The Implementation of Recovery: A Literature Review

Mundakir*

Student of Doctoral Program Degree,Faculty of Public HealthUniversitas Airlangga
*Lecturer of Faculty of Health Sciences Universitas Muhammadiyah Surabaya
Jl. Sutorejo No. 59 Surabaya, Jawa Timur

***Abstract*- Introduction:** Relapse happening to mental health illness patients showed that the healing process is not well emplemented and has an impact on productivity. Recovery based service systems have been implemented in developed countries but has not performed optimally in developing countries. Implementation of psychiatric nursing care is only focused on comprehensive medication treatment. The purpose of the literature review is to describe model applied in psychiatric nursing in over coming relapse.

Method: The study used 17 articles that met inclusion criteria. Those articles retrieved 326 articles from different databases for example Scince Direct, Google Scolar, Springer Link, Pro Quest, and Ebsco Host using search article strategy approach and different key words, such as mental illness, recovery, models, and nursing intervention.

Result: Recovery has been widely applied in developed countriess with various theories as a basis, such as combination between ecological theory and Family Maternal Therapy (FMT), Re-oriented System of Care (ROSC), Collaborative Recovery Model (CRM), Tidal Model, and Recovery Oriented Mental Health (ROMH) program by focusing on patient. In addition, there are different patterns of application recovery: (1) horror-outrage-right indignation; overconfidence; integration and balance; and creative implementation, and (2) attention to aspects of the organization and officers.

Discussion: Service system based on recovery consists of preventive, treatment and support in accordance with the need of the individual. Recovery approach needs to be applied in Indonesia comprehensively. In order to achieve that the effectiveness perspective of individuals, groups, and organization should be managed.

***Index Terms*-** Recovery, Implementation, Mental Health Illness

I. BACKGROUND

Mental health problems in the community continue to increase. Increasing this problem can be viewed from incidence and prevalence. Based on data from Basic Health Research-**Riskesdas** in 2013, the prevalence of severe mental disorder occuring in the city of Surabaya is 0.2 percent and the emotional disorders reachs 14.7 percent. The data is predicted to increase gradually and shows the phenomenon of the "iceberg". Medical records Menur Psychiatric Hospital Surabaya reports that the number of admitted patients to hospital re-constantly increase as seen on table 1:

Tabel 1: The number of mental illness patient year 2011-2013 based on initial new admission and relapse admission

Patient Category	Year Period (number of people)		
	2011	2012	2013
Initial new admission	1.102	1.135	1.010
Relapse admission	1.173	1.325	1.572

Source: Medical Record Menur Hospital Surabaya

The above data shows that the number of relapse patients is higher than new patients. This shows that trend of relapse rate of mental patients is still high. In terms of mental patients, World Health Organization (WHO) explained that the impact of mental health problems can lead to the loss of productive time for patients. The WHO predicts that the loss of productive time due to mental and neurological disorders in 2020 will increase by 15% compared to 12.3% in 2000 (MOH, 2003). Relapse patients with psychiatric disorders might be caused by unoptimally of the healing process such as individual patients, families support, or the implementation of service system.

In the implementation of service system nurses are one of health professionals who take a part in the system. Nurses performed varies nursing intervention such as group activity therapy, behavior therapy, therapeutic modalities, but the knowledge, skills, abilities related to recovery can not be explained considering the organization's recruitment process does not require the knowledge, attitudes, and skills about recovery in the recruitment of employees as described by Farkas et.al (2005).

Health care system in developing countries particularly Indonesia seems not implementing recovery. The implementation of nursing care provides comprehensive treatment and rehabilitation services to patients by emphasing on continuity of care. There is a packet of information, but the information does not focus on the patient or no person orientation. This phenomenon contradicts developed countries such as UK, USA, New Zealand, and Australia that have implemented recovery-based service system because of the effectiveness and cost effective (Gehart, 2012). Furthermore, Davidson & White (2007) explain that comprehensive system recovery needs to be implemented and integrated in a national agenda in order to achieve the system optimal mental health services.

Recovery-oriented service system is a framework to coordinate from a wide variety of systems, services and support

focusing on individuals to find a way to recovery (Kaplan, 2008). The system consists of preventive, treatment, and support which meet individual needs. This is supported by Gehart (2012), recovery system will increase the strength of individuals, families, and communities to take responsibility in maintaining health status, well-being and the system is centered on the individual patient. Recovery-oriented services is considered to be on time and responsible, effective, equitable, and efficient, safe, and reliable, and maximum use of natural support (SAMHSA, 2012). Based on the above fact, research question used as the basis for the literature review in this study is how the model applied in nursing people in developing countries in overcoming relapse or recovery.

II. Methodology

This literature review is conducted into several stages beginning with formulating research question, implementing article search strategy, reviewing articles, and then writing the results (Joan, 2007).

Article search strategy

Based on the above formulation of research questions, researcher conducted article search strategy in several electronic data bases that are Science Direct, Google Scholar, Springer Link, Pro Quest, and Ebsco Host by writing the keywords *mental health, illness, recovery, models, nursing intervention, developing countries*. Researcher also combined keywords using Boolean logic is: and or and phrase searching. In addition, researcher also restricted articles based on year 2009-2013, and English. Using keywords developing countries, the results obtained are very limited. Due to the limitation researcher expanded the keyword with the developed countries and high income countries then retrieved 326 articles. The articles then included into 17 articles based on inclusion criteria (Denise F Polit, Sally Northam, 2011). To gain an understanding of the recovery models in the recovery model, researcher provided the summary of article.

III. Result and Discussion

To discuss the results of this article, researcher used thematic analysis based on the topic headings of each article as well as using books to support the results. The results of the identification of gaps obtained one theme that is perspectives on the application of the model of recovery.

Perspectif of the implementation of model recovery

The term recovery in mental health has undergone many changes since 1980 to the 21st century (Barker and Barker 2011). In general, recovery in patients with severe mental disorder is defined as a patient in an attempt to get his life back and the recovery process is often indicated by symptoms reduction and how patient can live meaningful in society (The US Department of Health and Human Services, 2004). This differs from Gehart (2012). Gehart (2012) explained that the recovery is a paradigm, in which recovery can be one of the alternative models in conceptualizing mental health. Recovery paradigm emphasis on the social model of psychosocial functioning over medical treatment. However, the recovery paradigm is not a model of rejecting medical treatment or diagnosis. While Barker (2011) in the Tidal theory describes that recovery as an activity that leads patient to have intervention based on individual characteristic or patient needs such as balance between activity and rest, mental preparation for the next activity, and the need to relinquish control of aspects of his life so that the patients become more healthy and ready to move in everyday life. This situation is becoming the biggest challenge in mental health today because there is the lack of knowledge about the services and interventions that helps patients recover and attempts to not have a relapse or recovery towards more severe mental disorders (Farkas, et al 2005) although Gehart (2012) explained that the implementation of recovery may enhance the effectiveness in the treatment of mental health patients and can save maintenance costs.

Focusing on the implemenation of recovery, there are recovery elements that will be associated with a number of recovery models that have been developed by many health workers in different situations and population. Some model of recovery approaches are ecological theory and maternal family therapy (FMT), recovery-oriented mental health (ROMH) programs, the implementation of recovery-oriented systems of care (ROSC), collaborative recovery model (CRM), tidal model (Gehart, 2012; Davidson & White, 2007; Oades, et.al 2005; Barker & Barker, 2011; Farkas et.al 2005).

Onken in Gehart (2012) explains that the incorporation of ecological theory and maternal family therapy. The model has basic recovery framework that is the ecological perspective on how individual characteristics interact with the environment. In ecological theory, there are four elements that are used to support the recovery models, namely: (1) person-centered: activities undertaken at this stage is to develop a mindset in viewing expectations or "hope" to patients, other colleagues, family, and friends, sense of agency, self-determination, meaning and purpose, awareness and potential by including religious beliefs and patients. This stage is the most severe stage because it depends on the individual development therapist in related to minimize the provision of health education (Gehart, 2012); (2) re-authoring: a major thing in the recovery process where family therapist will use the elements of collaboration, narrative, and cognitive therapy (Gehart, 2012); (c) exchange-centered: this element helps the individual to have a role in the community, often involving peer advocates or individuals who help start the journey in recovery, give hope and a role model for the early recovery process (Gehart, 2012); and (d) community-centered elements: providing community support in the form of social connections and relationships in the community. Recovery-based care in the context of family therapy aims to help individuals in rebuilding relationships to increase intimacy and social support (Gehart, 2012).

ROMH program is characterized as a structured program that consists of mission, policies, procedures, medical records and quality assurance (Farkas, et.al, 2005). This characteristic consistent with the basic values of recovery explained by Gehart that is patient centered by emphasing on narrative elements, meaning, choice, and hope (Gehart, 2012; Farkas, et.al, 2005). In detail, the values of ROMH program consists of person

involvement, self-determination, and growth potential. Focusing on the person involvement, this program gives the rights of individuals to participate actively in planning, implementing and evaluating patient recovery support services (Farkas, et.al, 2005). In recovery-oriented system of care (ROSC) mentions "hope" as a core in fostering recovery. Hope in this system includes the patient's values and beliefs as an individual patient (Gillburt, 2013). Besides hope, Gillburt also explained that the involvement and partnership working is crucial in helping patients to perform recovery as mentioned by previous researchers (Gilburt, 2013; Gehart, 2012; Farkas et.al, 2005). Furthermore, ROSC involves multidisciplinary work. This can support inter-professional learning in related to obtain more effective approach to the work. This system of care is similar as collaborative recovery model (CRM) developed by Oades (Gilburt, 2013; Oades et.al, 2005). Furthermore, Gilburt (2013) describes that training and workshop in changing the perspective and work system in implementing the system recovery is needed. Associated with working in a multidisciplinary, CRM mention there are four components that must be applied in the implementation of the recovery, namely: (1) change enhancement, (2) collaborative needs identification, (3) collaborative goal setting and striving, and (4) collaborative task assignment and monitoring (Oades et.al, 2005). Component change involves motivational enhancement enhancement (ME) and cognitive. Motivational enhancement is a form of counseling and technique that aims to motivate individuals to change. This change involves several cycles through the stages before the individual can perform self-management actively. In ME, physician will help to identify the benefits and disadvantages of settling behavior of existing and planned behavior. Next is a cognitive capacity, physicians are encouraged to adapt their practices to optimize communication and collaboration with the patient's cognitive capacity by putting in the values. Cognitive elements and collaboration in the concept of CRM has similarity to the integration of ecological theory and FMT (Oades, et. Al, 2005; Gehart, 2012). The second component of the CRM is the collaborative needs identification which in this component explains that unmet needs are a key source of motivation for individuals with mental illness and Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) is used for the measurement of the needs assessment and collaboration purposes. The next component of the CRM is the collaborative goal setting and striving. At this stage the doctor and patient collaborate to develop the vision of recovery of individuals, and then continued implementing collaborative task assignment and monitoring to identify and overcome barriers to implementation (Oades et.al, 2005).

Tidal Model is a philosophical approach to mental health recovery. This model is active element which nurse educator in interdisciplinary team plays an important role in planning, problem solving, and promoting mental health through the narrative (Tomey & Alligod, 2006). Tidal model emphasis nurses to understand the meaning of mental health for psychiatric patients who experienced treatment and how patients can be helped to start recovery as a whole besides emphasizing on patient's life experience, and narrative intervention. Empirically it can be concluded that the core objective of tidal model is self-determination through participation and collaboration as keys. In addition,

There are 10 commitments from Tidal theory: (1) value; (2) respect the language; (3) develop genuine curiosity; (4) become the apprentice; (5) reveal personal wisdom; (6) Be transparent; (7) use the available toolkit; (8) Craft the step beyond; (9) give the gift of time; (10) know that change is constant. Furthermore, in this theory there are six (6) principles guiding the recovery, namely: curiosity of individuals in the world have the authority to his own life, resourcefulness focused and work with less resourcefulness of individuals, the resources of individuals, resources, interpersonal and social network, respect for the person's wishes expectations of the individual at the center of care, crisis as opportunity, a natural sign of something to do, a chance to change, taking the instructions of living in life, think small goals to be achieved are small and specific, simple elegance intervention possibilities for change (Tomey and Alligod, 2006).

There are several studies on the application of recovery (Barker & Barker, 2011; Davidson & White, 2007; Farkas, et.al, 2005; Gehart, 2012). In general, the results of research explain about the principles of patient-focused care. In addition, Gehart (2012) that there are four phases in adopting recovery, namely: (1) the horror, outrage, and indignation right: at this stage the therapist requires modification and expand the practice of recovery; (2) overconfidence: this phase emphasizes the social function by maintaining relationship, social life and the lives of individuals. In this phase it is also important to identify which aspects of the general recovery that can be part of the care; (3) integration and balance: how to integrate the recovery paradigm in the world of work; (4) creative implementation: health officials develop new approaches, strategic, formats that have not been found based on the principles of recovery. Gehart steps can be expanded by using the concept of Farkas, et.al (2005). Farkas describes a more systematic pattern in the implementation of recovery by dividing into two dimensions, namely: (1) the dimensions of the organization or administration, and (2) the dimensions of the officer or caregiver.

IV. Conclusion and Reccomendation

Service system based on recovery consists of preventive, treatment and support in accordance with the need of the individual. In general, several studies explain about the principles of patient-focused care. Patient focused care can be classified into survival needs growth needs; and self actualization needs. So, patients are processed by utilizing nursing knowledge about recovery in order to achieve how patients can be restored back to health, then the hospital is effective. If the nurse as a health worker is able to empower every patient based on his or personal characteristic, patient can live optimally in the society and patient satisfaction can be met. However, it may be not fully in Indonesia. Understanding best evidence from develop countries shows that the implementation of recovery system is effective and low cost. So, this program could be a bencmark target for Indonesia. Recovery system needs to be applied in Indonesia comprehensively. In order to achieve that the effectiveness perspective of individuals, groups, and organization should be managed in particular nurses. Indonesian nurses should be managed by training and workshop on recovery. Then,

developing on the implementation of recovery model needs to be investigated as reccomendation.

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AUTHORS

First Author – Mundakir, Student of Doctoral Program Degree, Faculty of Public Health Universitas Airlangga, *Lecturer of Faculty of Health Sciences Universitas Muhammadiyah Surabaya, Jl. Sutorejo No. 59 Surabaya, Jawa Timur, Email: cak_mudz@yahoo.co.id