric nurses should believe in and support the potential and power of individuals, listen to their experiences without judging, accept their deficiencies and feedbacks as a part of

the process, adopt a holistic point of view for improved communication and the start of initiatives. The nursing process should include endurance and provide patient and need focused care with cultural sensitivity.[3,5,34] It is necessary to harmonize treating practices with human values and increase the competence of the professional team.[13] Changes that involve these points are necessary to provide recovery focused service.[52] Psychiatric nurses should help patients develop hopeful attitudes to live a life as satisfying as possible that they have faith in people, improve their self-efficacy, and fulfill themselves.

As a result, people already have a potential to recover themselves. This article has been written to contribute to the inclusion into the nursing literature and services of this current and modern approach. This approach stipulates that mental health and illness nurses, like all health professionals, are supportive companions of patients during the recovery process with their knowledge, skills, and human-to-human interactions.

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