

Concept Analysis

Personal Recovery from Serious Mental Illness



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Abstract

Personal rehabilitation from severe mental illness (SMI) refers to the cycle of living independent and active lives in the community, where individuals with significant mental disorders can be satisfactory. The aim of the concept analysis to clarify what is meant by a personal recovery of SMI internationally by the attributes, antecedents, and consequences. This study using a technique the analysis method of Walker & Avant through 8 steps techniques. The attributes of personal recovery of SMI include connectedness, hope and optimism about future, identity, meaning in life, and empowerment. Antecedents of personal recovery of SMI is a stigma attached to a mental health diagnosis. The consequences of personal recovery of SMI are usual from SMI, self-restoration, and excellent Quality of life. Symptom reduction (e.g., clinical recovery) becomes an integral part of someone's recovery if the person is something they want to be because recovery is unique for everyone.

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INTRODUCTION

When patients accept the diagnosis of mental illness, the typical reaction is to ask when they will recover. Recovery to the person is generally taken to mean being restored to one's former state [1]. Especially with severe mental illness (SMI), which is considered to be chronic and disabling diseases that deteriorate in the course of life by most healthcare providers [2, 3]. Thus, with SMI, the answer is usually one of uncertainty because health providers may not consider such a state as recovery.

Generally used in medical conditions in terms of "recovery" has the illumination of return to the normal state of health before the mental illness. It refers to the reversal symptoms and recovery of full independence and the ability to lead a normal life [4]. Health care providers meet the same targets, or mental health practitioners is a return to a pre-morbid condition or what is now considered "clinical rehabilitation" [5]. The user dimension (patient and caregiver) has the other type of rehabilitation, is about living a successful, positive, and contributing life, despite disease-related constraints, differs between people. The empirical evidence is higher than the global prevalence levels, which is called "personal recovery" [5]. The move from the historical viewpoint of mental illness to an optimistic outlook and conviction that people will change and support the personal rehabilitation process has created new policies and resources [6]. Hence, the clinical recovery understanding only is not enough to care for the patient with SMI.

Recovery is a multidimensional concept [7]. In addition, particular recovery concern

with patients' ability to live a favorable, dignified, and meaningful life [6]. They are essential aspects of patient rehabilitation and are also the primary purpose of care for mental illness. A useful life should consider as the primary focus of personal redemption. Health providers face to difficult consider personal recovery, which complexes in understanding because these are different beliefs, values, emotions, aspirations, abilities, and responsibilities to achieve a happy, positive, and successful way of life, despite the potential limitations of illness. [7]. Health providers need a clear definition of personal recovery to identify the goals of care for people with SMI and help to plan to inform patients and the public of the duration and steps to proceed towards recovery.

Therefore, to clarify meant personal recovery of SMI by the attributes, antecedents, and consequences, the authors explore the determine a specific definition of the personal recovery of SMI and what are the attributes, antecedents, and consequences of personal recovery of SMI. The concept analysis of the personal recovery of SMI using Walker & Avant [8] method was never done before. It would help the health providers have an understanding in the same direction in personal recovery and focus on promoting their recovery. Furthermore, it crucial to the development of psychiatric nursing knowledge and will be useful in future research.

DEFINITION OF PERSONAL RECOVERY OF SMI

Recovery

The Oxford English Dictionary traces the roots of the recovery term from *recoverie* (Anglo-Norman French) that meaning to 'return'. It provides sense to the process of getting better after an illness, injury, etc. [9]. The LONGMAN Advanced American Dictionary ("Recovery," noun) provides a nearly identical definition [10]. Additional meaning, as follows 1) to return a reasonable condition after trouble or difficult situation; 2) To have everything back that was stripped from you, lost or nearly ruined; 3) to get back the amount of money that you have spent or that you have lost; 4) to get back the ability of control your feelings or your body again after not being able to. The Merriam-Webster Online Dictionary defines "the process of combating a disorder or perceived problem" [11].

Personal

The Oxford English Dictionary (offline application mode) personal word from Latin 'personals' that came from 'persona' that is related 'person' [9]. The LONGMAN Advanced American Dictionary ("Recovery," adjective) [10] and The Merriam-Webster Online Dictionary provides a nearly identical definition[11]. It presents a description used to emphasize that something is done, know, experienced, felt, etc. by you. It concerns one's private life, relationships, and emotions rather than one's career or public life.

Personal Recovery

In 1993 William Anthony [12], professor and a leader in recognizing the progressive ramifications of the mental health care rehabilitation project put forward the most commonly used concept of rehabilitation; defines:

"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 within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness."

In 2008, Agnes Higgins [12] states personal recovery defines as an entity in the light of their desires, dreams, and abilities. In 2009, With this new interpretation, Mike Slade, a clinical psychologist, and mental health researcher used the word 'clinical recovery' to differentiate between the conventional meaning of recovery as symptom relief and personal recovery [1] He suggests that while the clinical improvement of patients focuses on removing symptoms and restoring to the prior shape of health, own recovery indirectly related to symptom relief. Instead, personal healing is seen as a highly personal and unique mechanism by which individuals were suffering from mental health problems. We use their strengths and opportunities in their lives to build a positive identity and a life that is emotionally rewarding even though we continue to

encounter problems; or more succinctly, "recovery means living as well as possible".

SMI

Kraepelin and Bleuler [13], first described the severe and chronic psychotic mental disorder in the late nineteenth century. They described the conditions as unrelenting and progressive diseases that have a grim prognosis. Evidence of recovery and rehabilitation has emerged, with numerous research in the last 30 years refuting the frequent claim that severely mentally disabled individuals are doomed to a life of illness and disorder.

At present, SMI has been identified by the Substance Abuse and Mental Health Service Administration as an individual 18 years or older with medical, behavioral, or emotional illness in the past year and led it to functional disability. [14].

Personal Recovery of SMI

In 2008, Silverstein and Bellack [15] reviewed the literature on recovery from SMI. They acknowledged that various interpretations of the idea of rehabilitation were the primary obstacle to the rehabilitation analysis. The 'recovery from' and 'recovery in' delimitations have been used to boost the conceptual consistency. The first concept of mental disorder recovery comes from more than 30 years of longitudinal clinical studies which have shown that improvement is just as natural, if not more than gradual regression. The second concept of healing is that of the Recipient of Mental Well-being. Alternatively, it refers to an individual's right to self-determination and involvement in community life after a chronic

mental disorder [16] and more recently using words like "health recovery" and "recovery of the individual."

Shepherd, Sanders, Doyle, and Shaw's literature on the experience of personal recovery from people with personality disorder found that symptomatic remission was very common, especially in those with BPD. Still, personal and social rehabilitation has been relatively low. Three themes have been identified: protection and containment as a prerequisite for recovery, social networks, and autonomy in the recovery process, and identity building as a process of transition [17]. Specific supportive treatment work may be tailored to alleviate stigmatization encountered at interpersonal and social rates—the production and provision of successful methods of recovery support. Then, establishing and sustaining positive methods of rehabilitation because it is very dynamic over time [6], [18].

Personal recuperation varies from each individual, and common characteristics are hard to define. Various scholars have ideas of personal healing as well. Therefore, personal recovery of SMI is the process of getting better from functional disability for returning to a reasonable condition of individuals who have been diagnosed with a mental, behavioral, or emotional disorder. The functional impairment is that significantly interferes with major life, including necessary daily living skills resources, social, family, and vocational/educational functioning.

Personal recovery: Related concepts

In the search for the use of personal recovery of SMI concepts by reviewing both general

literature and studies are collected in various disciplines, both in non-healthcare groups and health care groups. This concept used in health care groups such as medical, forensic, Psychology, Social Welfare, and Nursing as follows. Quantitative psychiatric/medical treatment trials measure symptom duration, adherence to the drug, and scoring on several functional assessment scales. It concluded that the sizes of validated indicators for recovery from SMI most commonly employed by clinicians do not represent the recovery prospects of consumers. Many disciplines, like psychology, nursing, and social work, apply to recovery without taking into account symptoms or diagnosis and then look for evidence from customers living a socially inclusive life [13]. Making rehabilitation remains one of the most frequently debated facets of mental well-being worldwide and is an integral part of the ambitious mental health action plan 2013–2020 of the World Health Organization [19], which leads to has research and generated new guidelines, policies, and services.

Recovery includes the emergence of new significance and intent in one's life as one evolves beyond the mental illness's devastating consequences. Therefore, personal recovery requires an ongoing cycle of improvement and rearranged an individual's life; in other words, "resilience". Resilience is the ability to resist and/or dissipate, to remain unchanged or undisturbed after intensive forces that can cause others to break. One's innate self-healing and self-righting tendencies help one to carry on with life as per usual without

experiencing the predicted adverse health and mental health effects.

Resilience can define as self-recovery when one first breaks down (causing the disturbance in functioning) as a result of stressors, but then learns to resolve or tolerate the broken spots and strengthens oneself that will never break again. Hence, the recovering individual, though not invulnerable to stressors, remains capable of deploying reserve resources to help oneself cope with life effectively. Nevertheless, a person's ability to turn disaster into a growth opportunity is known as resilience.

DEFINING ATTRIBUTES

Determining critical attributes of a concept is the heart of concept analysis, and it can appear from repeating characteristics in all literature [8]. Thus, essential attributes of the "Personal Recovery of SMI" are those characteristics of the concept which repeatedly appear consistent and can be summarized, as follow.

Apart from the content above, regarding the definition of personal recovery, which helps to determine critical attributes. There is one study accepted and widespread. A study by Leamy et al. reviewed the personal recovery to constructs a framework [7]. They found an essential part of personal recovery, including recovery drive, level, and process. The most critical part of the research is the recovery process. They are connectedness, hope, identity, meaningful, and empowerment.

Certain personal healing elements, like hope, pillars and treatment prerequisites, and other results. This also indicates that in people

with schizophrenia, personal rehabilitation is a protective factor against suicidal ideation. Personal recovery is different for each person

and difficult to describe the attributes of a concept.

Table 1
Defining Attributes of Personal Recovery of SMI.

Defining Attributes	Sub-attribute	Definition
Connectedness	<ul style="list-style-type: none"> • Peer support and support groups • Relationships • Support • Being part of the community 	Getting good connections and being related to other people in positive ways. The alliance includes support between individuals with mental-health experience, work partnerships, friendships, and relatives. There are also critical positive links between health care workers and community engagement.
Hope and optimism about future	<ul style="list-style-type: none"> • Belief in the possibility of recovery • Motivation to change • Hope-inspiring relationships • Positive thinking and valuing success • Having dreams and aspirations • Flee the unpleasant 	A predominantly future-oriented dream of attaining personally valued goals, relationships, or spirituality that lead to meaning and are regarded as possible subjectively (What will happen to me?)
Identity	<ul style="list-style-type: none"> • Elements of identity • Reconstruction/redefinition of a certain sense of identity • Living with stigma 	Those enduring characteristics that make us unique and bind us to the rest of the planet. Instead of being marked by disease or diagnosis, restore a healthy sense of self and personality, overcome stigma, and be recognized as a human being (Who am I?).
Meaning in life	<ul style="list-style-type: none"> • Meaning of mental illness experiences • Spirituality • Quality of life • Meaningful life and social roles • Useful life and social goals • Rebuilding life 	Clear meaning: an understanding which gives a clear personal sense of the experience of 'mental illness' (What happened?)
Empowerment	<ul style="list-style-type: none"> • Personal responsibility • Control over life • Focusing upon strengths • Self-compassion; Exercise and maintaining good physical health* 	Secondary meaning: It is translating the meaning explicitly into personal and social identities. Living a meaningful and purposeful life. (What does this mean for me?)
Difficulties	Ambivalence and contradiction; empowerment; financial concerns; loss of life and improvements in negative experience; disappointment, hardship, and misery. [20]	

The identified attributes of this personal definition provide an alternate conceptual basis for the notion of "reawakening hope and restoring the positive self," as well as "discovering sense and intention within personal development" [21].

Constructed Cases

Model case

A model case is a 'real situation in life' example—the example use of a definition that contains all the essential attributes without attributes of any other principle. The description of a paradigmatic scenario would be a straightforward instance.

Chonlada is a 22-year-old student diagnosed with bipolar disorder in the second year in nursing school. Chonlada was a bipolar illness three years before. Her substantial academic achievements and her ability to graduate and to work close home in primary care. As she displayed suspicious behavior on the campus, her relationship with mental health was initiated. She was then referred for treatment to the hospital. She studied suspension from the university and returned home to live with her mother. She stopped sleeping because she always worried about suicide. Her family took her to a hospital for further examination and started a recovery and addiction

rehabilitation phase. Throughout this time, her failure to finish college to achieve his life goals was alienated and humiliated. She stayed with her parents and received therapy in the following two years. She's been stressed often for two years. She managed to adjust her emotional and mental emotions to relieve them. She also has a keen academic interest and recently applied to apply to a nursing school to fulfill her educational objectives. She is proud of her success and anticipates that she will be a nurse. She graduated last year and worked near home for primary care. She has a sense of satisfaction and a sense of happiness.

Borderline case

A borderline case has some, but not all, essential attributes. Their ambiguity lets us see why the argument is so correct.

Patiwat is a 40-year-old man who spent four years working as a reporter and who lives by himself since he has no family. He heard a voice gossiping and causing damage during the company's last year of employment and (no one listened like him) created issues with peers when he was angry and yelled in response to the

sound. From his work, Patiwat has been finished. When his hallucination and paranoia continued, he lost his family and friends. He adhered to his drug system during his time at the homeless shelter, which contributed to no problems in the last four years. He arranged for his caseworker to allow him to release him. He gave himself food to enter the temple. He may function well in the temple, but there are no outside social connections, even though he sees many people every day. He has no purpose in his life since he doesn't have friends, nor does he live up to his mental, social or moral capacities.

Related case

Related cases do not have essential attributes. They are connected to the core concept and fit in with the leading network, given physical impairments, a person with paraplegia will continue to follow their interests and goals. Similarly, a person with SMI can still pursue his or her aspirations despite mental impairments.

Contrary case

The opposite case is not a conceptual example. It aims to assist in defining the boundaries.

For 24 years, Wannachart, a 31, has been living with his partner and homeless with Schizophrenia illness. More than

five years ago, he wanted to see a psychiatrist. Yet the psychiatrist thought he did not understand her conditions. The physicians recommended that he take drugs that would "not help him feel like himself." He declined any treatment. He rejected. Most of the day in his house, he sleeps or watches TV. He is inadequate to help his wife cook food or keep them at home. Even the most straightforward tasks are exhausting. His life doesn't have any promise, and his reliance on him is humiliating, and he is guilty.

Illegitimate case

Incorrect or inappropriate usage of the word helps when one finds the definition of a phrase entirely different from all the others. Improper cases are not appropriate for this paper because sufficient other examples are exemplary, and the idea of personal rehabilitation is not viewed as illiterate.

ANTECEDENTS

Antecedents are elements that must occur before the appearance of the concept [8]. In the case of Personal Recovery from SMI, the only precursor was identified in this literature is a stigma attached to a mental health diagnosis.

We will play a passive role in the framework of mental well-being and/or their social life in all mental health problems. The stigma of mental health can result in a passive situation in social life, people who

take care of them or not listen to what they want, or they feel that they can no longer make their choices themselves [21, 22]. Once classified as having a disorder, individuals may experience anxiety and feel like they must submit themselves to care and rely solely on practitioners in mental health. The ongoing loss of moral integrity, inspiration, optimism, and autonomy will lead to social life becoming disconnected. [22]. Recovery was addressed as going through the traumatic and devastating destruction of the individual's life following the initiation of symptoms that frequently lead to their lives being disrupted. Overwhelmed and suffering, the person sees themselves as drastically altered and ruined. [21].

CONSEQUENCES

Consequences arise from the occurrence of the concept [8]. While the results of SMI's healing have progressed, two main trends have appeared: get back to normal; self-reconstruction. Returning to normality described people as 'going back to their former routines' and 'feeling natural'. Nonetheless, continuing the 'clinical recovery' may suggest shame on those who

are gradually making progress in this process.

Reconstruction of oneself was a crucial developmental consequence of disciplinary recovery [20]. Four other sub-themes involved self-reconstruction. First, "acceptation of a reality of the disease", which allowed for a new perspective "to link self to disease" [20]. The second subtopic, which involves finding out the meaning of the illness experience, has evolved significantly from "new significance, new understanding, and new interpretation" to "new insight", "turning points", and "the process of gradual change" [23]. The third subject, "Perceptive transformation", gives an increased sense of significance in the case of illness. [23]. This transformation into personal perception leads to the final sub-theme of the self-narrator, who proposed this reorganized auto perception to promote the creation, in the past, in the present, and the future, of a more vibrant story. The nature of this integrated account has enabled 'realist future hopes to be considered and reformulated.' It was a vital element because "recovery begins when people see themselves as someone who could tell a story." The experience of the disease has a less defining role in a personal history by externalization [20].

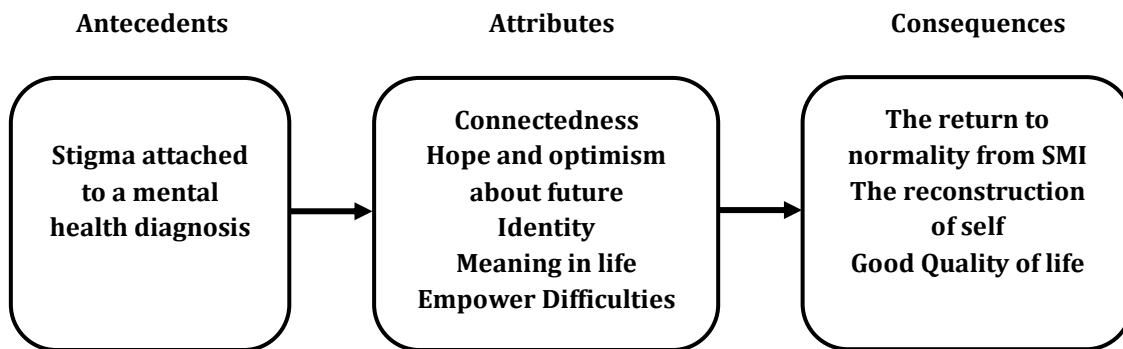


Fig. 1. Model of Personal Recovery of SMI.

EMPIRICAL REFERENTS

Empirical reference is those categories that enable us to measure and recognize a clinically relevant phenomenon in research and practice. For personal recovery of SMI, found knowledge exists follow defining attributes that provide section previously, how calculation or assessment can be. It is proposed in the literature that personal rehabilitation does not require objective evaluation because of the subjective complexity of the condition and its multi dimensionalities.

Drapalski, Medoff, Dixon, & Bellack [24] develop a self-report questionnaire is The Maryland Assessment of Recovery in SMI (MARS). The instrument designed for measuring the personal recovery of people with SMI [23], [24]. It differs from other interventions for own improvement in three main ways: 1) it bases on an overarching and agreed concept of personal rehabilitation; 2) it has been developed using a structural psychometric treatment program, and 3) it is built into a theoretical framework which makes it possible to understand better the factors that may affect rehabilitation.

Rossi, Amore, Galderisi, Rocca, Bertolino, Aguglia, & Carpiniello collected and summarized Self-reported 'financial recovery' (SRPR) [25] as follows: (a) Resilience was evaluated using the Adult Resilience Scale (RSA), (b) Self-Esteem Rating Scale (Self-Esteem-RS) was used to assess self-esteem, (c) Recovery style was calculated with the Recovery Style Questionnaire, (d) Quick Cope was collected and summarized. Problem-focused and emotion-focused coping approaches to measuring shame perception and internalized self-rejection were considered.

Assessment for semi-structured interview probing about hope and optimism about future (What will happen to me?), Identity (Who am I?), Meaning in life (What has happened? And What does this mean for me?), Empower (What can I do?), etc.

CONCLUSION

In the past, the health provider's focus treatment and care were centered on the clinical management of the illness. Personal recovery has become increasingly focused on the policy-making of mental health – the

rehabilitation of people as an essential component of the healthcare system.

Personal recovery describes as having little or no effects on clinical recovery. In contrast, own recovery includes living a healthy life as defined by the experience of severe mental health issues. Healthy recovery promotes people's health and well-being through setting goals for personal rehabilitation, improving self-esteem, self-confidence, resilience, willingness to sustain relationships and a sense of purpose. Personal and clinical improvements can go hand in hand but are not mutually exclusive. For a patient, symptom relief or restoration of health can not be a part of healing. On the opposite, it could be crucial to a person's rehabilitation if they enjoy it as something that they want. And every person's recovery is unique.

This paper, drawing on excerpts from the literature, established a definition of personal recovery of SMI describing the definitions, usages, attributes, antecedents, and consequences, as well as implications and empirical references of the term. Based on this study, how an empirical basis might establish for operational concepts has been suggested. It's essential to be noted that this research is a conceptual study of how the idea might be implemented. Further research and development are needed because of the vastness and scope of modern nursing practice.

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