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ORIGINAL ARTICLE



Promoting well-being in psychosis

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ABSTRACT

Background: Traditionally, treatment of psychosis has focused on the amelioration of psychopathology and return to adequate functioning: clinical recovery although there is growing recognition of the importance of subjective experiences associated with recovery: personal recovery. Positive psychiatry extends the focus of psychiatric treatment to go beyond the reduction of psychiatric symptoms and and improvement of functional disability to promote the attainment of well-being.

Aim: This article examined the conceptualization of well-being from the context of treatment for psychosis, its relationship with clinical recovery and highlighted some of challenges and implications for mental health services in promoting well-being.

Discussion: Recovery from psychosis is a complex and individual process, where well-being is more than just the absence of mental illness. Clinical and personal recovery processes may contribute to well-being although further longitudinal studies are required. A recent framework for understanding well-being in psychosis helps address the lack of consensus in this field. There is a considerable overlap between the indicators of well-being in this model and the CHIME framework for personal recovery. Thus, interventions targeting personal recovery processes may be a potential way to promote well-being. Current mental health services face a considerable challenge if they are to fulfill the dual role of reducing psychopathology and/or disability whilst concurrently addressing personal recovery to promote well-being. The attainment of well-being may not only be a desirable treatment goal in recovery-orientated mental health services but also a potential protective factor against serious mental illness.

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Background

Psychosis is a serious mental illness characterized by a range of symptoms such as reality distortion, emotion abnormalities and deficits in cognition [1]. For many years, psychosis has been seen as a chronic and deteriorating disorder, although it is now widely accepted that many people with psychosis can recover and achieve wellness over time [2].

There are a range of theories and models of what constitutes recovery from mental illness although a review of this subject is beyond the scope of this article. Traditionally, treatment has focused on the amelioration of psychopathology and return to adequate functioning. A widely accepted definition of clinical recovery is the attainment of both symptomatic and functional remission (social/occupational) over a sustained period of time [3].

In recent years, a psychosocial understanding of recovery has gained prominence. This perspective places an emphasis on the subjective experiences of the person with a mental illness and the process of developing new meaning and purpose in life as a person that goes beyond the catastrophic effects of mental illness – personal recovery [4].

Until recently, there has been a lack of consensus on how to define and measure these subjective experiences

systematically. Leamy et al. conducted a meta-synthesis of qualitative studies to identify the processes associated with personal recovery. The CHIME framework identified connectedness, hope, identity, meaning in life and empowerment as important domains in the journey to personal recovery [5]. This CHIME framework has been validated [6] and provides a way to systematically examine the process of personal recovery within populations of people with psychosis.

A holistic approach to recovery that recognizes the importance of both clinical and personal aspects of recovery is also congruent with positive psychiatry. Positive psychiatry is the science and practice of psychiatry that focuses on the study and promotion of mental health and well-being through enhancement of positive psychosocial factors relevant to mental and physical health as well as illnesses [7]. Positive psychiatry extends the focus of psychiatric treatment to go beyond the reduction of psychiatric symptoms and functional disability and to promote the attainment of well-being or a positive mental health.

Aim

The aim of this article is to examine well-being within the context of treatment for psychosis. It will explore the

relationship between clinical recovery and well-being and highlight some challenges and implications for mental health services that promote well-being for people with psychosis.

Well-being

The World Health Organization describes mental health as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community [8].

Well-being can be divided up into three different components. Psychological well-being: having meaning in life and agency to actualize one's potential [9]; emotional well-being: the subjective sense of happiness and satisfaction experienced by individuals [10] and social well-being: the quality of relationships with others, neighborhood and community [11].

It is noteworthy that psychological well-being is conceptually related to consumers' definition of recovery that emphasizes the subjective evaluation of one's emotional state and social role and functioning [12]. Emotional and social well-being have been linked to optimal mental states, good social and vocational functioning [13].

Extensive research has been conducted on well-being at its determinants in the general population. Economic concepts frame well-being in terms of national wealth, social determinants, development and general quality of life. Medical concepts frame well-being in relation to disorder and illness (e.g. health-related quality of life). Psychological concepts view well-being in terms of subjective and mental concepts such as positive affect, life span development and self-actualization. These concepts are integrative, evolving and informed by each other [14].

Global well-being is a distinct concept from quality of life or satisfaction with treatment. These domains assess subjective reactions to objective conditions such as the satisfaction with living conditions or physical health [15].

Well-being and recovery in psychosis

Research into well-being within populations with psychosis is a relatively new field although it is gaining increasing prominence, as it is highly compatible with the focus on personal recovery in mental health services.

Keyes [13,16] proposed a complete state model of mental health to promote an understanding of mental illness and mental health. The model consisted of two semi-independent dimensions, where one dimension was mental health which ranged from positive (flourishing) to lacking subjective pleasure, life purpose and meaning (languishing) and the other dimension was mental illness which ranged from the presence to absence of mental illness. The implication of this model is that the attainment of well-being is not only dependent on the absence of mental illness and it is possible for a person to achieve positive mental health despite the presence of mental illness.

Several studies have examined the relationship between well-being and clinical recovery within psychosis. Positive,

negative and particularly depressive symptoms have small to moderate associations with poor emotional and psychological well-being [17–22]. Improved functioning has also been positively associated with emotional well-being within populations of schizophrenia [17,23,24]. A meta-analysis of studies examining well-being and clinical recovery found only small effect sizes between positive and negative symptoms and emotional well-being. The authors concluded that factors other than symptom remission may contribute to emotional well-being [25].

A limitation of many of these studies is that the association found between well-being and clinical recovery is based on cross-sectional studies and therefore it is not possible to determine whether changes in clinical recovery over time directly influence well-being.

An important longitudinal study by Chan et al. examined the relationship between recovery processes and well-being and found that clinical recovery predicted well-being at 6 months and personal recovery also predicted well-being above and beyond the effects of clinical recovery. Furthermore, a moderation analysis showed that personal recovery did not depend on clinical recovery [26]. Their results provide tentative support for the hypothesis that both clinical and personal recovery processes can independently contribute to well-being.

In summary, current evidence indicates the attainment of well-being in psychosis appears to be partially associated with some aspects of clinical recovery although personal recovery processes may also play a role in contributing to well-being. Further longitudinal studies are required to clarify the role clinical and personal recovery may play in well-being.

Conceptualization of well-being in psychosis

Despite the growing recognition of well-being as an important treatment goal for people with psychosis, there is a lack of consensus of how well-being is conceptualized and measured within these populations.

A comprehensive review examined 28 well-being studies in psychosis where 20 different measures of well-being had been used [14]. Building on this review the authors conducted a narrative synthesis of well-being studies within psychosis in order to construct a conceptual framework of well-being in psychosis.

The framework of well-being consisted of three phases or components: current sense of self, transition to enhanced self and achievement of enhanced self. The attainment of well-being is seen as the movement from current self to enhanced self [27].

Determinants of current sense of self, included personality, memories and health (mental and physical). Transition to enhanced sense of self was influenced by non-observable factors (self-perception, mood, tone or purpose in life), observable factors (environmental mastery, resolution or physical health), proximal factors (directly impact on the individual: relationships, finances or occupation) and distal factors (contextual factors not directly under individuals

influence: environment or access to services). Indicators of enhanced sense of self or well-being included positive feelings, symptom relief, connection with others, hope, self-worth, empowerment and meaning [27].

There are several important implications of this conceptual framework for examining well-being in psychosis. First, the framework places a strong emphasis on individual dimensions associated with well-being such as mental health and functioning, autonomy, self-perception and self-control while distal dimensions such as environment are less prominent. This focus on subjective components of well-being rather than objective aspects has led to well-being becoming a key concept in mental health and recovery from mental illness [28].

Secondly, the framework identifies a range of influences on well-being and not just the observable factors often associated with well-being. It describes the importance of non-observable factors such as personal narratives, individual meaning making, proximal factors such as relationships and meaningful activities and distal aspects such as perception and coping with societal stigma in promoting well-being [27]. Each of these influences that can promote the transition of enhanced self can be potential targets for clinical interventions to improve well-being within psychosis. For example, an anti-stigma campaign targets the distal level, family interventions or social skills training the proximal level, physical activity or goal setting the observable level and narrative therapy or cognitive behavior therapy the non-observable level. Given the individual variability in the factors that can affect well-being, a flexible treatment approach focusing on strengths and positive experiences is most promising [27].

Third, the indicators of well-being described in the model cover psychological, emotional and social well-being and therefore this holistic framework could be helpful in identifying the impact of interventions on specific aspects of well-being.

It is important to acknowledge the conceptual overlap that exists between well-being and other concepts such as quality of life, personal growth, self-actualization [14] and recovery [29]. Interestingly, many of the aspects of *enhanced self* that are considered to be indicators of well-being such as connection, hope, self-worth empowerment and meaning are similar to the domains described in the CHIME framework of personal recovery [5]. An important implication of this finding is that treatment addressing personal recovery processes may promote well-being in populations with psychosis.

Promoting well-being in mental health services for psychosis

Mike Slade, a prominent researcher in the field of recovery proposed that two areas of knowledge that may facilitate this process of promoting well-being in mental health services are positive psychology and personal recovery processes [30]. Positive psychology has a long established tradition of developing and evaluating interventions to promote well-being within the general population. This knowledge could be adapted and applied to people with mental illness. Understanding of the individual process of personal recovery

(narrative and subjective experience) can help identify important aspects to target in treatment and contribute to educational and training for mental health professionals [30].

A current challenge to working with well-being within population with psychosis is that mental health services often prioritize disease control/reduction over the attainment of well-being. Thus, there needs to be a shift in service paradigm to promote well-being and recovery (and pathways to employment) rather than only promote stability and maintenance. This dual focus of mental health services will require new approaches to the assessment, treatment, and training of workers if the goal is to promote well-being rather than treating illness [30].

Numerous studies have shown that both clinical and personal processes can occur simultaneously and they are not necessarily dependent of each other [30–33]. The implications of these findings is mental health services need to have a concurrent focus on personal and clinical recovery processes rather than the traditional sequential approach which would often involve targeting clinical recovery first and then personal recovery.

In order to promote well-being in mental health services there is a need to identify and evaluate potential interventions that promote well-being within populations with psychosis. Currently, there are very few studies in psychosis research that have had well-being as the primary treatment goal [14] although there are a range of potential interventions such as: cognitive behavior therapy [34], mindfulness [35], narrative therapy [36] and positive psychotherapy [37]. Research into the adaption and effectiveness of these interventions to promote well-being within populations with psychosis is required.

If mental health services will successfully address subjective aspects of recovery there cannot be a singular recovery model for services. The road to recovery is varied and there is 'no right way' for a person to recover. Recovery can be seen as a journey (or process) rather than an outcome or destination. Narratives from people with psychosis stress the importance of engaging in life based on their own goals and strengths and finding meaning and purpose by constructing a valid identity and social roles [30,38].

Conclusions

The following article examined well-being within the context of treatment for psychosis. It explored the relationship between recovery processes and well-being and offered some reflections regarding the issues and challenges if mental health services are to be recovery orientated and promote well-being for people with psychosis.

Recovery from psychosis is a complex and individual process where well-being can be seen as the optimal treatment goal. Well-being consists of psychological, emotional and social components and the attainment of well-being is more than just the absence of mental illness. There is some evidence that both clinical and personal recovery processes can contribute to well-being although further longitudinal studies

are required to understand the causal relationships between these variables.

Shrank and colleagues have proposed a model of well-being within psychosis based on a narrative synthesis of well-being studies in response to the lack of consensus in this field. The framework not only identifies influences and indicators of well-being but it also describes the process of attaining well-being within psychosis. There is considerable overlap with the indicators of well-being and CHIME framework for personal recovery and therefore targeting personal recovery processes may be an effective way to promote well-being in populations with psychosis.

It is hoped this model can be used to progress an understanding of well-being within psychosis and lead to the development and evaluation of effective interventions targeting well-being. Knowledge from positive psychology and personal recovery processes may be instrumental in the promotion of well-being in populations with psychosis.

Currently, mental health services face a challenge if they are to be recovery orientated and successfully address the dual role of reducing psychopathology/disability and facilitating personal recovery processes in order to help individuals with psychotic illnesses attain positive mental state.

Finally, well-being can be associated with improved functioning, increased resilience and life satisfaction [39] and it can have a protective value on the onset or reoccurrence of mental illness [40]. Thus, the promotion of well-being should not be seen as the primary treatment goal for those with mental illness but it could also be seen as a potential target in order to prevent the development of mental illness in those considered to be at risk.

Disclosure statement

The author has no conflict of interest.

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