

Recovery in Schizophrenia

What Consumers Know and Do Not Know



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KEYWORDS

- Recovery model • Peer support • Illness self-management • Supported housing
- Supported employment • Strengths model • Shared decision making
- Advance directives

KEY POINTS

- The view that recovery is a personal, experiential process has permeated mental health systems in North America.
- There are areas of philosophic synergy between recovery and evidence-based practice that serve as impetus for practical convergence.
- The recovery model has led to innovative treatments and services for people with schizophrenia that support their pursuit of goals, aspirations, independence, and meaning.
- There is growing empirical support for the benefits and cost-effectiveness of recovery-oriented interventions for people with schizophrenia.
- Ongoing challenges include advancing recovery-oriented training to practitioners and combating negative provider attitudes about the prospects of care recipients and the recovery model.

INTRODUCTION

Recovery is “a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by illness”.

—William Anthony^{1(p527)}

For more than 3 decades, there has been an increased interest among mental health policy makers in North America, Europe, Australia, and New Zealand to adopt and promote the recovery model of mental health.^{2–4} To foster the vision of recovery, mental

Disclosures: None.

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Psychiatr Clin N Am 39 (2016) 313–330
<http://dx.doi.org/10.1016/j.psc.2016.01.009>

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0193-953X/16/\$ – see front matter © 2016 Elsevier Inc. All rights reserved.

health systems in several countries are putting in significant effort to transform their programs into care systems with recovery-oriented outcomes as their central aim.⁵⁻⁷ Representing a deviation from the medical model that underscored the reduction or remission of psychiatric symptoms and disability, recovery-oriented systems promote a restoration to full citizenship.^{1,8} That is, regardless of the status of psychiatric symptoms, people with mental illness pursue personal goals, engage in valued social roles, and live and remain in a community of their own choosing.^{9,10} This newer view of recovery has recently been extended to incorporate elements of citizenship in which systems enable care recipients to be full participants in their community through active knowledge of, influence on, and involvement in their community.¹¹

It is recognized that the recovery model does not espouse a treatment approach per se; rather, as a guiding philosophy or vision, recovery redefines the parameters of psychiatric care. The goal of treatment is centered not on a restoration of symptom-free state but on the promotion of the care recipient's wellness, independence, and the subjective experience of personalized experiential recovery.^{9,12} Its status as a guiding philosophy situates recovery in such a way that it can be confluent and synergistic with traditional, clinic-based treatments for psychiatric illnesses.¹⁰ On the one hand, consumers of mental health services and advocates have criticized the traditional medical model as impinging on the civil rights of care recipients while fostering disability and dependency.^{13,14} Some advocates have gone as far as to call for a complete eradication of traditional care and a replacement with recovery-oriented services that they view as more inclusive and sensitive to choices and autonomy. Conversely, many practitioners and consumers who promote recovery while considering the benefits and empirical basis of psychiatric interventions advocate for a complementary relationship.^{10,15}

Notwithstanding opposing views regarding the prospects of synergy between recovery and traditional practice, recovery has found its way into mainstream psychiatric practice. This review sets out to describe recovery-based advances in contemporary psychiatric services for people with schizophrenia. The review underscores system-wide measures, treatments, and services that promote recovery for people with schizophrenia. The current review also highlights ongoing challenges that have continued to plague the full adoption of the recovery model in the care of people with schizophrenia.

RECOVERY AND TRADITIONAL PRACTICES: FINDING PHILOSOPHIC SYNERGY

To establish the prospects of synergy between recovery and traditional psychiatric practice, some philosophic confluences are first considered. In particular, areas of philosophic convergence between recovery and evidence-based practice and areas where their goals are complementary are considered.

Intervention targets in schizophrenia care often extend beyond its well-recognized positive, negative, and affective symptoms. In many cases, people with schizophrenia also experience the challenge of limited social supports, unemployment, homelessness, societal stigma, and limited community resources. Traditional providers may depend on available evidence to inform many aspects of their psychiatric practice. This includes reviewing the empirical status of psychopharmacologic, somatic, psychosocial, and system-based interventions. Traditional care relies on the dissemination of knowledge accrued through clinical trials of interventions that have garnered empirical support. Practitioners, however, also consider person-level variables in clinical decision making, often drawing from their own clinical experience with the care recipient or others to whom they have provided services.^{16,17} As illuminated by

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