

# Models of Recovery in Mental Illness: Protocol for an Overview of Systematic Reviews and Qualitative Meta-Syntheses

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## ABSTRACT

**Background:** Discourse on the possibility of recovery from serious mental illness has become increasingly dominant among mental health professionals. Mental health recovery has been conceptualized variously by researchers, practitioners, policy-makers, and persons with mental illness. Several systematic reviews have synthesized the experience of recovery from the perspective of persons with mental illness, and offer different models of recovery. This proposed overview aims to summarize the methodological characteristics of systematic reviews on mental health recovery and to synthesize models of recovery from the perspective of persons with mental illness.

**Methods:** The authors will use systematic review methods to identify and synthesize systematic reviews on the phenomenon of recovery in mental illness. A pre-specified search strategy will be used to search academic databases and libraries of the Campbell Collaboration, Cochrane Collaboration, and Joanna Briggs Institute for published and gray literature. Two authors will independently screen titles/abstracts and full texts. Authors will pilot the data extraction form before independently extracting data and appraising study quality. Reflexive thematic analysis, informed by a hermeneutic orientation towards the included texts, will be used to synthesize models of recovery presented in eligible studies.

**Discussion:** This overview will synthesize systematic review evidence on consumer perspectives of mental health recovery. Findings may inform future research, clinical practice, and policy by elucidating similarities and differences in recovery models across demographic or diagnostic categories and identifying how environmental, interpersonal, and intrapersonal factors contribute to recovery.

**Keywords:** *Overview; Systematic Review of Reviews; Systematic Review; Recovery; Personal Recovery; Serious Mental Illness; Hermeneutics*

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# 1. Background

## 1.1 Recovery from mental illness

The convention in contemporary mental health services is for professionals to affirm the possibility of recovery for persons with serious mental illness (SMI). Over the past several decades, researchers, practitioners, policy-makers, and persons in recovery from psychiatric distress have offered various and sometimes competing perspectives on what constitutes the experience of recovery (Hopper, 2007; Pilgrim & McCranie, 2013). The summary of recovery provided by Nora Jacobson & Dianne Greenly (2001) remains relevant: “Recovery is variously described as something that individuals experience, that services promote, and that systems facilitate, yet the specifics of exactly what is to be experienced, promoted, or facilitated—and how—are often not well understood either by the consumers who are expected to recover or by the professionals and policy makers who are expected to help them” (p.482). Several dualisms regarding recovery are pervasive within the recovery literature, which complicate the understanding of the concept: recovery as clinically or personally defined, recovery as individualistic or social, recovery as a process or an outcome.

For instance, the concept of recovery has often been dichotomized into two constructs: clinical or personal recovery. Clinical recovery is most closely aligned with the medical model and refers to the achievement of concrete, measurable outcomes such as symptom remission, abstinence from substances or a reduction in psychiatric hospitalizations (Slade, 2009; Davidson & Roe, 2007; Davidson, Tondora, Staeheli-Lawless, O’Connell, & Rowe, 2009). The concept of personal recovery has largely emerged from qualitative inquiries with persons who have a lived experience of recovery from SMI. These experts describe recovery as a more subjective process of personal transformation in which a person overcomes the multiple clinical and social effects of mental illness (e.g. psychiatric symptoms, stigma, iatrogenic treatment effects, isolation) to live a full, satisfying, and productive life that includes meaning, purpose, self-determination and social support (Anthony, 1993; Leamy, Bird, Le Boutillier, Williams & Slade, 2011; Mancini, 2006; Slade, 2009). Several practices have been identified that can contribute to personal recovery that include harm reduction practices (Mancini, Hardiman & Eversman, 2009; Mancini & Wyrick-Waugh, 2013), wellness recovery action plans (Copeland, 2000), peer support (Mancini, 2018), housing first (Tsemberis, Gulcur, & Nakae, 2004), shared decision making (Drake, Deegan & Rapp, 2010) and strength-based assessment and treatment planning (Rapp & Goscha, 2012) among others (Davidson, Tondora, Staeheli-Lawless, O’Connell, & Rowe, 2009).

Additionally, recovery may be conceptualized within individualist or collectivist frameworks. Individualistic recovery frameworks emphasize intrapsychic states such as hope, empowerment, and the personal journey towards a recovered identity. Collectivist recovery frameworks emphasize the relational aspects of one’s identity, contending that individual experiences of hope and autonomy are always already relational acts, situated within specific systems such as the family, or emphasizing structural factors that may either cause or amplify distress (Tse & Ng, 2014; Wyder & Bland, 2014; Price-Robertson, Obradovic, & Morgan, 2017).

## 1.2 Previous syntheses of reviews on mental health recovery

Systematic reviews on mental health recovery drawing from the experience of persons with mental illness have not been subject to a rigorous overview of systematic reviews. Overviews synthesize the evidence presented in multiple systematic reviews, and may be used to compare and contrast the results of several systematic reviews, which may vary according to how researchers conceptualize the phenomenon of interest and restrict the study to specific outcomes, settings, samples and designs. For example, overview methods may be

applied to understand how systematic reviews on the experience of recovery differ by population or setting. Overviews may provide a useful summary of a research area and communicate changing trends in research for stakeholders (Polanin, Maynard, & Dell, 2017).

Few studies have attempted to synthesize the results of systematic reviews on mental health recovery. A recent scoping review aimed to summarize (a) conceptualizations of recovery, (b) facilitators and barriers to recovery, (c) the state of recovery-oriented practice, and (d) instruments to measure recovery (van Weeghel et al., 2019). Thirteen studies were included in the scoping review that presented conceptualizations of recovery among persons with various diagnoses (e.g., psychotic, mood, and personality disorder) and settings (e.g., first-episode psychosis services and forensic settings). A limitation acknowledged by van Weeghel et al. (2019) is the lack of quality assessment conducted in the scoping review; however, scoping reviews typically do not conduct quality assessment or synthesize results as deeply as systematic reviews (Munn et al., 2018). The number of studies found in van Weeghel et al.'s (2019) study justifies a fuller systematic synthesis of how recovery is conceptualized, experienced, and enacted among persons in different settings.

Ellison et al. (2018) searched the peer-reviewed and unpublished “grey” literature to identify systematic and non-systematic reviews on recovery. Using a deductive coding framework, Ellison et al. (2018) evaluated the extent to which core components of recovery—as conceptualized by the United States’ Substance Abuse and Mental Health Services Administration (SAMHSA)—were prevalent among reviews on recovery. The most prevalent aspects of recovery coded in the included literature were: person-centeredness, empowerment, purpose, and hope. Similar to van Weeghel et al.’s (2019) scoping review, Ellison et al. (2018) did not report conducting a formal assessment of study quality for included empirical articles.

Previous syntheses of the systematic review evidence on recovery did not report whether a protocol was developed, pre-registered, or published. Systematic reviews with registered or published protocols are associated with higher-quality reporting of review methods and findings compared to reviews without documented protocols (Sideri, Papageorgiou, & Eliades, 2018; Allers, Hoffman, Mathes, & Pieper, 2018). Guidelines for the conduct of both systematic reviews, scoping reviews, and overviews encourage the development and pre-registration of planned evidence syntheses (Shamseer et al., 2015; Tricco, et al., 2018; Pollock, et al., 2016). Another important aspect for overview authors to consider is the amount of overlap of primary studies in the review, as the results of the overview may be influenced by synthesizing systematic reviews that include many of the same primary studies. This may inflate the importance of a few primary studies that appear in each systematic review.

### **1.3 Purpose of the present study**

The present study is distinguished from previous research synthesizing reviews on recovery by having a pre-registering the protocol, conducting a formal quality assessment, and assessing study overlap. Additionally, the present study will use thematic analysis to synthesize the systematic review evidence on mental health recovery, which differs from a useful although primarily descriptive analysis of included studies (i.e., van Weeghel, et al., 2019) or deductively coding studies (i.e., Ellison et al., 2018).

The goal of this study is to develop a synthesized model of recovery based on systematic review evidence. To summarize systematic review evidence on the experience of recovery, this overview is guided by the following questions:

1. What are the methodological characteristics of systematic reviews of qualitative research on recovery?

2. What models of recovery, supported by primary research with persons diagnosed with serious mental illness, are presented through systematic reviews?
3. What are the similarities and differences in factors central to recovery as identified through systematic reviews?

## **2. Methods/Design**

### **2.1 Study design**

The conduct of this protocol has been informed by PRISMA-P reporting guidelines (Moher et al., 2015), and has been preregistered with PROSPERO (CRD42019142970). If necessary, the protocol will be amended in PROSPERO. This overview applies systematic review methods for searching, selecting, and extracting basic data elements from included studies. However, achieving the overall goal of synthesizing models of recovery presented in systematic reviews is undertaken through the conduct of a reflexive thematic analysis, positioned within a hermeneutic theoretical orientation (Gadamer, 2006).

### **2.2 Inclusion criteria**

Studies will not be restricted by setting and may include, for example, studies conducted in outpatient, hospital, or community settings. To be eligible, the majority of participants in primary studies will be 18 or older at the time of the study and diagnosed with a serious mental illness such as schizophrenia spectrum, bipolar, or major depressive disorders with or without co-occurring substance use. Participants in primary studies may be consumers of clinical mental health services, self-help groups, or not involved with mental health services.

Systematic reviews will be included that synthesize qualitative studies on the experience of recovery in mental illness. To this end, eligible systematic reviews may contain both quantitative, mixed-methods, or qualitative studies, but due to the nature of the present study's research questions, review findings from qualitative data will be prioritized. Primary studies included in eligible reviews may approach the phenomenon of recovery through various theoretical vantage points or methods, in particular, participant interviews, focus groups, or first-person accounts of mental illness and recovery.

### **2.3 Exclusion criteria**

Studies are limited to those available in English, due to resource limitations of the researchers, and authored after 1975. The language limitation may impact the results of the study; however, the concept of recovery has guided policy primarily in Anglophone countries (Pilgrim & McCranie, 2013). The limitation on study year is not likely to impact the results of the overview, given that this date is around the advent of systematic review methods and the very beginnings of the recovery movement. Primary research will be excluded; however, primary studies may be referenced to assess the extent to which included reviews are up-to-date and comprehensive. Narrative or systematic reviews including solely quantitative studies of recovery-related outcomes will be excluded, as well as systematic reviews addressing questions of recovery from substance use alone.

### **2.4 Information sources**

Information sources and search terms were developed in collaboration with the social work research librarian at the researchers' institution. A search for systematic reviews will be conducted by searching the following electronic databases: Web of Science, ProQuest Dissertations & Theses, CINAHL, PubMed, PsycINFO, and Scopus. Additionally, libraries

of the Cochrane Collaboration, Campbell Collaboration, and Joanna Briggs Institute will be searched. Reference lists of included studies will be searched to identify other potentially eligible reviews, and forward citation searching of included reviews using Google Scholar and Web of Science will be conducted.

## **2.5 Search Strategy**

The search strategy will be piloted with the following terms: (“systematic review” OR “evidence synthesis” OR “realist synthesis” OR “meta-synthesis” OR “meta synthesis” OR “metasynthesis” OR “meta-ethnography” OR “metaethnography” OR “meta ethnography” OR “meta-study” OR “metastudy” OR “meta study”) AND (recovery) AND (“mental illness” OR “serious mentally ill” OR “serious mental illness” OR schizophrenia OR “schizoaffective” OR “major depression” OR “major depressive disorder” OR bipolar).

## **2.6 Selection**

Two reviewers will independently screen titles and abstracts using the systematic review software Rayyan (Ouzzani et al., 2016). Discrepancies will be resolved by consensus after consulting a third reviewer. Full text articles will be assessed using a screening form, with reasons for exclusion documented. Discrepancies will be resolved through consensus as described above. Forward and backward citation searching of included studies will then be conducted to find other potentially relevant studies.

## **2.7 Data extraction**

Included studies will have the following data elements extracted by two reviewers using a form that is first pilot tested: (a) bibliographic data for included studies (e.g., date, publication type), (b) number and characteristics of participants included in the eligible review from primary studies (e.g., gender, age, race/ethnicity, sexual orientation), (c) review question/aims, (d) inclusion/exclusion criteria, (e) search and selection strategy, (f) synthesis methodology (e.g., theoretical framework, coding process, derivation of themes), (g) appraisal of included studies, (h) the model of recovery identified by the authors of the included studies, and (i) recovery definitions, processes, and factors influencing recovery from psychiatric distress. Data extracted for items (a) through (g) will be entered into Microsoft Excel, while items (h) and (i) will be saved to Microsoft Word.

## **2.8 Main outcomes**

The main outcomes of this review are (a) the experiences of recovery from serious psychiatric distress for persons with mental illness and (b) the theoretical models of recovery in mental health derived from the experiences of persons with mental illness.

## **2.9 Quality assessment**

The authors will use the Joanna Briggs Institute (JBI) critical appraisal tool for systematic reviews to guide the quality assessment of included studies (Aromatis et al., 2015). Further quality assessment of included studies will be informed by the Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ; Tong, et al., 2012). Two reviewers will conduct quality assessment on each included study, with a third reviewer consulted to discuss discrepancies until consensus is reached. Quality assessment will not be used to exclude studies from the analysis.

## 2.10 Data synthesis

Characteristics of included studies—such as bibliographic, methodological, and participant characteristics—will be presented in tabular form. The authors will calculate the overlap of primary studies included in systematic reviews using the Corrected Coverage Area as defined by Pieper and colleagues (2014), and refer to Hennessey and Jonson’s (2020) guidelines for interpreting overlap and addressing potentially conflicting results. The explicit models of recovery summarized in included studies will be narratively summarized, and common themes related to recovery definitions, process and factors influencing the recovery process will also be summarized and presented in tabular form. The quality of evidence for these definitions, processes, and factors will be considered in relation to the methodological strengths and limitations of the source systematic reviews.

The authors will extract the results and discussion sections of included studies, and, using an iterative coding process, conduct a thematic analysis (Braun & Clarke, 2006) to synthesize common elements of recovery across models and to specify how critical or divergent views of recovery are presented through systematic reviews. The authors will blend codebook and reflexive thematic analysis methods. First, the authors will develop a codebook to guide the initial coding process. Second, they will utilize reflexive thematic analysis methods to generate themes within and across the data (Braun & Clarke, 2006). They will do this by employing the concept of the hermeneutic circle to understand elements of meaning within included studies to inform their understanding across studies; additionally, insight into the overall understanding of recovery will deepen understanding of the elements coded in the text. Synthesizing results from included studies, the authors will attempt to identify models of recovery or elements central to recovery (recovery definitions, processes, and factors influencing recovery) that are emphasized by persons of diverse race, gender, sexual orientation, age, or country of origin. However, the authors’ ability to do this will be limited by the reporting of included studies.

## 3. Discussion

While systematic review methods have been used to synthesize the experience of recovery from persons with mental illness, just how the phenomenon of recovery is illuminated will vary according to the specific objectives of the systematic review. Furthermore, the evidence for or against any model of recovery will depend on the methodological quality of the systematic review. Models of recovery may have been developed with reference to different populations (e.g., those with co-occurring substance use disorders, persons experiencing first episode psychosis) or settings (e.g., forensic settings). This overview will summarize models of recovery that are supported by systematic reviews that synthesize the experience of personal recovery. The authors will identify common elements of recovery of included studies, and critically examine differences across models. Additionally, we will evaluate the methodological characteristics and overlap of primary studies in eligible systematic reviews.

The authors anticipate that findings of the overview will be useful for academic researchers, particularly those interested in psychiatric rehabilitation, clinicians serving persons with serious mental illness, and administrators and policy-makers who are interested in developing and implementing recovery-oriented systems of mental healthcare. This overview is strengthened by several factors: pre-registration of the protocol to guide the conduct of the systematic review, the use of critical appraisal tools to inform the assessment of study quality, the inclusion of both peer-reviewed and grey literature, the duplicate extraction of data and quality assessment, and the theoretically-informed, inductive approach to synthesizing elements of recovery. Several limitations should be considered. The utility of the overview is influenced by the reporting and conduct of included systematic reviews and

primary studies. Additionally, the authors lack resources to identify and translate possibly eligible reviews not published in English.

## Declarations

**Competing interests:** None declared

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