A literature review was conducted to enhance understanding of how mental health professionals can promote recovery-focused care.

**Recovery-focused practice in mental health**

**In this article...**
- How recovery relates to mental health care
- Nursing characteristics for providing recovery-focused care
- Recommendations for improving practice

**Keywords:** Recovery/Mental health/
Patient experience
- This article has been double-blind peer reviewed

**Over the past 10 years, mental health care has become increasingly led by service users, with recovery as a key feature in treatment. Recovery-orientated practice has a global focus and is incorporated in many mental health policies.**

Despite this, many service users feel the principles of recovery are not included in their care (Gale and Marshall-Lucette, 2012). A professional focus on recovery is important as it provides an insight into how service users feel their care can be improved (Aston and Coffey, 2012). It also helps them to realise what abilities and qualities they possess (Dorrer and Schinkel, 2008).

Recovery focuses on hope and on reintegrating service users back into society and their life before diagnosis (Gale and Marshall-Lucette, 2012). Many definitions of recovery include “relapse” as part of the process, potentially implying that recovery cannot have a sole definition. This variety shows it is vital for professionals to understand what recovery means to service users.

The National Institute for Mental Health Excellence discusses the principles of recovery-orientated practice and emphasises the need for professionals to offer positive person-centred care (NIMHE, 2005). This is supported by the Nursing and Midwifery Council (2010), which sets out how professionals can implement these principles, such as considering what interventions people want. Professionals should consider all aspects of a person’s life that their illness affects (NMC, 2010; CMH, 2008). The NMC highlights the importance of service users being encouraged to reflect on their experience of living with a diagnosed mental illness and of nurses being able to reflect on their experiences of working with service users (NMC, 2010).

**Literature review**
We conducted a literature review to better understand how mental health professionals can use recovery to enhance care.

An initial search found 12 articles, which were then narrowed down to seven studies and two reflective articles (Table 1). Articles included focused on recovery from mental illnesses in ward or community settings, and highlighted what skills were needed from the service users’ or the nurses’ perspective. Exclusion criteria included research based in forensic settings and recovery in relation to physical health.

From these articles, three themes emerged as essential nursing characteristics needed for recovery-focused practice:
- Hope;
- Person-centred care;
- Consideration of service users’ perspectives.

**5 key points**
1. The concept of recovery-focused care is highlighted in many mental health policies
2. Recovery-focused care gives professionals an insight into service users’ needs
3. Involving family members in care and discussing how mental illness affects all areas of a person’s life can help to build trust
4. A lack of time is often cited as a reason for nurses not focusing on recovery
5. Nurses can provide person-centred care by involving service users in making decisions about their care

Spending time with service users made them feel hopeful, which is key to recovery.
Theme one: hope

Gestel-Timmermans et al (2010) asked service users with a diagnosis of mental illness to complete the Herth Hope Index, a questionnaire on aspects of hope. They found a strong relationship between hope and perceived quality of life and health-related self-efficacy beliefs, which implies that hope may be critical to recovery. The validity of this study was limited by its small sample size and the use of closed questions. However, it provides an insight into the concept of recovery and how it fits with mental health services.

Service users can recognise the level of hope that a member of staff has in their recovery. Gale and Marshall-Lucette (2012) examined how able community psychiatric nurses felt to use the recovery approach in their practice. The CPNs felt most confident in promoting hope and helping service users take part in community activities. Approximately 75% felt confident in their understanding of what recovery meant. However, participants had the least confidence in reintegrating service users into work, finding a home and independently managing symptoms. These findings, despite a relatively small sample, highlight areas where nurses need more education.

Consideration should be given to whether nurses are able to spend enough time with service users to encourage them to be more hopeful. While it is difficult to measure the amount of time service users spend with nurses, the effect of this time is evident anecdotally. In a study into the characteristics of “helping relationships” on an acute mental health ward, 15 service users were asked to discuss what helped them to recover; spending time with staff was a common theme (Borg and Kristiansen, 2004). The member of staff’s level of expertise did not seem to influence how helpful service users found this time – simply spending time and portraying care delivery model fits with mental health services.

More education is needed for staff and service users. Collaborative care is very important.

Table 1: Articles used

<table>
<thead>
<tr>
<th>Article/title</th>
<th>Aims</th>
<th>Research method/study features</th>
<th>Type of analysis</th>
<th>Findings</th>
<th>Limitations</th>
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<tr>
<td>Aston and Coffey (2012) Recovery: what mental health nurses and service users say about the concept of recovery</td>
<td>Explore multiple perspectives of service users and nurses with regard to the concept of recovery and how it fits with mental health services</td>
<td>Thematic analysis of focus groups Qualitative analysis of two focus groups – one of service users, the other nurses – using open-ended questions</td>
<td>Thematic analysis to establish four common themes in the answers given in focus groups</td>
<td>There is a lack of education for staff and service users on recovery. Spending time with service users is important. Relationship quality more important than level of expertise</td>
<td>Sample size – very small in both groups Findings are only partly in relation to the aim</td>
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<td>Borg and Kristiansen (2004) Recovery-orientated professionals: helping relationships in mental health services (based in Norway)</td>
<td>Explore helping relationships from the perspective of service recipient experiences</td>
<td>Phenomenological approach. Qualitative analysis used to address “what was helpful in the process of recovery”</td>
<td>Themes were established, which service users re-checked to improve reliability</td>
<td>Spending time with service users is particularly important. Care should be collaborative. Reintegration is important</td>
<td>Small sample size. Service users were not debriefed</td>
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<td>Dorrer and Schinkel (2008) Towards recovery competencies (based in Scotland)</td>
<td>Explore Scottish stakeholders’ views on the essential competencies of staff for recovery promotion, and whether and how these may be introduced into education and training</td>
<td>Review of international frameworks before exploration of what might be relevant to Scotland</td>
<td>Review of qualitative analysis</td>
<td>More education is needed for staff and service users. Collaborative care is very important</td>
<td>Small sample sizes No details of selection criteria</td>
</tr>
<tr>
<td>Gale and Marshall-Lucette (2012) Community mental health nurses’ perspectives of recovery-orientated practice</td>
<td>Explore CPNs’ application of recovery model, assess their educational needs and identify service education gaps in the development of the mental health care delivery model</td>
<td>Mixed-methods approach Quantitative analysis of questionnaires using a Likert scale</td>
<td>Beliefs held by staff are easily interpreted by service users. Education is needed in how to apply the recovery model to practice</td>
<td>Small sample of only 27 participants No mention of selection criteria</td>
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Theme two: person-centred care
Person-centred care encourages practitioners to take into account service users’ individual needs and to empower them to make informed decisions about their own care and treatment with support from health professionals (National Institute for Health and Care Excellence, 2011).

The NMC (2010) states a core competency of pre-registration mental health nurses is practising in a “person-centred and recovery-focused” manner by considering biological, psychological and social factors. This is mirrored by the NIMHE (2005) and the Sainsbury Centre for Mental Health (2008), both of which highlight the importance of identifying what matters to service users, for example personal goals and choices in medication and therapies.

Williams and Tufford (2012) considered how this affects service users by asking them to define care and caregiving. The service users showed a high regard for professionals who incorporated all aspects of their lives into interactions, rather than just issues around diagnosis. Consideration of service users’ lives and interests, and the inclusion of family members in care, were viewed positively.

Dorrer and Schinkel (2008) also lists involvement of significant others and prioritising abilities, rather than impairments, as key “recovery competencies”. The study also showed service users appreciated a professional explaining their diagnosis and the pharmacological and therapeutic interventions available.

Collaborative decision making between nurses and service users on treatment encourages trust (Borg and Kristiansen, 2004). The demographics provided by this study showed that 85% of participants were unemployed, providing further depth to Gale and Marshall-Lucchette’s (2012) research, which showed nurses did not feel confident in helping service users to reintegrate back into employment.

These findings support the suggestion that professionals need more time to provide recovery-focused nursing, and provide a crucial insight into the benefits of person-centred interactions for service users.

Theme three: consideration of a service users’ opinions on the experience of care
Steinhouse (2011) conducted a study to examine the experiences of care on an acute mental health ward by asking 13 inpatients: “What is it like to be an inpatient on an acute psychiatric ward?”

Themes were identified in answers and were validated by participants to ensure there was no misinterpretation. These formed the basis for the participants’ second interview. A common theme was that they had been told on admission that they could speak to a nurse whenever they needed to talk. After a few days, they realised that they had to approach nurses to start communication, rather than a nurse approaching them. When nurses had approached participants to start interaction, this made them feel “supported and cared for”, regardless of whether this was to discuss care or for general conversation. Participants also discussed the effect of supporting each other, and reported that being “burdened” by another service user’s problems was unhelpful. Conversely, they also stated they could receive support from interacting with others service users.

This study shows patients are willing to form relationships with staff to assist them in recovery, which supports findings by Aston and Coffey (2012), Borg and Kristiansen (2004) and Williams and Tufford (2012), which show effective care needs time.

Another key finding throughout the research was that there is a need to learn from service users to improve practice, which requires nurses to consider their opinions and expectations. This also provides a means of gaining understanding of the difficult aspects of treating mental illness, which is a key role of mental health nurses (Dorrer and Schinkel, 2008).

Conclusion
There is a growing amount of research on recovery from mental illness from which themes can be established that assist nurses to offer recovery-focused care (Table 2).

Hope, portraying hope and encouraging service users to be hopeful are key in aiding recovery; consideration must be given to nurses having the time to do this and the reasons why they may not.

Person-centred care is a way to establish a balanced and respectful relationship between service users and nurses, incorporating the aspects of service user’s personal- ity and treatment wishes. The amount of time a nurse has to do this recurred as reason why this may not be possible.

Nurses’ consideration of service users’ opinions emerged throughout the literature as a defining theme of care that allows them to establish new ways to improve practice and promote recovery.

References

TABLE 2 RECOMMENDATIONS FOR FUTURE PRACTICE

<table>
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<tr>
<th>Theme activation</th>
<th>Time</th>
<th>Education</th>
<th>Service users’ expectations</th>
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<td>This could be incorporated into the recovery process to encourage réintegration</td>
<td>Lack of time is the main hindrance to providing recovery-orientated care, which suggests more staff are needed to facilitate this. One-to-one time could be offered by healthcare assistants; it not the role or level of expertise that builds a therapeutic relationship but that somebody takes time to engage with the service user. One-to-one time between nurses and service users could also be left more in service users’ control.</td>
<td>Further education for nurses, particularly in rehabilitation and recovery services. Gale et al (2012) found nurses lacked confidence in reintegrating service users into employment and accommodation.</td>
<td>Service users to be asked what expectations they have of care to reduce disappointment and establish a starting point for care, enabling nurses to learn with service users.</td>
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