Connectedness, Hope and optimism, Identity, Meaning and purpose, and Empowerment (CHIME): a conceptual framework for personal recovery

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29th March 2018
7ROSES Conference
Amsterdam
Overview

Conceptualising Recovery
- Methods
- Findings

Validation of CHIME
- Current mental health service users
- International systematic review

Uses and impact of CHIME
- Research
- Clinical

Reviewing CHIME
- Recovery and Clinical outcomes
- Critique of CHIME
- Extensions to CHIME
Personal recovery

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

- Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.

- Anthony WA (1993)
Conceptualising recovery

Clinical Recovery
- focus on professional imperatives
- partly operationalised
- not highly concordant with consumer views

Personal Recovery
- focus on personal meaning and purpose
- not operationalised for research purposes
- ideological and oppositional, not empirical
Preliminary conceptual framework of personal recovery

Systematic review and narrative synthesis

• 97 papers reporting on 87 models of recovery

• 3 stage process
  ▪ Stage 1: Thematic analysis and vote counting
  ▪ Stage 2: Sub-group analysis
  ▪ Stage 3: Expert Consultation

• 3 overarching themes
  ▪ Characteristics of recovery
  ▪ Recovery processes
  ▪ Recovery stages models
Characteristics of the Recovery

1. Recovery is an active process
2. Individual and unique process
3. Non-linear process
4. Recovery as a journey
5. Recovery as stages or phases
6. Recovery as a struggle
7. Multi-dimensional process
8. Recovery is a gradual process
9. Recovery as a life-changing experience
10. Recovery without cure
11. Recovery is aided by supportive and healing environment
12. Recovery can occur without professional intervention
13. Trial and error process
Connectedness

- Peer support
- Support from others
- Relationships
- Being part of a community

“Having supportive others, whether they are family members, professionals, community members, peers, or animals, to provide encouragement through the difficult times and to help celebrate the good has been noted as being critical to recovery” Davidson (2009)

“The presence of one or more supportive people in their lives seemed to be essential. Participants consistently identified specific family members, peers, friends, and professionals who facilitated their recovery process by offering hope, encouragement, and opportunities.” Spaniol (2002)
Hope and Optimism

- Having the motivation to change
- Having dreams and aspirations
- A belief in the possibility of recovery
- Positive thinking

“Recovery involves our hopes for a better future, which involves a process of change and desire for change.” Pitt (2007)

- Hope-inspiring relationships were of central importance

“Participants indicated that recovery is above all else a social process, with supportive relationships helping to foster hope by communicating the expectation that participants could live productive and satisfying lives” Mancini (2005)
Identity

• Redefining and rebuilding a positive sense of self were seen as key processes:

  “Recovery from mental illness involves much more than recovery from the illness itself. People with mental illness may have to recover from the stigma they have incorporated into their very being…” Anthony (1993).

• The category of identity also included:

  • Acceptance (self and others)
  • Incorporating experiences into a positive sense of self
  • Self-esteem, self confidence and self belief
  • Dimensions of identity – seeing the person and not the illness
  • Self-stigma
Meaning and Purpose

• In general, individuals described the development of meaning and purpose as a key process in the recovery journey:

  “Recovery is moving from alienation to a sense of meaning and purpose” Ridgway (2001)

  “Recovery is about finding a framework that explains their experience” Jacobson (2002)

• Meaning and purpose included:
  • Finding understanding or meaning in the illness experience
  • Spirituality
  • Meaningful activities
  • Meaningful life and social role / goals.
  • Quality of life
Empowerment

“The research suggests that empowerment is central to the recovery process and people who experience psychosis employ a variety of strategies to empower themselves.” Pitt (2007 pg)

• Empowerment was made up of three areas:
  • Having control over life
  • Personal responsibility
  • Focusing on strengths

• Empowerment was related to mental health services and to wider society, including becoming an empowered citizen.
Validation of CHIME

AIMS:
• To validate the conceptual framework of personal recovery cross-culturally
• To validate with current service users

METHOD:
• Updated Systematic literature review
  – Analysis by country
  – Sub-group analysis of minority populations

• 7 focus groups (including 3 with service users from Black and minority ethnic backgrounds)

• 14 Individual interviews
Cross-cultural validation

Updated review – cross country analysis
## Cross-cultural validation

<table>
<thead>
<tr>
<th>Recovery Process</th>
<th>USA</th>
<th>UK</th>
<th>Canada</th>
<th>Australia</th>
<th>Ireland</th>
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</thead>
<tbody>
<tr>
<td><strong>Connectedness</strong></td>
<td>88</td>
<td>85</td>
<td>75</td>
<td>100</td>
<td>75</td>
</tr>
<tr>
<td><strong>Hope and Optimism</strong></td>
<td>78</td>
<td>88</td>
<td>75</td>
<td>71</td>
<td>100</td>
</tr>
<tr>
<td><strong>Identity</strong></td>
<td>83</td>
<td>81</td>
<td>63</td>
<td>57</td>
<td>75</td>
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<tr>
<td><strong>Meaning and purpose</strong></td>
<td>80</td>
<td>92</td>
<td>88</td>
<td>100</td>
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<tr>
<td><strong>Empowerment</strong></td>
<td>90</td>
<td>96</td>
<td>88</td>
<td>86</td>
<td>100</td>
</tr>
</tbody>
</table>
Cross-cultural validation

• Recovery is moving forward, becoming a new person

“When you let go of the old person and say There’s going to be a new one, a better one” - FG2

“I can be better in other ways, find other talents and stuff, aim to explore and think again and do things again” - FG2

• Areas of difference
  • Spirituality and religion
  • Stigma and discrimination
  • Treatment preference
  • Individualistic vs. collectivist values
## Current service users: Relevance and validity

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Focus group participants N = 48</th>
<th>Interview participants N= 14</th>
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<tbody>
<tr>
<td>Gender (N, %):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>20 (58%)</td>
<td>8 (57%)</td>
</tr>
<tr>
<td>Male</td>
<td>28 (42%)</td>
<td>6 (43%)</td>
</tr>
<tr>
<td>Age (Mean, SD)</td>
<td>42.1 (10.4)</td>
<td>41.9 (10.8)</td>
</tr>
<tr>
<td>Diagnosis (n, %):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>19 (40%)</td>
<td>5(36%)</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>8 (16.5%)</td>
<td>3 (21%)</td>
</tr>
<tr>
<td>Depression</td>
<td>6 (12.5%)</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>Did not want to disclose</td>
<td>12 (25%)</td>
<td>2 (14%)</td>
</tr>
<tr>
<td>Time in MH services years (mean, SD)</td>
<td>11.6 (7.0)</td>
<td>11.2 (7.8)</td>
</tr>
</tbody>
</table>
Current service users: Relevance and validity

- Is the conceptual framework a valid and relevant representation of recovery for individuals currently using services?

- In general support for the CHIME framework

“*You're not recovered if you no longer cut your wrists or take an overdose...that's not a life. For most people you're recovered if you have friends, if you have family or if you have a job.*” - FG5

“*Yeah, but hope is one of those things that you have to do yourself. No one's going to hope for you, really. And optimism, because there is a lot of optimism*” - FG6
Current service users:
CHIME relevance and validity

Some areas of difference:

– Beliefs about the importance of medication and having the correct diagnosis.

– Regaining the old sense of self

– Scepticism surrounding recovery

– Type of professional support – practical support

– Support from pets and animals
Summary

- Recovery processes can be represented with the **CHIME** framework
- Valid across cultures and within minority populations
- Relevant concept for current mental health service users
- However the highlighted differences demonstrate the need to see recovery as an individual journey and experience.
Uses and impact of CHIME
How did we use it?

• Systematic reviews of recovery support and individual recovery measures - CHIME analysis
• Development of new measure of recovery – INSPIRE
• Development of manualised Recovery Intervention for REFOCUS trial
REFOCUS intervention model

**INTERVENTION**

**IN-SYSTEM CHANGE**

**SERVICE USER EXPERIENCE**

**OUTCOME**

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**Relationships**
Staff values, attitudes, knowledge, coaching skills

**Working practices**
Strengths asst. Understanding values, Identifying goals, Recovery planning

- **Values**
  - Less stigma in workers

- **Knowledge**
  - More knowledge and pro-recovery attitudes

- **Skills**
  - More skills in coaching + 3 working practices

- **Intent**
  - Plan to use coaching and implement practices

- **Behaviour**
  - More use coaching and implement practices

- **Content**
  - More focus on strengths, values, goals, goal-striving

- **Process**
  - More support for personal recovery

- **Proximal**
  - Increased hopefulness, empowerment, quality of life

- **Distal**
  - Improved personal recovery
REFOCUS intervention: Recovery-promoting relationships (How)

• The working relationship between staff and people who use the service is central to personal recovery.

• Developing and supporting this relationship will involve:
  – Developing a shared team understanding of personal recovery
  – Exploring values held by individual workers and in the team
  – Skills training in coaching
  – Teams planning and carrying out a partnership project with people who use the service
  – Raising the expectations held by people who use the service that their values, strengths and goals will be prioritised
REFOCUS intervention: Working practices (What)

1. Understanding values and treatment preferences
   care planning and activities are based around the person’s values and treatment preferences

2. Assessing strengths
   identifying and building upon a person’s strengths and personal resources rather than their needs

3. Supporting goal-striving
   identifying personally valued goals and that staff support active goal-striving
How have other people used CHIME?

- **Different populations**
  - *Older* people (UK)
  - *Young* people, Child and Adolescent services (UK)
  - *Torture survivors/Refugees* (Netherlands)
  - *Alcohol and drug addiction* (Australia)

- **Different settings and uses**
  - for *support planning* (Residential and nursing homes, Scotland)
  - for *clinical interventions* (Improving Access to Psychological Therapies services England)
  - for *structuring services* (Open minds, Mental health and disability support, Australia)
  - For educating about Recovery ([lms.recoverycollegeonline.co.uk](http://lms.recoverycollegeonline.co.uk))
  - SRN video [https://vimeo.com/140041493](https://vimeo.com/140041493)
Critique and extensions of CHIME

• Limitations of CHIME

• Based on research regarded as bottom of hierarchy of evidence

• There is a need for research involving more diverse samples of people
  
  • from different ethnic and cultural backgrounds
  • at differing stages of recovery
  • experiencing different types of mental illness

• Extensions of CHIME
  – CHIME – D (Difficulties)
  – CHIMERS (Recognition and Safety)
  – ReQoL measure (Physical health, Wellbeing)
  – Green recovery (Benefits of nature)
Empirical relationship between clinical and personal recovery

• We found 3 factors: (1) patient-rated personal recovery; (2) patient-rated clinical recovery, (3) staff-rated clinical recovery.

• Our findings support the value of concurrently assessing staff and patient perceptions of outcome.

• Only the personal recovery factor changed over time, this desynchrony between clinical and recovery outcomes providing empirical evidence that clinical recovery and personal recovery are not the same.

• We did not find evidence of a trade-off between clinical recovery and personal recovery outcomes.

• Optimal assessment based on our data would involve assessment of *hope*, *social disability* and *patient-rated unmet need*. 
REFOCUS manual

REFOCUS trial findings
Supporting recovery in patients with psychosis through care by community-based adult mental health teams (REFOCUS): A multisite, cluster, randomised, controlled trial
Slade, M., Bird, V., Clarke, E., (...), Williams, J., Leamy, M. 2015 The Lancet Psychiatry
References


• The relationship between clinical and recovery dimensions of outcome in mental health, Macpherson, R., Pesola, F., Leamy, M.,(...), Williams, J., Slade, M. 2016 Schizophrenia Research


• International differences in understanding recovery: Systematic review, Slade, M., Leamy, M., Bacon, F., (...), Williams, J., Bird, V. 2012 Epidemiology and Psychiatric Sciences
Thank you
Any questions?

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