# Refocus on Recovery 2023

Wednesday 6th & Thursday 7th September 2023
Crowne Plaza, Nottingham, UK

## *Programme, biography and abstract booklet*

| | Wednesday 6th September 2023 |
|---|---|
| 12.00 | Registration, lunch and poster viewing |
| 13.30 | **Welcome**<br>Robin Hood www.ezekialbone.com<br>Julie Repper Director, ImROC<br>Ifti Majid, Chief Executive Officer, Nottinghamshire Healthcare NHS Foundation Trust |
| 14.00<br><br><br><br>14.30 | **Theme 1: Cross cultural learning**<br>Nev Jones (University of Pittsburgh, USA)<br>***"What really matters?" Meaning, structure, place and positionality in the transformation of mental health services***<br><br>**Theme 3: Re-imagining services**<br>Claire Henderson (King's College London, UK)<br>***The Recovery Colleges Characterisation and Testing (RECOLLECT) Programme: building the evidence*** |
| 15.00 | Refreshments, poster viewing and networking |
| 16.00<br><br><br><br>16.30<br><br><br><br>17.00 | **Theme 2: Digital approaches**<br>Pim Cuijpers (Vrije Universiteit Amsterdam, Netherlands)<br>***The role of digital interventions in recovery from depression***<br><br>**Theme 2: Digital approaches**<br>Simon Bradstreet and Audrey Buelo (Matter of Focus, UK)<br>***Findings from an independent, theoretically driven, evaluation of ImROC online Peer Support Training***<br><br>**Theme 2: Digital approaches**<br>Stefan Rennick-Egglestone, (Institute of Mental Health, University of Nottingham, UK)<br>***Findings from the Narrative Experiences Online (NEON) programme*** |
| 17.30 | Free time |
| 18.30<br><br>19.00 | Royal Suite bar open (for drinks to be purchased)<br><br>Conference dinner commences in the Royal Suite, Crowne Plaza Hotel<br>(included in registration fee) |
| | Thursday 7th September 2023 |
| 9.00 | **Theme 3: Re-imagining services**<br>Michelle Funk, (World Health Organization, Switzerland)<br>***Community Mental Health Services - Person-Centered and Rights-Based Approaches*** |

| | |
|---|---|
| 9.30 | **Theme 3: Re-imagining services**<br>Philani Ama Kinyabo and Hilda Chinoko (University of Zimbabwe and University of Kamuzu Health Sciences)<br>***SUCCEED Africa: Co-producing a rights-based, recovery-oriented intervention for people with lived experience of psychosis in sub-Saharan Africa*** |
| 10.00 | Refreshments, poster viewing and networking |
| 10.30 | **Theme 3: Re-imagining services**<br>Andrew Grundy (University of Manchester, UK)<br>**Re-imagining acute inpatient 'risk assessment and management' from lived experience perspectives** |
| 11.00 | **Theme 3: Re-imagining services**<br>Phil Morgan (Dorset HealthCare University NHS Foundation Trust, UK)<br>***Towards Co-production: Exploring Future Citizenship*** |
| 11.30 | Poster viewing, networking and lunch (lunch served at 12.00) |
| 13.00 | Mike Slade (University of Nottingham, UK)<br>***Scientific innovation, collective change*** |
| 13.30 | **Theme 1: Cross-cultural learning**<br>Laura Asher (University of Nottingham, UK)<br>***Peer-led recovery groups for people with psychosis in South Africa (PRIZE): a randomized controlled feasibility trial*** |
| 14.00 | **Theme 3: Re-imagining services**<br>Philippe Delespaul (Maastricht University, Netherlands)<br>***Towards Mental Health Eco-Systems -- The Dutch New Mental Health Movement*** |
| 14.30 | Refreshments, poster viewing and networking |
| 15.15 | **Theme 3: Re-imagining services**<br>Amanda Green (King's College London, UK)<br>***'I am mentally ill I am!' An autoethnographic layered account of harm caused by the embodiment of an illness identity: how safety planning and recovery processes led to change*** |
| 15.45 | **Theme 3: Re-imagining services**<br>Francesc Gomez-Morales (University of Barcelona, Spain)<br>***Citizenship as mental health*** |
| 16.15 | **Theme 1: Cross-cultural learning**<br>Anneliese de Wet (Boston University, USA)<br>***Re-imaging peer support as an equitable mental health service*** |
| 16.45 | **Closing remarks and announcement of poster prizes** |
| 17.00 | Close |

## List of poster presentation in order of presenters <u>first name</u>

| | Wednesday 6th September 2023 |
|---|---|

| Poster number | Presenter | Title of poster |
|---|---|---|
| **1** | Adam Benkwitz | Encouraging Social Recovery in the Community through Sport and Physical Activity. |

| | | |
|---|---|---|
| **2** | Adi Stern | Mental health “experts by experience” involvement in occupational therapy education |
| **3** | Amy Ronaldson | Using electronic health records to evaluate the effectiveness of Recovery Colleges in England |
| **4** | Anna Ballesteros-Urpi | Citizenship and Mental Health: A Mutual Support Group and Focus Group in a Child and Adolescent Psychiatry and Psychology Day Hospital context |
| **5** | Ashleigh Charles | Negotiating institutional logics in mental health organisations: Preliminary ethnographic findings of mental health peer support worker implementation |
| **6** | Beckye Williams | Does receiving peer support impact generativity? Results from a mixed methods study |
| **7** | Beckye Williams | Laying the foundation for a sustainable community academic partnership to support recovery |
| **8** | Benjamin-Rose Ingall | Making meaning of psychosis: Systematic review and thematic synthesis |
| **9** | Bryher Bowness | Understanding the experiences of carers, friends and family attending Recovery Colleges: a focus group study |
| **10** | Caroline Yeo | Uses and misuses of recorded mental health lived experience narratives |
| **11** | Catherine Elisa John | A qualitative study on mental health recovery among homeless persons in Kerala, India |
| **12** | Cecilie Høgh Egmose | Participants´ experiences of ‘Paths to EvERyday life’ (PEER) - a critical realist process evaluation of change mechanisms in a civil society-based voluntarily peer-led group intervention. |
| **13** | Chonmanan Khanthavudh | Implementation and evaluation of recovery-oriented practice interventions for people with mental illness in Asia: an integrative review |
| **14** | Chris Griffiths | Experience and impact of ‘Well-Track’ physical activity and sleep tracker based healthy lifestyle intervention for patients in an early intervention psychosis (EIP) service |
| **15** | Christian Burr | A glimmer of hope: The impact of a recovery college on personal recovery, well-being, and self-stigmatization: a mixed methods study |
| **16** | Christian Burr | The effectiveness of Experience Focused Counselling (EFC) for voice hearers by nurses – a RCT pilot study. |
| **17** | Clara De Ruysscher | Recovery support through a relational geographical lens: The role of place-making dynamics and rituals in a low-threshold meeting place |
| **18** | Danielle April Dunnett | Impact of Recovery Colleges on student outcomes and service use over time |
| **19** | Donna Franklin | The Patient Carer Race Equality Framework: An implementation Evaluation |
| **20** | Emilia Deakin | The influence of design decisions on data completeness in experience sampling psychosis studies |
| **21** | Emilia Deakin | Development of a model of social identity change in recovery from psychosis and potential applications to intervention and assessment |
| **22** | Fiona Ng | What facilitates posttraumatic growth in experiences of psychosis? A systematic review of the literature |
| **23** | Fiona Ng | Narrative Experiences Online Intervention for Informal Carers (NEON-C) Trial: Is it feasible and acceptable? |
| **24** | Grace Ryan | Evaluating the Impact of Recovery-Oriented Interventions on the Knowledge, Attitudes and Practices of Psychiatric Hospital Staff in Uganda |
| **25** | Harry Bark | Resilience as Part of Recovery: The Views of Those with Experiences of Psychosis and Learning for British Mental Health Social Work Practice. A Scoping Review |
| **26** | Hernán María Sampietro | Spanish Validation of the Netherlands Empowerment List: A preliminary study |

| | | |
|---|---|---|
| **27** | Hernán Sampietro | Key elements of recovery through the Delphi method: The perspective of users and survivors of psychiatry |
| **28** | Holly Harris | Finding connection “while everything is going to crap”: Experiences in Recovery Colleges during the COVID-19 pandemic |
| **29** | James Roe | Opportunities, enablers and barriers to the use of recorded recovery narratives in clinical and educational settings |
| **30** | Jason Grant-Rowles | The impact of lived experience on the RECOLLECT programme |
| **31** | Jennie Moberg | Staff’s experiences of implementing patient-initiated brief admission for adolescents from the perspective of epistemic (in)justice |
| **32** | Jonathan Simpson | Advance Statements for Black African and Caribbean people: an implementation resource for change in mental health services |
| **33** | José Alberto Orsi | Evaluation of Ongoing Participation of People with Schizophrenia in a Mutual Support Group as a Complementary Intervention to Outpatient Psychiatric Treatment |
| **34** | José Alberto Orsi | Perceptions on Recovery by people with severe mental disorders in Brazil: A systematic review and thematic synthesis |
| **35** | José Orsi | Development study and pilot evaluation of an intervention in collaborative and recovery-oriented practices in professionals of mental health services in Brazil |
| **36** | Karina Stjernegaard | Help! We’re stuck in the table - Training ‘recovery-thinking’ with clinical employees in mental health services |
| **37** | Karishma Jivraj | Experiential and medical knowledge of shared decision making: exploring clinician and service user perspectives in community mental health care |
| **38** | Katja Milner | “Did I look at the blackness or did I look at the stars?” How do people make meaning in the context of spirituality and mental health recovery? |
| **39** | Kim Jørgensen | Recovery-Oriented Network Meetings in Mental Healthcare -to promote personal recovery |

| | Thursday 7th September 2023 |
|---|---|

| | | |
|---|---|---|
| **40** | Kristin Berre Ørjasæter | An Initial Framework of Recovery-Orientation in Secondary Mental Health Services |
| **41** | Krzysztof Tyczynski | Covid Final Push in Shaping Psychiatric Rehabilitation Services in Ayrshire and Arran. A decade of changes illustrated by a patient’s recovery journey from forensic inpatient via different rehabilitation wards to community. |
| **42** | Louise Christie | With Us For Us: a new future for mental health |
| **43** | Lucian Milasan | Snapshots of recovery: A photographic exploration of experiences and meanings of recovery in Romanian mental health service users |
| **44** | Lucy Stephenson | Designing the future of mental health Advance Choice Documents: a report from the collaboration behind a co-produced, digitised minimum viable product |
| **45** | Luke Paterson | Development and delivery cost of digital health technologies for mental health: Application to the Narrative Experiences Online Intervention |
| **46** | Manfred Lohner | Peer support in the UPSIDES study: peer support workers’ perspective |
| **47** | Marianna Borowska | The meaning of Individual Placement and Support. A phenomenological study among IPS participants in the everyday life context. |
| **48** | Mark Hayford Dwira | Learning to live with female genital mutilation/cutting (FGM/C) survivors: A qualitative study of their male partners' experiences in the UK. |

| | | |
|---|---|---|
| **49** | Mark Pearson | The poetic wavelength – A narrative interview study exploring the potential of poetry to support meaning making and recovery following psychosis |
| **50** | Merly Catherine McPhilbin | Outcomes of goal setting support offered at Recovery Colleges: A document analysis |
| **51** | Nicola Hancock | Can a co-designed App help transform a recovery outcome measure into a tool that also supports greater self-determination? |
| **52** | Olamide Todowede | Conducting mental health research using the citizen science approach: perspectives from academic experts. |
| **53** | Olubukola Omobowale | Applying a Disability Rights Lens to a Cross-Cultural Situation Analysis for the Development of a Community-Based Mental Health Intervention in Low-Resource Settings: Experiences from SUCCEED Africa |
| **54** | Paula Conneely | The Meriden Family Programme: A Digital Approach to Family Interventions Training |
| **55** | Peanchanan Leah | Feasibility of Online Psychosocial Interventions to Promote Mental Health Recovery and Well-being |
| **56** | Ramona Hiltensperger | Applying theory of change to facilitate the implementation of a peer support intervention in high-, middle- and low-income-countries |
| **57** | Sam Robertson | The Peer Worker Experience and Emotional Labour: Exploration of the Experience of Peer Workers in Sussex Partnership foundation Trust, (SPfT), with Particular Focus on Emotional Labour, with the Aim of Developing a Good Practice Guide for Peer Working - Peer Emotional Labour (PEL) |
| **58** | Sean Gavan | Mapping between the MANSA Quality of Life Instrument and EQ-5D-3L for Mental Health Problems using Data from an Online Randomised Controlled Trial |
| **59** | Sean Gavan | Cost-effectiveness Analysis of the NEON Intervention for People with Psychosis and Non-psychosis Mental Health Problems |
| **60** | Sheharyar Hussain | Learning from Youth and Families: Cultural Adaptation of Narrative Enhancement and Cognitive Therapy |
| **61** | Sidsel Busch | A literary community support people with co-occurring mental health and substance use conditions in Denmark |
| **62** | | Withdrawn |
| **63** | Simran Sahiba Kaur Takhi | The impact of COVID-19 on Recovery Colleges across England: qualitative study |
| **64** | Sri Padma Sari | A mixed methods evaluation of the HOPE4Schizophrenia co-created digital self-management programme in Indonesia |
| **65** | Stefan Rennick-Egglestone | Differences between online trial participants who have and have not used specialist care mental health services |
| **66** | Tesnime Jebara | National survey of English Recovery Colleges to establish characteristics, fidelity, and funding |
| **67** | Tesnime Jebara | Recovery Colleges in 28 countries: findings from a global survey |
| **68** | Tracy Windsor | Co-production: Enabling Research to Practice Success with Recovery College Pilots |
| **69** | Trude Klevan and Mona Sommer | Towards an experience-based model of recovery and recovery-oriented practice in mental health and substance use care |
| **70** | Ulla-Karin Schön | Co-designing a process to promote epistemic justice and shared decision-making in mental health services |
| **71** | Winnie Wing-yan Yuen | Creativity and recovery among people with bipolar disorder: A photovoice study |
| **72** | Wouter Vanderplasschen | Re-imagining addiction recovery support: key insights from the international Recovery Pathways study (REC-PATH) |
| **73** | Xandra Miguel-Lorenzo | Intersectional Trauma-informed Recovery at a Recovery College. |

| | | |
|---|---|---|
| **74** | Yammi Man Yan YUEN | Relationship building between peer support worker and person in recovery in the community-based one-to-one peer support service of mental health setting in Hong Kong |
| **75** | Yasmin Ali | Utilisations of an online mental health recovery narrative intervention (NEON) |
| **76** | Yasmin Ali | Extending the NEON Impact model |
| **77** | Yasuhiro Kotera | Recovery College fidelity and WEIRD values |
| **78** | Yuki MIYAMOTO | Participants' Impressions of Japanese Recovery Colleges: A Qualitative Study |

## Introduction to the Refocus on Recovery conference 2023

We want the Refocus on Recovery 2023 conference to be an inclusive opportunity to come together as a community of people with shared interests, and to create and strengthen research collaborations. Our main focus will therefore be on re-connecting after the pandemic. Oral presentations will take the form of plenary sessions and will showcase the high-quality recovery research undertaken internationally.

**The conference has three themes:**

1. **Cross-cultural learning** – what different perspectives, scientific research, explanatory models and working practices are emerging internationally? Where are the best examples of cultural adaptation? What are community-based approaches, and is the meaning of 'community' changing? Example topics include rights-based policy and practice in different countries; integration of Western and traditional / indigenous models of emotional distress; using lived experience in high-stigma settings, learning from Mad Studies and survivor research, non-biomedical meaning frameworks (e.g. Power-Threat-Meaning, spiritual emergence, post-traumatic growth).

2. **Digital approaches** – what are the opportunities and challenges of new online and digital interventions? Who benefits and who is excluded? What technological innovations are occurring within and beyond the mental health system? Example topics include: the impact of technology on therapeutic relations (e.g. telepsychiatry, video consultations); digital health interventions to support recovery; online peer support; person-centred care approaches using artificial intelligence (e.g. machine learning, natural language processing, recommender systems); big data and mental health recovery; therapy chatbots; digital approaches to coproduction and community engagement.

3. **Re-imagining services** – what do rights-oriented, recovery-focussed, person-centred mental health and social care systems look like? What aspects of traditional mental health services need to be retained, be changed or be stopped? How do services need to evolve to deal with global challenges and uncertainties? What is the impact of the WHO guidance on community mental health services? Example topics include shared decision-making; community development; social movements; QualityRights; lived experience leadership; new service models such as patient-controlled admissions, peer-run crisis homes, Recovery Colleges in new service settings (e.g. forensic, young people).

## Acknowledgements

*Refocus on Recovery 2023* is organised by the Recovery Research Team at the Institute of Mental Health in Nottingham.

**We are very grateful to our partners who have made the event possible:**

- Institute of Mental Health (lead organisation)

- Nottinghamshire Healthcare NHS Foundation Trust
- School of Health Sciences, University of Nottingham
- ImROC
- McPin
- World Health Organisation

**The Scientific Advisory Board was responsible for scientific aspects:**

- Julie Repper (ImROC)
- Mike Slade (Chair) (School of Health Sciences, University of Nottingham)
- Fiona Ng (Institute of Mental Health)
- McPin (Dan Robotham)
- World Health Organisation (Michelle Funk)
- Cathrine Moe (Nord University, Norway) to bring another international perspective

**The Local Organising Committee who are responsible for organisation and logistics:**

- Lou Rudkin (Institute of Mental Health)
- Kara Rimmer (Institute of Mental Health and School of Health Sciences, University of Nottingham)
- Fiona Ng (Institute of Mental Health and School of Health Sciences, University of Nottingham)
- Mike Slade (Institute of Mental Health and School of Health Sciences, University of Nottingham)
- Stefan Rennick-Egglestone (Institute of Mental Health and School of Health Sciences, University of Nottingham)
- Yasuhiro Kotera (Institute of Mental Health and School of Health Sciences, University of Nottingham)
- Karen Sugars (Institute of Mental Health)
- Merly McPhilbin (Institute of Mental Health and School of Health Sciences, University of Nottingham)

## Conference venue, travel and accommodation information

*Refocus on Recovery 2023* will be held at Nottingham Crowne Plaza, Wollaton St, Nottingham NG1 5RH, England.

The venue is in the heart of Nottingham, less than a mile from Nottingham train station and 14 miles from East Midlands Airport.

Further details about travel and how to get to the venue can be found here

Accommodation information can be found here
**Conference dinner** will take place at the Crowne Plaza on the evening of Wednesday 6th September and is included in the 'in person' tickets.

**Lunch and refreshments**
Lunch will be served in the Lace Maker restaurant and refreshments will be served near the Royal Suite conference room at the times shown in the programme.

**Cloakroom**
Coats and luggage can be left in an un-staffed cloakroom which is located in the corridor close to the Royal Suite conference room.

**Quiet room**
We recognise that attending an international conference can be a new experience, so a dedicated relaxation room will be available throughout the conference to give a quiet space if needed.

**Poster prizes**
There will be two prizes awarded for each day; one will be judged but a judging panel and attendees will be invited to vote for the other prize. Poster voting slips will be available on the registration desk when you arrive. The prizes for both days will be announced at the close of the conference.

## Welcome speakers' biographies

**Julie Repper** is Director of ImROC, a not-for-profit organisation that works in partnership with communities to support services, organisations and systems to offer support that enables people with mental health challenges and long-term physical health problems to recover and live well. ImROC supports many organisations nationally and internationally to shift culture and practice in ways that recognise the essential contribution of experiential knowledge at every level and the importance of working with and in communities to enable people to live well. ImROC offers a full programme of peer support worker training, support to develop Recovery Colleges, a prospectus of Recovery focused courses and bespoke consultancy for organisations however large or small (see www.imroc.org).

Julie has been working for ImROC since its inception 15 years ago, she has also worked as a nurse, a service manager, in universities as a researcher and as a course leader; she has been a trustee of a number of voluntary sector groups and co-editor of mental health journals. Julie has also used mental health services on and off over the past 45 years. All of these experiences drive Julie's passion to improve the expectations and experiences of people who find themselves struggling with their mental health. Julie has published extensively on the subject or Recovery, inclusion, and participation/coproduction.

**Ifti Majid** took up his position as Chief Executive of Nottinghamshire Healthcare on Thursday 1 December 2022.
He joined the Trust from Derbyshire Healthcare where he had held the position of Chief Executive for over five years, with an additional two years preceding this as Acting Chief Executive.
A mental health nurse by background, Ifti qualified in 1988 after training at St George's Hospital in London. He has held a range of clinical posts in adult mental health services, both in acute inpatient and community settings.
Ifti also has significant experience of effective leadership holding several nursing management roles before being promoted through senior management and executive roles.
He also holds a number of national positions, including Chair of the NHS Confederation's Mental Health and Learning Disabilities Network, and Co-Chair of their BME Leadership Network.

## Keynote and plenary speakers' biographies and abstracts

## Wednesday 6th September
***(in order of the programme)***

**Nev Jones** is a community-engaged mental health services researcher, with an interdisciplinary academic background in social and political philosophy (BA, MA, postbaccalaureate fellowship), community psychology (MA, PhD) and medical anthropology (postdoc). Currently an assistant professor in the School of Social Work at the University of Pittsburgh, she has worked across the intersections of academia, community-based mental health services, policy, and disability activism. Areas of focus include the social and structural determinants of recovery and disability, anti-poverty interventions, and transformative change in the context of psychosis-focused services and broader social welfare and mental healthcare policy. Grounded in direct experience of the public mental health system and psychosis-focused services, Nev previously co-founded/co-directed Chicago Hearing Voices, the Lived Experience Research Network and the Bay Area Hearing Voices Network, and currently co-leads the international service user/survivor research coalition *Transform Mental Health Research*. She was also a 2017 NIDILRR Switzer Research Fellow, and current research projects are supported by the National Institute of Mental Health (NIMH) and the Patient Centered Outcomes Research Institute (PCORI). For her work advancing the meaningful integration and leadership of individuals with significant psychiatric disabilities and intersecting experiences of systems involvement, she was awarded the 2021 Pioneer Award from the National Association of Peer Supporters (NAPS) and the 2022 Judi Chamberlin Joy in Advocacy award from the National Coalition on Mental Health Recovery (NCMHR

**Theme 1: Cross cultural learning**

**Title of talk: "What really matters?" Meaning, structure, place and positionality in the transformation of mental health services**

**Abstract:** Conventional research methods (and evidence-based practice discourse) tend to valorize intervention development and testing aimed at global generalizability and scalability, and associated values of objectivity, neutrality, and the interchangeability of sufficiently trained interventionists. This presentation will first unpack major ethical and sociopolitical problems associated with these goals and premises, including the epistemic marginalization of those most impacted and the decontextualization and depoliticization of research and practice. The speaker will then segue to a discussion of the critical role of social, cultural and geographical location, and the positionalities of those occupying decision-making roles in local contexts, in the development, implementation and sustainment of transformative practices. The primary population of focus will be individuals and communities impacted by what is conventionally labelled 'serious mental illness.'

**Claire Henderson (King's College London, UK)**

Claire Henderson, PhD FRCPsych is a Professor of Public Mental Health at the Health Service and Population Research Department, King's College London Institute of Psychiatry, Psychology and Neuroscience and Honorary Consultant Psychiatrist at the South London and Maudsley NHS Foundation Trust. Her research addresses the disempowerment of people with mental illness due to the illness and to ensuing stigma and discrimination. She studies service interventions which promote shared decision making between service users and clinicians (advance statements), encourage illness self-management (Recovery Colleges), or help users make hard decisions (decision aids). She evaluates public mental health interventions to reduce mental health related stigma and discrimination or encourage self-management and help-seeking for mental illness.

**Theme 3: Re-imagining services**

**The Recovery Colleges Characterisation and Testing (RECOLLECT) Programme: building the evidence.**

**Abstract**
Recovery Colleges are a relatively recent initiative within mental health services. They are based on principles of personal recovery in mental health, co-production between people with lived experience of mental health problems and professionals, and adult learning. There is evidence of impact on student outcomes in academic literature, but existing studies are limited to a few Recovery College sites.

Previously we developed a Recovery College fidelity measure and a preliminary RECOLLECT change model identifying the mechanisms of change and outcomes for service user students. The aim of RECOLLECT is to determine the effectiveness and cost-effectiveness of Recovery Colleges and identify organisational influences on fidelity and improvements in mental health outcomes.

RECOLLECT comprises i) England-wide and international surveys of Recovery Colleges and interviews with Recovery College Managers, ii) a prospective cohort study to establish the relationship between fidelity and psychosocial outcomes, iii) a prospective controlled cohort study to investigate effectiveness and cost-effectiveness, iv) a retrospective controlled cohort study to determine the relationship between Recovery College use and outcomes and mental health service use, and v) organisational case studies to establish the contextual and organisational factors influencing fidelity and outcomes. The programme has been developed with input from individuals who have lived experience of mental health problems. A Lived Experience Advisory Panel is providing input into all stages of the research.

RECOLLECT will provide the first rigorous evidence on the effectiveness and cost effectiveness of Recovery Colleges, to inform their prioritising, commissioning, and running by providing an empirically-based approach to develop Recovery Colleges to maximise benefits for students.

**Pim Cuijpers** is Professor of Clinical Psychology at the Vrije Universiteit Amsterdam, The Netherlands and director of the WHO Collaborating Centre for Research and Dissemination of Psychological Interventions in Amsterdam. He is specialised in conducting randomised controlled trials and meta-analyses on prevention and psychological treatments of common mental disorders across the life span. Much of his work is aimed at prevention of mental disorders, psychological treatments of depression and anxiety disorders, and Internet-delivered treatments. He has also published on several other research topics, including global mental health and student mental health. Pim Cuijpers has published more than 1,100 peer-reviewed papers, chapters, reports and professional publications, including more than 900 papers in international peer-reviewed scientific journals. He is on the Thomson-Reuter Web of Science lists of the 'highly cited researchers' since the first edition of this list in 2014 (http://highlycited.com/).

**Theme 2: Digital approaches**

**The role of digital Interventions in recovery from depression**

**Abstract:** It is well-established that psychological interventions are effective in the treatment of depression and other common mental disorders. They also have effects on many secondary outcomes like quality of life and social functioning. A large body of research has also shown that these interventions can be delivered effectively through the internet. In this presentation I will draw on our meta-analyses on psychological treatments of depression and I will show what research says about the effects of psychotherapies for depression in general. I will also show what the effects are when therapies are delivered digitally. Furthermore, I will present the results of some of the successful studies in digital interventions in which I have been involved myself as well as some negative studies.

---

**Simon Bradstreet** is Principal Evaluation Consultant with Matter of Focus where he is part of a mission to help organisations focus on what matters to people and communities. He brings extensive experience from a variety of previous roles in the voluntary, health and academic sectors. As the founding Director of the Scottish Recovery Network, he played a central role in the early development of recovery approaches in the UK. Throughout his career he has championed and researched approaches that build from, and value, lived experience in policy and practice and has published extensively on a range of topics including recovery, systems change, peer working and digital interventions.

**Audrey Buelo** is an Evaluation Consultant with Matter of Focus where she aims to help organisations focus on what matter to people and communities. She has experience in a wide array of fields relating to public health. She is passionate about working across disciplines and methods to answer questions that matter most to people. Her enthusiasm for evaluation sits alongside her expertise in programme development and co-production, having completed her PhD at The University of Edinburgh for her research in public health intervention development and evaluation.

**Theme 2: Digital approaches**

**Findings from an independent, theoretically driven, evaluation of ImROC online Peer Support Training**


**Abstract**

**Introduction**

ImROC have been delivering Peer Support Worker training over 15 years and are internationally respected as a centre for excellence in peer training and development. The Peer Support Worker Training Programme has gone through a constant process of refinement and improvement to the point where it is now being delivered fully online to around 1,000 trainees annually. ImROC commissioned Matter of Focus to develop a theory of change and conduct an evaluation of their online peer support training programme. Matter of Focus is a mission led company that supports people to make better use of data to learn, improve and tell the story of the difference they make using unique cloud-based software OutNav.

**Methods**

Through several phases of collaboration both in-person and online with ImROC trainers and stakeholders, we developed an overarching theory of how the ImROC training programme prepares trainees to excel in their roles as peer supporters. Matter of Focus then conducted a mixed method evaluation. This included two training cohorts and peer trainers drawing on evidence from three focus groups and surveys, a review of assessments and a literature review to explore evidence for ImROC's progress against their theoretical outcome map.

**Results**

Findings from this evaluation of a co-produced theory of change will be shared for the first time.

**Conclusion**

This is a unique theory driven evaluation of online Peer Support Worker training, which is of international relevance to a rapidly expanding peer workforce.

**Stefan Rennick-Egglestone** is a mental health researcher working in the Institute of Mental Health (Nottingham, UK). He was the co-ordinator for the NIHR-funded Narrative Experiences Online (NEON) study which has looked at how our stories of recovery from mental health problems can help others. Through NEON, Stefan has been deeply involved in work to examine how organisations can use mental health recovery stories in an ethical and responsible manner, and hence avoid misuse of what can be very sensitive material. Stefan brings his own lived experience of mental health problems to his work, and advocates for greater inclusion of lived experience perspectives in healthcare research and practice. He has a PhD from the University of Nottingham, looking at how novel rehabilitation technologies can find a place in the homes of stroke survivors. He has a degree in Computer Science from the University of Cambridge.

**Theme 2: Digital approaches**

**Findings from the Narrative Experiences Online (NEON) programme**


**Abstract**

**Background**

Narratives describing recovery from mental health problems are publicly available, on a substantial scale. They can influence public understanding of mental health and help people affected by mental health problems. The Narrative Experiences Online (NEON) study has developed programmatic knowledge on recovery narratives: https://www.researchintorecovery.com/research/neon/findings/.

**Methods**

Frameworks conceptualising the characteristics and impact of recovery narratives, the work of narrative curators, and the application of content warnings were developed through systematic reviews and empirical studies. These informed the development of the NEON Intervention, a web-application providing access to a collection of mental health recovery narratives, subsequently evaluated in three trials: https://www.isrctn.com/ISRCTN11152837; https://www.isrctn.com/ISRCTN63197153; https://www.isrctn.com/ISRCTN76355273 (total n=1817). We also documented NEON Intervention development and delivery costs and examined facilitators and barriers to implementation in clinical practice.

**Findings**

Our collected body of evidence demonstrates the benefits of recovery narrative access for people affected by mental health problems. Whilst recovery narratives can contain distressing material, most people can be supported to self-manage access, and some trial participants actively integrated recovery narratives into their daily lives. Providing narrative access is inexpensive, and cost-effective for people with no psychosis experience. Trial-related findings will be detailed at Refocus on Recovery 2023.

**Conclusions**

NEON has provided proof-of-concept evidence for use of recovery narratives to extend mental health service provision. This can be extended through further innovation across a broad range of health concerns. Intervention developers could tailor the presentation of narrative collections to user needs, and investigate access mechanisms such as pushing narratives to subscribers through social media technologies.

# Speakers' biographies and abstracts
## Thursday 7th September
### (in order of the programme)

**Michelle Funk** is the Head of the unit on Policy, Law and Human Rights team at the World Health Organization in Geneva and has global responsibility for this area of work. She also leads the WHO QualityRights Initiative which builds capacity of stakeholders to understand and promote human rights and recovery approaches, and supports countries to develop services, policies and laws in line with international human rights standards. Dr Funk, has produced landmark guidance including on person centred-rights based community mental health services (2021), the WHO QualityRights training, guidance and transformation in mental health (2019) and is currently in the process of developing new guidance on mental health policy and action plans and mental health related laws. She has published extensively on these topics in peer review journals.

**Theme 3: Re-imagining services**

**Community Mental Health Services - Person-Centered and Rights-Based Approaches**

**Abstract:** Health systems globally, regardless of income status, face challenges in providing person-centered community mental health services that uphold human rights. This presentation outlines the characteristics of good practice rights-based services and emphasizes the fundamental rights-based and recovery criteria that should serve as their basis. Additionally, it discusses the benefits to service users, service staff, policymakers, and the wider community. Implementation presents challenges, including resistance and barriers, but valuable lessons have been learned for successful implementation. The presentation concludes with recommendations to scale up these services, moving them from the periphery to the mainstream.

**Philani Ama Kinyabo** is a Peer Researcher for SUCCEED Africa in Zimbabwe who also has Ghanaian roots. SUCCEED has given her the space to work and grow professionally as it recognizes and embraces people with lived experience of mental health challenges as she has experienced them. Her ambition is to see lives changed. She attained her Media and Society Degree at Midlands State University, Gweru, Zimbabwe where she fell in love with wanting to make Zimbabwe a better place and share the beauty that Zimbabwe has to the whole world. She is interested in the Arts and enjoys singing at church, acting and writing. She feels Art can revolutionise people's lives. Her future aspirations are to travel the world bringing hope to people so that they realise that a mental health diagnosis is not the end of the world but the beginning of a brand new different and beautiful chapter.

**Hilda Chinoko** is currently a Peer Researcher for SUCCEED Africa in Malawi. She holds a Bachelor's Degree in Child Health Nursing obtained from the Kamuzu University of Health Sciences. She holds a passion for mental health and research and aspires to bridge the gap between individuals facing psychosocial challenges and the world so as to bring an end to the stigma. She aspires to bring an end to discrimination people suffering from mental illness face. SUCCEED Africa has given her a platform which has equipped her with the necessary skills as well as an insight on the wide range of capabilities people suffering from psychosocial challenges hold, her being one who experienced the same first hand. Hilda is an aspiring painter and still holds her passion for Child Health.

**Theme 3: Re-imagining services**

**SUCCEED Africa: Co-producing a rights-based, recovery-oriented intervention for people with lived experience of psychosis in sub-Saharan Africa.**

**Abstract**
The World Health Organization's (WHO's) QualityRights Initiative emphasises the importance of "working alongside" people with psychosocial disabilities in the design, implementation and evaluation

of mental health programmes. Yet there are still very few documented examples of co-production from low- and middle-income countries (LMICs). The aim of this presentation is to share insights from nearly four years of collaborative intervention development and piloting through the SUCCEED research consortium, which involves people with lived experience of psychosis as peer researchers, members of a Lived Experience Advisory Panel and Scientific Advisory Board, as well as participants in multi-stakeholder consultation processes (e.g., Theory of Change workshops, situation analysis) and formative research across four countries in West (Nigeria, Sierra Leone) and Southeast Africa (Malawi, Zimbabwe). The result is a rights-based, recovery-oriented adaptation of WHO's Community-Based Rehabilitation model that incorporates evidence-based approaches from similar settings as well as QualityRights components on peer support, shared decision-making and recovery planning. From June-December 2023, a multi-method pilot study designed through a participatory process will test the acceptability, appropriateness and feasibility of the intervention as well as the research methods that will be used to formally evaluate the intervention through two randomised controlled trials (Nigeria, Zimbabwe) and two large-scale process evaluations (Sierra Leone, Malawi) in 2024-2025. This presentation will reflect on the value of collaboration between people with lived experience and people with professional experience in shaping SUCCEED's activities and outputs to-date, plus opportunities and challenges in promoting involvement across all stages of the research cycle and in LMICs generally.

---

**Andrew C Grundy** is currently working as a Lived Experience Researcher in the School of Health Sciences, University of Manchester, UK. He is also the Public Involvement and Engagement Lead at the Mental Health Policy Research Unit, University College London. Andrew is a long-term mental health service user, who came into research through Patient and Public Involvement.
Andrew's PhD (University of Nottingham) explored service user perspectives on and experiences of risk and its assessment and management in an acute psychiatric setting. He has also worked on projects exploring service user involvement in mental health care planning, and on improving patient safety. His main research interests are in understanding concepts of 'mental health' and of mental health service provision from service user/survivor perspectives. He's also interested in critical approaches to public involvement and co-production in research. He tweets @acgrundy.

**Theme 3: Re-imagining services**

**Re-imagining acute inpatient 'risk assessment and management' from lived experience perspectives.**

**Abstract**
How can the rights-oriented, recovery-focussed, and collaborative rhetoric of assessing and managing risk in policy, guidance, and legislation be realised in people's lives? Particularly for the most disempowered, most distressed and/or acutely unwell, and judged to be most at-risk, on acute inpatient units?

This presentation will briefly describe the methods of a critical ethnography that was conducted from a lived experience standpoint on one acute inpatient unit. Key findings will be presented to help us re-imagine risk/safety in such service-settings from the lived experience perspectives of those on the ward.

Whilst individuals were wanting to share their experiential knowledge of their inner world (their concerns, trauma, and fears) they were largely uninvolved in risk-discussions because processes of gathering clinical knowledge of risk (e.g., observations and documentation) were hidden from them.

Three cases studies will illuminate how experiential knowledge was also marginalised by staff as forms of epistemic injustice – via the dismissal of unique fears/threats (the delusional), pathologisation (the 'EUPDs'), and unacceptable expressions of testimony (the angry challenger) – which contribute to un-involvement and disempowerment; clinical knowledge of risk often took precedence.

We will then explore practical suggestions as to how people's testimonies and meaning-making can be truly heard throughout the inpatient admission, and how risk processes can be made more visible, so that people feel safer and more empowered. We will also consider how we can recover testimony as knowledge via coproduction, even within the setting constraints, and why it was vitally important that a lived experience researcher conducted this work**.**

---

**Phil Morgan** is Head of Nursing, Therapies and Quality for Mental Health, Learning Disabilities and Children Young People and Families for Dorset HealthCare NHS Foundation Trust.
He is currently undertaking a PhD titled *Towards Co-Production: An Exploration of Future Citizenship Alongside People with Mental Health Challenges*. Phil has been working, alongside peer researchers, to examine how 'citizenship' can be utilised as a way of exploring the socio-political context within which mental health is understood and how changes to society can be made. He has a particular interest on the impact of technology.
Phil is an occupational therapist by training and has worked in a range of mental health settings. Over the past 14 years he has been working in partnership with Dorset Mental Health Forum, a local peer-led mental health organisation, to promote Recovery and co-production in service design and delivery. Phil also works as a consultant for ImROC.

**Theme 3: Re-imagining services**

**Towards Co-production: Exploring Future Citizenship**


**Abstract**
**Introduction:**
Citizenship is an important and contested concept and is being proposed as a way of promoting the rights, participation and inclusion of people with mental health challenges (Davidson et al, 2021; MacIntyre et al. 2021; Morgan et al. 2020). Advances in technology are influencing and changing what it means to be a citizen (Zuboff, 2019; Potts, 2018; Harari, 2017). Morgan et al (2020) argue, that as change is happening at pace, it is important not just to focus on the present but to also explore the future impact of technology on citizenship.

**Method:**
A film, a future news broadcast set in 2042, was co-produced with peer researchers. It was informed by the analysis of interviews and a workshop. Participants were from a peer-led mental health organisation (n=7) and a digital technology company (n=4). The impact of the film was then discussed in a focus group by those from a peer-led organisation (n=6) and the research team (n=4) and subject to thematic co-analysis (Braun and Clarke 2021, Jennings et al 2018).

**Findings and Discussion:**
The findings and discussion are presented in two parts. First, the film Future Citizenship Broadcast https://vimeo.com/690648794/00e25b9f67

The second, a discussion of the key themes and identified actions. The themes are: 'who holds the power'; 'divide'; 'being human in a digital world'; and 'having a voice (and caring about it).'

**Conclusion:**
These themes highlight the importance of stimulating wider discussion on citizenship, activism, and the role of co-production in shaping inclusive futures.

---

**Mike Slade** is Professor of Mental Health Recovery and Social Inclusion at University of Nottingham. His main research interests are recovery-focused and outcome-focused mental health services, including Recovery Colleges, lived experience narratives, citizen science, wellbeing, needs assessment and developing measures, e.g. INSPIRE, Camberwell Assessment of Need, Threshold Assessment Grid. He has written over 300 academic articles and published 15 books, including *Personal Recovery and Mental Illness* (2009), *Partnering for Recovery in Mental Health* (2014), *Positive Psychotherapy for Psychosis* (2017), *Wellbeing, Recovery and Mental Health* (2017) and *Camberwell Assessment of Need, 2nd edition* (2020). His 15 free booklets include *Making Recovery a Reality* (2008), *REFOCUS: Promoting recovery in community mental health services, 2nd edition* (2011), *100 Ways to Support Recovery, 2nd edition* (2013), *The empirical evidence about recovery* (2015) and *The Business Case for Recovery* (2017), all downloadable at researchintorecovery.com.

**Scientific innovation, collective change**

**Abstract:**
The 2021 WHO Guidance on community mental health services is a punctuation point in the development of recovery and rights-oriented mental health policy, marking the transition from a focus on the evidence base and policy argument to a focus on disruptive transformation of practice. Two necessary components of this transformation are (1) intervention innovation and (2) collective change. To support (1), this talk will outline some of the latest scientific developments in supporting recovery from the Recovery Research Team. It will cover findings from the NEON trials across England of using recorded recovery narratives as a support for others (researchintorecovery.com/neon), the UPSIDES trial of mental health peer support work in Germany, India, Israel, Tanzania and Uganda (researchintorecovery.com/upsides; http://www.upsides.org), the global spread and fidelity of Recovery Colleges in 28 countries (researchintorecovery.com/recollect), the development of citizen science for mental health as an academic discipline (researchintorecovery.com/c-stacs), and the widespread use of INSPIRE in 22 languages (researchintorecovery.com/inspire). To support (2), a particular focus throughout the talk will be on identifying collaboration opportunities, along with a description of the Recovery Research Network which is a free-to-join community of practice of recovery researchers from 53 countries (researchintorecovery.com/rrn).

**Laura Asher** is a clinical associate professor of public health in the School of Medicine at the University of Nottingham and honorary consultant in public health medicine at the Department of Health and Social Care. Her main research interests are the development and evaluation of community-based psychosocial interventions for people with severe mental health conditions in low and middle-income countries. She is particularly interested in models of care delivered by lay workers and people with lived experience of mental health conditions. She enjoys working in close collaboration with colleagues in Ethiopia, South Africa and Uganda. Dr Asher is co-PI of the SAMRC/MRC-funded Peer-led Recovery Groups for People with Psychosis in South Africa (PRIZE) randomised feasibility trial and was PI of the Wellcome-funded Community-based Rehabilitation Intervention for people with Schizophrenia in Ethiopia (RISE) cluster-randomised trial.

**Theme 1: Cross-cultural learning**

**Peer-led recovery groups for people with psychosis in South Africa (PRIZE): a randomized controlled feasibility trial**

**Abstract**
There is limited evidence on group-based peer support for people with psychosis in low and middle-income countries. This study was set in the Eastern Cape province, South Africa, which has high levels of poverty, unemployment and vulnerability of people with severe mental health conditions. We worked in partnership with people with lived experience of psychosis and their family members, who are the main source of support.

We used in-depth qualitative and participatory methods with people with lived experience, family members, and local social workers to co-develop the recovery group programme. We drew on existing resources (e.g., ImROC) and tailored these to meet expressed needs and local resources. We then assessed the acceptability, feasibility and potential effectiveness of this contextually relevant programme in a randomised controlled feasibility trial comparing recovery groups and usual care to usual care alone. Six recovery groups were facilitated for 5 months. A 2-month social worker-facilitated phase was followed by a 3-month peer-led phase. Quantitative outcome data (functioning, unmet needs, personal recovery, stigma, and caregiver burden) were collected at baseline, 2 and 5 months.

We demonstrated feasibility of recruitment (n=92 of target 100) and retention of participants (median group size n=9 baseline vs 7 endline). Initial qualitative findings suggest groups promoted personal recovery through building hope, self-esteem and a sense of belonging. However, financial insecurity was a barrier to recovery. Peer facilitators required more intensive and longer duration of support than anticipated. We will present the full findings (analysis currently underway) and make recommendations for future implementation.

**Philippe Delespaul** is a Belgian mathematical psychologist/psychometrist, clinical psychologist, and CBT supervisor. He is professor of Innovations in Mental Health Care at the School for Mental Health and NeuroScience (Maastricht University) and the Mondriaan Mental Health Centre. He advises regional, national, and international stakeholders in mental health service innovation. He integrates human rights with user and family involvement. With Jim van Os, he initiated the Dutch New Mental Health movement and develops local ecosystems for mental health (GEM). His focus is on ambulatory care for people with severe mental health needs. He co-developed the FACT model of integrated care. He is a pioneer and expert in the experience sampling methodology (ESM) to assess daily adaptational strategies and improve resilience. He developed the PsyMate™ App to facilitate ESM dissemination. He wrote three books, more than 50 chapters in edited manuals, and co-authored more than 200 PubMed-listed articles.

**Theme 3: Re-imagining services**

**Towards Mental Health Eco-Systems -- The Dutch New Mental Health Movement**

**Abstract**
The prevalence of mental illness is high (1/2 lifetime; 1/4 year prevalence), and care is unsustainable financially and in considering the necessary professional resources. Essentially, there are two pathways to match the patient's needs better. One option is to improve efficiency by precision diagnostics, targeted (AI-supported) referrals, and optimized matches to accredited experts. This is the pathway that fixes the mental illness of individuals — an unsustainable path. An alternative strategy acknowledges mental health challenges as underlying health risks and offers the alternative to engage in a process to increase resilience in individuals. In line with the positive health framework, patients, clinicians, family members, and peers engage in exploration, not for the optimal mental health strategy, but for societal resources that are worthwhile to explore in a track towards recovery. The whole society (the public field) is rich in resources and becomes the scene for exploring options that potentially can reduce vulnerability and increases resilience. We will discuss the underlying principles of mental health ecosystems developed within the Dutch New Mental Health movement.

**Amanda Green** joined King's College London as a PhD student in The Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care in 2020. Her PhD is a survivor-led qualitative mixed methods realist evaluation of Safety Planning: a recovery-orientated mental health risk management intervention. She has an MSc in Mental Health Recovery and Social Inclusion from University of Hertfordshire. Having previously worked in the theatre, most recently as Artistic Director of Lime Light Theatre in Ontario, her interest in mental health was sparked by the deterioration of her own mental health and subsequent treatment. She began work in Norfolk and Suffolk NHS Foundation Trust as a Peer Support Worker in 2013, where she also was instrumental in establishing their Recovery College. She is currently Peer Support Lead for the Trust, and a member of the International Lived Experience Leaders Network.

**Theme 3: Re-imagining services**

**'I am mentally ill I am!' An autoethnographic layered account of harm caused by the embodiment of an illness identity: how safety planning and recovery processes led to change**

**Abstract**
I offer a counter-narrative to the dominant medicalised model of mental illness which objectified me as a 'patient', a deeply dehumanising pursuit that destroyed my sense of self and undermined my psychological and physical safety. I describe how my 'spoiled identity' was further damaged by the hegemonic function of certain emotions and behaviours, deemed to be unacceptable socially, politically and culturally. Thematic analysis identified several themes: iatrogenic harm, battles for power in therapeutic relationships, unhealthy dependency, infantilisation, learned helplessness, learned hopelessness.

A primary focus on personal recovery fundamentally changes the values, goals and working practices of risk management in mental health services. Safety Planning is a recovery-orientated approach that aims to develop the skills to manage self-destructive and high-risk thoughts, feelings and behaviours. It empowers service users to keep themselves safe, practicing safety behaviours and living recovery, while developing ways for carers and mental health professionals to step back safely, providing support that involves shared decision-making and encourages positive risk taking.

This is phase 1 of a survivor researcher-led mixed qualitative methods Realist Evaluation of Safety Planning and is an education project for my PhD at King's College London supervised by Dr Mary Leamy, Professor Alan Simpson and Dr Vasiliki Tzouvara. It aims to describe programme theory of Safety Planning that can be applied across diverse mental health settings, including NHS inpatient and community and is designed to be adopted across different contexts. Phase 2 will conduct 30 semi-structured qualitative interviews with service users, carers and mental health professionals.

**Francesc Gomez-Morales** holds a degree in physics and an advanced studies diploma in materials science from the University of Barcelona, as well as a degree in psychology from the Open University of Catalonia. He has been actively involved with the first-person movement since 2018, which sparked his career transition from technological entrepreneurship to psychology. Currently, he is employed as a specialized technician by the University of Barcelona for the project "Citizenship as Mental Health." Francesc is a certified mental health peer support worker (MHPSW) and works with both private clients and public institutions, primarily focusing on young service users.

**Theme 3: Re-imagining services**

**Citizenship as mental health**

**Abstract**
The citizenship framework is an emerging trend in the fields of mental health and social inclusion. This project aims to investigate the relationship between mental health and citizenship, and to advocate for a new approach to mental health practice grounded on the five core elements of rights, roles, resources, responsibilities, and relationships. The project proposes that the citizenship concept has the potential to transform mental health professionals' beliefs and attitudes towards a rights-based mental health system. It further asserts that the concept of citizenship is a valid construct in the Spanish socio-cultural context, and that an awareness-raising intervention incorporating citizenship can influence professionals' beliefs, attitudes, and behaviours. The methodology of the project involves: a) exploring the citizenship concept with Spanish service users, relatives, and professionals' organizations; b) validating a citizenship measure through participatory research methods within the Spanish context; c) developing a manual with an awareness methodology that can be scaled to other territories and specific health professional target groups; and d) implementing and assessing awareness interventions with healthcare professionals in actual clinical settings. This project represents the first adaptation of the citizenship framework in Spain and the first internationally to implement and evaluate an awareness-raising intervention for mental health professionals based on the citizenship framework using an experimental design.

**Anneliese de Wet** is a postdoctoral researcher at Boston University's Center for Psychiatric Rehabilitation. She completed her PhD in Psychology at Stellenbosch University in South Africa in December 2020. For her dissertation she developed an individual measure of recovery for a South African context by exploring the understanding of recovery for persons, their carers and their service providers, as well as the barriers and facilitators of recovery. This was the first such measure developed for a South African context. Anneliese is particularly interested in peer support work.
Another related interest she has, is positive psychological ways of addressing mental health challenges, such as stigma. She is conducting a study focused on exploring workplace stigma resistance and the mechanisms thereof amongst peer support specialists. Other research she is involved in includes a randomised controlled trial testing the effectiveness of a coaching intervention to address peer specialists' stress and distress at work.

**Theme 1: Cross-cultural learning**

**Re-imaging peer support as an equitable mental health service**

**Abstract**
Prejudicial and discriminatory experiences are unjust and profoundly detrimental, yet some persons report being less affected. Consequently, the construct stigma resistance (SR) was developed to explicate people's capacity to withstand prejudice and discrimination (Thoits, 2011). This study explored the capacity of mental health peer support specialists (PSS) to resist workplace prejudice and discrimination. Thirty-four PSS, working in various settings across the USA, participated, completing a semi-structured interview about their workplace prejudicial and discriminatory experiences in PSS jobs. Data were analyzed using grounded theory. The study identified a range of SR strategies which were organized by three previously conceptualized SR strategy types: 1) Challenging: confrontation, advocacy, assertion in professional role; 2) Deflective: support-seeking, leaving current PSS job, identifying with larger marginalized group; 3) Transformative: PSS' self-reinforcement, reinforcing peer support value, assessment of personal control over experiences. SR strategies were utilized situationally in the context of specific challenging experiences and organizationally or systemically through advocacy. Data further revealed problematic environmental characteristics creating situations PSS perceived as prejudicial and discriminatory. These characteristics included insufficient orientation and onboarding, poor planning of task allocation, problematic communication about workplace changes and expectations, and insufficient training for tasks outside the peer role. Overall, the utilization of SR strategies reflected PSS' capacity to withstand workplace prejudice and discrimination and contributed to long-term personal growth. The study is expected to contribute to enhancement of PSS training programs and inform implementation of positive, equitable and cross-culturally relevant work environment changes to minimize PSS' prejudicial and discriminatory experiences.

# Poster presentation abstracts

**There will be a poster prize for the best poster on each day and announced at the end of the conference**

| | Wednesday 6th September 2023 |
|---|---|

| | |
|---|---|
| **Poster number** | **1** |
| **Full name of presenter** | Adam Benkwitz |
| **Job Title** | Reader |
| **Organisation** | Newman University Birmingham, UK |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Encouraging Social Recovery in the Community through Sport and Physical Activity. |


**Abstract**

Social recovery, compared to personal recovery, remains an overlooked dimension in mental health research. In the literature pertaining to personal recovery, there is often the temptation to focus on the benefits to the individual of the 'connectedness' of certain activities or interventions, as opposed to the interplay of what the person contributes to their community, and again in turn what benefits that provides to the person. Social recovery is about rebuilding a worthwhile life, irrespective of whether one may continue to have particular distress experiences – central to this can be reclaiming valued social roles and positive self-identity.

Although there is a growing consensus that the social aspect of recovery matters more widely, the initiatives needed to support the transformation of health services towards becoming social recovery-oriented are lacking. To explore 'what works?', the argument here is that sport and/or physical activity 'works'. Literature on mental health and physical activity is increasingly acknowledging the significance of settings, contexts and cultures where activities actually take place, as they have varying 'ingredients' and may have varying outcomes. A common thread across the findings of these studies is the negative impact of social isolation for those with poorer mental health, and how physical activity interventions can be beneficial in offering a 'space' to interact with others and to rehabilitate social skills. Health services, policy makers and practitioners must look beyond the person, and appreciate issues of social justice and social inclusion, considering how recovery processes can be supported in communities and facilitate social inclusion.


| | |
|---|---|
| **Poster number** | **2** |
| **Full name of presenter** | Adi Stern |
| **Job Title** | Occupational therapist and Lecturer |
| **Organisation** | University of Haifa, Israel |
| **Names and organisation of any *co-authors*** | Eran Kraus, Department of Social Work, Ben-Gurion University of the Negev; Be'er Sheva, Israel; Hila Tal Shachar, "Learning from Experience" service; "Yozma Derech Halev" (Initiatives from the Heart) company; Kfar Saba, Israel. |
| **Theme** | Theme 1: Cross-cultural learning |

| | |
|---|---|
| **Title of poster** | Mental health “experts by experience” involvement in occupational therapy education |

**Abstract**
The involvement of “experts by experience” (EBE) in mental health education is consistent with the recovery approach. Interacting with EBE is particularly well-suited for students' recovery learning, as promoting the personal recovery process of EBE. There is a growing understanding of the benefits this involvement holds for students and EBE, including reduction of stigma, development of empathy skills, emphasis on recovery-oriented practice, empowerment, and student preparedness for practice. Nevertheless, studies on EBE involvement in occupational therapy education are limited. We will describe a unique occupational therapy education course from Israel. It was designed and implemented in collaboration between an academic professional, a lived-experience educator and mental health practitioners. The course included various components of EBE involvement, including coteaching, shared learning, teamwork, and coproduction. Forty occupational therapy students and 15 EBE in mental health took part in the course. An anonymous online survey for the students was used to assess their attitudes and behavioural intentions towards working with mentally ill patients before and after the course. An online feedback questionnaire was designed to gather information on the EBE participants’ experience in the course. Positive changes in students’ attitudes, perceptions, and behaviour were found following the course. EBE participants described the course as important and intriguing. This course provided a meaningful learning experience for EBE, students, and staff and had an added value that empowered EBE, enriched student learning, and promoted a broader understanding of recovery among all. Yet, ways to overcome the challenges of EBE involvement in education should be pursued.

| | |
|---|---|
| **Poster number** | **3** |
| **Full name of presenter** | Amy Ronaldson |
| **Job Title** | Research Fellow |
| **Organisation** | King's College London |
| **Names and organisation of any *co-authors*** | Thomas Allen (University of Manchester); Ioannis Bakolis (King's College London); Tesnime Jebara (King's College London); Mike Slade (King's College London); Claire Henderson (King's College London) |
| **Theme** | Theme 2: Digital approaches |
| **Title of poster** | Using electronic health records to evaluate the effectiveness of Recovery Colleges in England |

**Abstract**
The evaluation of health interventions is essential to understand how effective they are. Randomised controlled trials (RCTs) (e.g. clinical trials) are considered to provide the highest level of evidence as they are designed to be unbiased and have less risk of systematic errors. However, it is not always possible, or ethical, to assess an intervention using an RCT. Currently, large amounts of routinely collected data (e.g. electronic health records (EHRs)) are becoming increasingly available for use in mental health research. Clinical Record Interactive Search (CRIS) databases at several NHS mental health trusts across England provide a means of accessing de-identified data from EHRs. These CRIS databases provide an opportunity for the application of quasi-experimental designs and advanced statistical techniques which allow for the evaluation of mental health interventions, without the need for RCTs. They can also be linked to other EHR databases (e.g. hospital episode statistics (HES)) to evaluate general health service use. The RECOLLECT programme is using CRIS databases from several sites across England for two studies. Here we describe how we will 1) leverage CRIS databases to find matched controls to strengthen an existing prospective cohort study to evaluate the effectiveness and cost-effectiveness of Recovery Colleges, and 2) use CRIS databases linked with HES to create a retrospective matched cohort to assess the impact of Recovery Colleges on routinely collected outcomes (e.g. health service use) and associated costs.

| | |
|---|---|
| **Poster number** | **4** |
| **Full name of presenter** | Anna Ballesteros-Urpi |
| **Job Title** | Social Worker/Counsellor |
| **Organisation** | Hospital Clínic of Barcelona |
| **Names and organisation of any *co-authors*** | Ballesteros-Urpi A (Department of Child and Adolescent Psychiatry and Psychology, Institute of Neurosciences, Hospital Clínic de Barcelona, Barcelona, Spain), Gomez-Morales F (Emilia BCN Association, Barcelona, Spain), Pocurull A (Emilia BCN Association, Barcelona, Spain), Frias CE (Department of Child and Adolescent Psychiatry and Psychology, Institute of Neurosciences, Hospital Clínic de Barcelona, Barcelona, Spain), Morer A (Department of Child and Adolescent Psychiatry and Psychology, Institute of Neurosciences, Hospital Clínic de Barcelona, Barcelona, Spain), Eiroa-Orosa FJ (Section of Personality, Assessment and Psychological Treatment, Department of Clinical Psychology and Psychobiology, Institute of Neuroscience, University of Barcelona, Barcelona, Spain; Yale Program for Recovery and Community Health (PRCH), Department of Psychiatry, Yale School of Medicine, New Haven, United States). |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Citizenship and Mental Health: A Mutual Support Group and Focus Group in a Child and Adolescent Psychiatry and Psychology Day Hospital context |


**Abstract**

**Objectives**:

Citizenship has been defined as a measure of people's connection with the rights, responsibilities, roles, resources, and relationships that society offers them. In accordance with the Personal Recovery model, therapeutic success in mental health goes beyond symptomatic alleviation and includes exercising rights, assuming responsibilities, and developing new roles. We set out to investigate how citizenship is tied to Personal Recovery in mental health by implementing a Mutual Support group and a Focus group in a Child/Adolescent Psychiatry and Psychology Day Hospital setting.

**Methods**:

For the Mutual Support group, we adapted and pilot-tested intervention materials in the Day Hospital context. The intervention consisted of 10 weekly sessions. The Focus group explored the possibilities of the citizenship model in the Spanish mental healthcare system. Adolescents 12-17 years old admitted to the Children's and Adolescent Day Hospital, Department of Child and Adolescent Psychiatry and Psychology, Hospital Clinic of Barcelona (Spain), with at least one mental disorder diagnosis were eligible for both activities.

**Results**:

The Mutual Support group included twelve adolescents, median age 14, 50% females. Participants were satisfied with the intervention and showed improvement in measures taken post-intervention. The Focus group included seven adolescents, median age 15; all females. Discussions focused on the interaction of their citizenship and their recovery process: ability to fulfil roles, interaction with peers, among others.

**Conclusions**:

Mutual Support group programs are feasible in the Child and Adolescent Psychiatry and Psychology Day Hospital setting. The five dimensions of citizenship may be applicable to Personal Recovery in mental health.


| | |
|---|---|
| **Poster number** | **5** |
| **Full name of presenter** | Ashleigh Charles |

| | |
|---|---|
| **Job Title** | |
| **Organisation** | School of Health Sciences, Institute of Mental Health, University of Nottingham, UK |
| **Names and organisation of any *co-authors*** | Alison Edgley, School of Health Sciences, University of Nottingham, UK<br>Mike Slade, School of Health Sciences, Institute of Mental Health, University of Nottingham, UK |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | The Patient Carer Race Equality Framework: An implementation Evaluation |


**Abstract**

**Introduction**

In the United Kingdom, peer support worker roles are increasingly being implemented in mental health services. While a number of studies identify that organisational culture is a key influence in the implementation of peer support worker roles, there is little clarity or theoretical understanding about what is meant by the concept of organisational culture in relation to peer support implementation. The relationship between organisational culture and peer support worker implementation is under-researched, and a theory-based understanding is needed to support the effective implementation of evidence-based peer support worker roles in mental health services. The theory of institutional logics was used to investigate the implementation of mental health peer support worker roles in a mental health organisation.

**Methods**

A qualitative methodology and ethnographic approach were utilised to investigate how institutional logics may be influencing the implementation of peer support worker roles in a community mental health team. In line with the ethnographic tradition, multiple methods were used to collect data including non-participant observation of peer support worker's everyday lives, informal and semi-structured interviews with peer support workers and a range of different mental health workers, and the collection of artefacts and documents within the organisational setting.

**Findings**

The pre-liminary ethnographic findings include the existence of dominant logics which exist within a mental health organisation. These include a professional logic, peer support worker logic, and system logic. These logics interact with each other and influence the implementation of the peer support worker role whilst also illuminating aspects of organisational culture.

**Conclusions**

Institutional logics has not been applied to mental health peer support worker role implementation before. Given the lack of clarity regarding organisational culture in relation to peer support worker role implementation, the findings have the potential to bring about new knowledge that can support effective implementation and strengthen the theoretical base for peer support worker roles.


| | |
|---|---|
| **Poster number** | **6** |
| **Full name of presenter** | Beckye Williams and Gerald Jordan |
| **Job Title** | Research Assistant and Assistant Professor |
| **Organisation** | University of Birmingham |

| | |
|---|---|
| **Names and organisation of any *co-authors*** | Nuria Gardia, University of Birmingham; Larry Davidson, Yale University; Chyrell Bellamy, Yale University |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Does receiving peer support impact generativity? Results from a mixed methods study |


**Abstract**

**Introduction**:
Generativity refers to a person's concern for, and actions aimed to benefit, the lives of other people, communities and future generations. A scoping review revealed that providers of peer support experience generativity through their work; and that no study has examined if peer support fosters generativity among recipients of peer support. Addressing this knowledge gap can better support efforts to implement peer support. To address this gap, we used mixed methods to determine if receiving peer support had an impact on generativity.

**Methods**:
Participants in the quantitative component completed the Generative Behaviour Checklist and indicated their receipt of peer support in the past month. Data were analysed using a one-way ANOVA. Results were then presented to focus group participants in the qualitative component, who were asked to interpret and elaborate on the quantitative results.

**Findings**:
Rates of generativity did not differ among participants who received peer support (M = 4.25, SD = 1.46) and participants who did not (M = 3.96, SD = 1.68), F (1,38) = .29, P =.59. Focus group participants expressed how peer support may foster generativity; and that our finding reflects how peer support was carried out in a hospital setting where peers typically act as clinicians, rather than in the community where peers often work more authentically and in congruence with the values of peer support.

**Conclusion**:
This study provides preliminary evidence that peer support does not influence generativity while suggesting that future research should examine this topic in community-based settings.


| | |
|---|---|
| **Poster number** | **7** |
| **Full name of presenter** | Beckye Williams and Gerald Jordan |
| **Job Title** | Research Assistant and Assistant Professor |
| **Organisation** | University of Birmingham |
| **Names and organisation of any *co-authors*** | Sian Lowri Griffiths; Niyah Campbell; Charlotte Saunders; Jessica Pykett |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Laying the foundation for a sustainable community academic partnership to support recovery |

**Abstract**

**Introduction:** Community organizations are often at the forefront of supporting the recovery needs of youth with mental health problems; yet academic institutions often struggle to form trusting relationships with such organizations and may lack a ground-level perspective on what matters to youth in recovery. Our project seeks to address these issues by developing partnerships between an academic institution and relevant community organizations in Birmingham, UK, with the aim of forming an academic-community network.

**Methods**: Network development activities will be supported by a young (age 18-25) community-liaison worker with lived experience of mental health problems and our settings' Youth Advisory Group. Activities will occur over two phases. In the identification phase, we will develop a comprehensive list of all community organizations addressing the mental health needs of youth in Birmingham with pre-existing and non-existent ties to our academic setting. During the engagement phase, we will seek to build trust and ongoing mutually beneficial relationships with community organizations; asses the needs and goals of each community organization and their respective communities; and the levels and types of support they need. Monthly stakeholder relationship-building meetings will take place. Following the engagement phase, a larger meeting with representatives of each organization will be convened, whereby a consensus around outcomes we seek to achieve will be established using a World Café methodology.

**Conclusion**: By engaging in this work, we expect to better support the recovery outcomes of youth as an institution.

| | |
|---|---|
| **Poster number** | **8** |
| **Full name of presenter** | Benjamin-Rose Ingall |
| **Job Title** | Research Assistant |
| **Organisation** | Recovery Research Team, Institute of Mental Health |
| **Names and organisation of any *co-authors*** | Felix Lewandowski School of Psychology, University of Nottingham, UK. Dr Yasuhiro Kotera School of Health Science, Institute of Mental Health, University of Nottingham, UK. Dr Gerald Jordan School of Psychology, University of Birmingham, UK. Professor Mike Slade School of Health Science, Institute of Mental Health, University of Nottingham, UK. Dr Fiona Ng School of Health Sciences, Institute of Mental Health, University of Nottingham, UK. |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Making meaning of psychosis: Systematic review and thematic synthesis |

**Abstract**

Identifying a personal explanation for psychosis and psychosis-like experiences, is an important part of re-establishing the belief in the comprehensibility of a meaningful world and supports an individual in integrating the experience into their life narrative, social context, and personal identity. Supporting an individuals' personal explanation of psychosis can increase their experiences of hope and optimism, facilitate post-traumatic growth when integrated into recovery-orientated care, and legitimise their experiences. Dismissing these personal explanations as a lack of insight and a symptom of illness prevents an individual from having agency within their own narrative. There is not yet a qualitative systematized account of the personal explanations people give to their experiences, yet an understanding of the ways in which people explain psychosis is essential in the continued development of recovery-orientated care and post-traumatic growth support.

We conducted a qualitative systematic review to synthesize evidence on the personal explanations people provided for their experiences of psychosis without restriction on diagnosis or healthcare use. This allowed

for the exploration of personal explanations from people with psychosis-like experiences who have not or cannot seek a diagnosis, who do not feel their experiences require intervention, or are otherwise unable to access intervention.
This review aimed to synthesise the current qualitative literature on the personal explanations for psychosis, and to identify whether there were differences in explanations provided in papers reporting on individuals with and without a diagnosis of a psychosis-spectrum condition. This work was done as part of the EPOCH research programme (https://www.researchintorecovery.com/epoch/).

| | |
|---|---|
| **Poster number** | **9** |
| **Full name of presenter** | Bryher Bowness |
| **Job Title** | PhD student and mental health nurse |
| **Organisation** | King's College, London |
| **Names and organisation of any *co-authors*** | Lana Samuels (carer co-researcher), two other carer co-researchers (prefer to say unnamed) |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Understanding the experiences of carers, friends and family attending Recovery Colleges: a focus group study |


**Abstract**

**Background**

Recovery Colleges take an educational and recovery-orientated approach, offering co-produced courses to mental health staff, service users and carers. Studies have demonstrated benefits for students in general, but do family and informal carers experience Recovery Colleges in the same way, and can they be made more relevant or accessible for carers?

**Aims**

Through exploring the experiences of family and informal carers of Recovery Colleges, we aimed to identify perceived benefits and contributors to these, to inform how Colleges could further support carers.

**Methods and results**

Carers (n=13) and carer-staff (n=10) were recruited from different UK Recovery Colleges, and attended online focus groups or interviews. Questions were codesigned with a carer. Through collaborative thematic analysis with two carer coresearchers, we developed six key themes; 'What is a carer?', 'Benefits of sharing lived experience', 'Educational focus is appealing', 'Recovery ethos applies to carers too', 'Carers deserve recognition and provision', 'Reaching out to carers'. Participants shared how attending courses gave them new understandings, caring and wellbeing strategies, for themselves and those they cared for. Importantly, carers described the College as supporting their own personal recovery journeys. Learning alongside service users was beneficial, but Colleges need to recognise carers specifically. Colleges should raise awareness about what a Recovery College can offer, to make this available to more carers.

**Conclusion**

The identified needs of carers aligned well with the unique characteristics of Recovery Colleges. Further resources and increased awareness are required to further develop this potential for supporting more carers in their own recovery.


| | |
|---|---|
| **Poster number** | **10** |

| | |
|---|---|
| **Full name of presenter** | Caroline Yeo |
| **Job Title** | Research Fellow |
| **Organisation** | Department of Architecture and Built Environment, Faculty of Engineering, University of Nottingham, UK |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Uses and misuses of recorded mental health lived experience narratives |


**Abstract**

**Background**

Mental health lived experience narratives are first-person accounts of people with experience of mental health problems. They have been published in journals, books and online, and used in healthcare interventions and anti-stigma campaigns. There are concerns about their potential misuse.

**Methods**

A four-language systematic review was conducted of published literature characterising uses and misuses of mental health lived experience narratives within healthcare and community settings. 6,531 documents in four languages (English, Danish, Swedish, Norwegian) were screened and 78 documents from 11 countries were included. The review has been published: https://doi.org/10.1093/schbul/sbab097.

**Findings**

27 uses were identified in five categories: political, societal, community, service level and individual. Eleven misuses were found, categorised as relating to the narrative (narratives may be co-opted, narratives may be used against the author, narratives may be used for different purpose than authorial intent, narratives may be reinterpreted by others, narratives may become patient porn, narratives may lack diversity), relating to the narrator (narrator may be subject to unethical editing practises, narrator may be subject to coercion, narrator may be harmed) and relating to the audience (audience may be triggered, audience may misunderstand). On the basis of this systematic review, we make seven recommendations for best practice in using mental health narratives.

**Conclusions**

The recommendations were used to establish good practise guidelines for the use of lived experience narratives which could be used by curators, editors, activists, researchers, mental health workers and those wishing to share their narrative. The guidelines can be found at: https://institutemh.org.uk/research/projects-and-studies/completed-studies/neon-good-practice-guidelines


| | |
|---|---|
| **Poster number** | **11** |
| **Full name of presenter** | Catherine Elisa John |
| **Job Title** | PhD Student |
| **Organisation** | University of Nottingham |
| **Names and organisation of any *co-authors*** | |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | A qualitative study on mental health recovery among homeless persons in Kerala, India |


**Abstract**

**Introduction**

The construct of recovery was conceptualised in the global north and its cultural congruence in the countries of the global south is under-researched. Additionally, existing constructs of recovery have overlooked the conceptualisation of recovery among people with multiple marginalised identities living in

high-stigma settings like homeless persons with mental health issues. Identifying these research gaps this research aimed to explore the conceptualisation of recovery among homeless people with mental health issues in Kerala, India, a global south context.

**Methods**
Semi-structured interviews were conducted with persons with mental health issues who were experiencing homelessness in Kerala, India. The topic guide covered the recovery narratives of participants. Thematic analysis was undertaken to organise characteristics into themes relating to domains of mental health recovery.

**Results**
Analysis of the interviews with eight participants identified six domains that formed the conceptualisation of recovery: Independence; Decision making; Relationship; Spirituality; Safety and security; and Identity. Few of the domains namely independence, relationship, and identity express commonalities with the CHIME framework for personal recovery, a recovery framework developed in the global north. This indicates the possibility of having commonalities in the conceptualisation of recovery in the global south and the global north. However, the domains of decision making, spirituality and safety and security are highly distinct and congruent to the socio-cultural makeup of the research context and the participants. This indicates that recovery is also context dependent and there is a need for developing culturally congruent recovery models to facilitate better recovery for people from diversely intersectional populations.

| | |
|---|---|
| **Poster number** | **12** |
| **Full name of presenter** | Cecilie Høgh Egmose |
| **Job Title** | Phd student |
| **Organisation** | Copenhagen Research Center for Mental Health - CORE, Mental Health Center Copenhagen, Copenhagen University |
| **Names and organisation of any *co-authors*** | Copenhagen Research Center for Mental Health - CORE, Mental Health Center Copenhagen, Copenhagen University |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Participants´ experiences of 'Paths to EvERyday life' (PEER) - a critical realist process evaluation of change mechanisms in a civil society-based voluntarily peer-led group intervention. |

**Abstract**
**Purpose:**
The peer support intervention "Paths to EvERyday life" (PEER) is a voluntarily co-peer-led manualized intervention delivered in a Danish municipality civil society setting. PEER is a ten-week group course for people with mental health issues facilitated by two trained voluntary peers. The focus in the group course was on everyday life, wellbeing, and personal recovery. The purpose of this study was to explore how participants experienced the group course and whether participation had led to personal changes for the participants.

**Methods**:
In a process evaluation framework and underpinned by critical realism philosophy of science, eleven people participated in the qualitative study and were interviewed at end of the 10-week group course. The semi-structured interviews were guided by the method of realistic interview, they were audio recorded and transcribed verbatim. The analysis was informed by theory on peer support and guided by reflective thematic analysis.

**Results**:
Four overarching themes were identified, elucidating how, when and under what circumstances PEER impacted recovery and wellbeing of the participants: 1) Connectedness as a precondition for engaging; 2)

Cultivating hope by drafting new pathways for recovery; 3) Seeing new sides of oneself; and 4) Change processes.

**Conclusions**:
This study indicated that the participants in the group-based peer support intervention experienced some individual changes that are considered essential for recovery of mental illness and wellbeing – although the participants possibilities of acting in everyday life were dependent on individual context, time and where they were in their individual recovery process.

| | |
|---|---|
| **Poster number** | **13** |
| **Full name of presenter** | Chonmanan Khanthavudh |
| **Job Title** | PhD student |
| **Organisation** | Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London and Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi hospital, Mahidol university |
| **Names and organisation of any *co-authors*** | Dr Annmarie Grealish: Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London and Department of Nursing and Midwifery, University of Limerick; Dr Vasiliki Tzouvara: Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London; Jing Huang: Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London; Dr Mary Leamy: Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Implementation and evaluation of recovery-oriented practice interventions for people with mental illness in Asia: an integrative review |

**Abstract**
Introduction:
Mental health recovery in Asia is moving towards recovery-oriented practice. Little is known about how recovery-oriented interventions originating in the West have been implemented in Asia. The objective of this review aims to identify (a) types of recovery-oriented practice interventions that have been implemented in Asia, (b) how they have been culturally adapted, (c) barriers and facilitators to implementation, and (d) how the interventions have been evaluated.

**Method**:
Six electronic databases were systematically searched up until January 2022 to identify eligible studies. This integrative review followed a standard five-stage framework. Studies reporting on implementation and evaluation of recovery-focused interventions in Asian settings were eligible. Quality assessment and narrative synthesis were subsequently undertaken. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses guideline was followed.

**Results**:
Thirty-eight studies were included. Seven main types of recovery-oriented intervention were identified: (1) peer programmes; (2) illness management and recovery; (3) individual placement and support; (4) strength model case management; (5) clubhouse model; (6) wellness recovery action plans and (7) psychiatric advance directives, alongside several novel recovery programmes. Studies reported cultural adaptations for language, content, cultural norms, religious beliefs, family, and local context. Barriers to implementation included a poor understanding of recovery concepts and inadequate organisational resources. A range of clinical and personal recovery outcome measures were reported.

| |
|---|
| **Conclusions**:<br>Recovery-oriented interventions are increasing in Asia, with nearly half of reviewed studies featuring cultural adaptations. However, research is geographically skewed, and more rigorously conducted studies are needed across a wider range of Asian countries. |

| | |
|---|---|
| **Poster number** | **14** |
| **Full name of presenter** | Chris Griffiths |
| **Job Title** | Research Fellow |
| **Organisation** | Northamptonshire Healthcare NHS Foundation Trust |
| **Names and organisation of any *co-authors*** | Northamptonshire Healthcare NHS Foundation Trust |
| **Theme** | Theme 2: Digital approaches |
| **Title of poster** | Experience and impact of 'Well-Track' physical activity and sleep tracker based healthy lifestyle intervention for patients in an early intervention psychosis (EIP) service |


**Abstract**

**Background**
Compared to general population, people experiencing psychosis have lower levels of physical activity, high levels of sedation, and more sleep problems (Soundy et al. 2013; Vancampfort et al. 2015). This is linked to depression, lower wellbeing, hopelessness, lower quality of life, and physical health conditions (Rhodes et al. 2017; Schuch et al. 2017). For people experiencing psychosis, engaging in physical activity and effective sleep is associated with improved quality of life, psychotic symptomatology, cognition, functioning and physical health (Mittal et al. 2017; Ong et al. 2020).

**Intervention**
Well-track comprises a Fitbit and its functions/apps, sleep hygiene and physical activity guidance, motivational interview, workbook based goal setting, and three feedback sessions with a clinician.

**Methods**
Change in sleep, mental health, wellbeing, and physical weight were assessed in 50 participants (baseline to 7 weeks), and thirteen participants were interviewed. People with lived experience of psychosis contributed to design, analysis and reporting.

**Results**
Improvements were found in physical activity, sleep, mental health, and wellbeing, and there was no weight gain. Most patients actively used the Fitbit and its functions/apps and engaged with support provided to set goals and make positive lifestyle changes.

**Conclusion**
EIP staff integrated Well-Track into routine service provision. Well-Track better allowed staff to effectively engage with patients and discuss issues around sleep, physical activity, wellbeing, mental health, and reducing weight gain. The intervention was relatively straightforward to implement, and well-liked by patients and staff; and therefore, could be offered by all EIP services.


| | |
|---|---|
| **Poster number** | **15** |

| | |
|---|---|
| **Full name of presenter** | Christian Burr |
| **Job Title** | Research Associate and Clinical Nurse Specialist |
| **Organisation** | University Hospital of Psychiatry and Psychotherapy Bern |
| **Names and organisation of any *co-authors*** | Gianfranco Zuaboni, Nora Ambord |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | A glimmer of hope: the impact of a recovery college on personal recovery, well-being, and self-stigmatization: a mixed methods study |

**Abstract**
Recovery Colleges are mental health educational centers co-produced by experts by lived experience with mental health challenges and mental health professionals. The purpose of the present study is to evaluate the impact of the Recovery College Bern on its students' mental health measured through personal recovery, well-being and self-stigmatization in a mixed methods approach following the MMARS guideline. Three standardized questionnaires "Questionnaire about the Process of Recovery (QPR)", "WHO-5 Well-Being Index" and "Short version of the Self-Stigma of Mental Illness Scale" were completed by 92 participants as part of a pre-post-evaluation while two focus groups (n = 10) provided further explanations regarding impacts on the three topics. In the statistical analysis, all three questionnaires showed significant improvement in the desired direction with low to medium effect sizes. The qualitative analysis confirmed these results by giving insights in tangible positive impacts the Recovery College Bern had on its participants. The beneficial effects encompassed increased social inclusion, improvement in attitudes towards one's life and identity, increased engagement in hobbies and healthy behaviours, positive impacts on well-being and decreased self-stigmatization. A higher number of courses attended did not result in higher scores in the outcome measurements. These findings indicate that Recovery Colleges should be made available continuously and further developed also in other regions of Switzerland. Similar projects require continuous evaluation in early development to ensure effectiveness and improve quality.

| | |
|---|---|
| **Poster number** | **16** |
| **Full name of presenter** | Christian Burr |
| **Job Title** | Research Associate and Clinical Nurse Specialist |
| **Organisation** | University Hospital of Psychiatry and Psychotherapy Bern |
| **Names and organisation of any *co-authors*** | Dirk Richter, Joachim Schnackenberg, Frank Weidner |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | The effectiveness of Experience Focused Counselling (EFC) for voice hearers by nurses – a RCT pilot study. |

**Abstract**
**Background**:
The making sense of voices approach (MsV) represents an alternative to previous clinical approaches in psychiatry to support people who hear distressing voices. Implementation of MsV in mental health services as well as knowledge to its effectiveness is limited. By providing such approaches a integration into everyday life of the person is lacking but needed. Mental health nurses as the biggest professional group in mental health services may be able to provide such approaches and to fill the gap. A pilot study was carried out to improve and continue previous research on MsV.

**Method**:
A multicenter RCT pilot study was conducted. MsV was integrated as the intervention and TAU as control. The suitability of the study design was evaluated in terms of recruitment, burden on study participants, suitability of assessment tools, usefullness of MsV and use of study nurses. For effectiveness, voice

hearing, locus of control, subjective sense of voices, personal recovery and psychopathology were measured.

**Results**:
In the two study centers, 21 voice hearers participate in the study. Overall, the participants rated the study as low stressing. The integrity of the nurses providing MsV can be assessed as good. Descriptive analysis of the data of the two groups across the different measurement points shows mixed results regarding superiority of MsV to TAU.

**Discussion**:
At the congress, further results regarding the final analysis with the follow-up data will be presented and the study will also be discussed from the perspective and positions of people who hear voices.

| | |
|---|---|
| **Poster number** | **17** |
| **Full name of presenter** | Clara De Ruysscher |
| **Job Title** | Post-doc researcher |
| **Organisation** | Department of Special Needs Education, Ghent University (Belgium) |
| **Names and organisation of any *co-authors*** | Stijn Vandevelde & Wouter Vanderplasschen (Department of Special Needs Education, Ghent University) |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Recovery support through a relational geographical lens: The role of place-making dynamics and rituals in a low-threshold meeting place |

**Abstract**
Recovery processes are impossible to imagine outside the contexts and lifeworld's in which they take place. In the case of persons with complex mental health needs, these lifeworld's are often characterized by an accumulation of personal and social problems (e.g. substance use problems, poverty, judicial problems, social isolation, homelessness, stigma and marginalization), causing their recovery processes to take a slow and unpredictable course. From a relational geographical perspective, dynamics between recovery and context are described as processes of place-making, i.e. ritualistic interactions through which recovery resources are continuously (re)produced. This ethnographic study aimed to unravel the role of place-making dynamics in one low-threshold meeting place in Ghent (Belgium) engaging with this population. Data were collected at the height of the COVID-19 pandemic by means of participant observations and 11 in-depth interviews with different involved actors (service users, staff members, volunteers). Results showed how, through the place-making dynamics and rituals at play, hospitality is continuously reproduced, curating an inclusive space in which the human encounter, rather than a primary focus on individual needs, is placed at the heart of its daily practice. These place-making dynamics are fueled by creative processes and form an indispensable counterweight for service users' severe mental health problems and substance use. To understand how recovery takes place and to provide adequate recovery support, it is vital to focus on recovery as a relational, contextual and dynamic practice.

| | |
|---|---|
| **Poster number** | **18** |
| **Full name of presenter** | Danielle April Dunnett |
| **Job Title** | Research Assistant |
| **Organisation** | King's College London |

| | |
|---|---|
| **Names and organisation of any *co-authors*** | Danielle Dunnett (KCL); Tesnime Jebara (KCL); Merly McPhilbin (University of Nottingham); Holly Hunter-Brown (KCL); Amy Ronaldson (KCL); Mike Slade (University of Nottingham); Claire Henderson (KCL) |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Impact of Recovery Colleges on student outcomes and service use over time |

**Abstract**
Recovery Colleges (RCs) have been implemented across England with a limited evidence base. Further research is required to investigate their impact on student outcomes and service use. This study aimed to (a) assess changes in student outcomes and service use at four, eight, and 12 months after registering at a Recovery College and (b) to investigate the relationships between fidelity and outcomes.

We are conducting a prospective longitudinal pre-post observational cohort study at approximately 25 Recovery Colleges recruiting 25 newly registered students from each site who are currently accessing local secondary or tertiary mental health services across England (n=625). Participants are asked to complete a questionnaire comprising of multiple measures including quality of life (primary outcome), recovery, wellbeing, service use etc. once they enrol at the recovery college then at 4, 8, and 12 months afterwards. RC managers were also asked to complete the fidelity measure (developed as part of a previous study), and all other contracted staff to complete a survey investigating change mechanisms in the RC.

At the point of writing, data collection has started at 21 sites. So far, 109 students have consented with 93 completing baseline measure and 31 completing the 4-month follow up. 18 RC managers completed the fidelity measure and 228 staff completed the staff survey. All data collection is ongoing with an anticipated recruitment end date of November 2023.
This multi-site longitudinal evaluation study will provide evidence of the impact of Recovery College on student outcomes over time to better understand some of the available support for the management of mental health in England.

| | |
|---|---|
| **Poster number** | **19** |
| **Full name of presenter** | Donna Franklin |
| **Job Title** | Research Associate |
| **Organisation** | School of Health and Related Research, University of Sheffield. |
| **Names and organisation of any *co-authors*** | Scott Weich – School of Health and Related Research, University of Sheffield./ Josie Soutar – Sheffield Flourish/ David Bussue – SACMHA Health and Social Care/ Stefan Rennick-Egglestone – Institute of Mental Health, University of Nottingham./ Vishal Sharma – Bradford institute for Health Research, Bradford Royal Infirmary. / Zuneera Khurshid – Bradford Institute for Health Research, Bradford Royal Infirmary./ Helen Crimslisk – Sheffield Health and Social Care Mental Health Trust./ Helen Lloyd – Department of Psychology, University of Plymouth. |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | The Patient Carer Race Equality Framework: An implementation Evaluation |

**Abstract**
Individuals from racialised ethnicities in the UK report having poorer access to mental health care. When populations such as African-Caribbean, Black African and south Asian populations do receive care, they are more likely to report having negative experiences which lead to less successful outcomes compared to those considered ‘white passing’ or belonging to the majority white population in the UK. Whilst these health inequalities have been reported for many years, continued debate as to their root and causal factors

remains (Bhui et al 2005, Bansal et al 2022). The Patient Carer Race Equality Framework (PCREF) Implementation Evaluation was designed to create and develop an evidence base for the growth of organisational competency of race equality within the Sheffield Health and Social Care Trust. Producing a logic model, this research will explain how the implementation of the PCREF can start to establish cross-cultural organisational competence and accountability. Comprised of three component parts, the research will first include, a stakeholder analysis, second, focus groups to identify and explore what has worked and what has not throughout the implementation process. Further, Theory of Change workshops will identify the important logic mechanisms that contribute and hinder the successful development of organisational change within a challenging and racialised context. Supporting mental health trusts to improve the mandatory obligations under the Equality Act, the PCREF stands as a structural response accountability framework against the challenges of epistemic injustice that feed perceptions of health and ethnic inequality.

| | |
|---|---|
| **Poster number** | **20** |
| **Full name of presenter** | Emilia Deakin |
| **Job Title** | PhD Candidate |
| **Organisation** | University of Nottingham, School of Health Sciences, Institute of Mental Health; Nottingham Biomedical Research Centre, University of Nottingham |
| **Names and organisation of any *co-authors*** | 1. Fiona Ng, University of Nottingham, School of Health Sciences, Institute of Mental Health; 2. Christopher Newby, University of Nottingham, School of Medicine, Institute of Mental Health; 3. Michael Craven, University of Nottingham, Faculty of Engineering, Human Factors Research Group; University of Nottingham, Institute of Mental Health, NIHR MindTech MedTech Co-Operative; 4. Mike Slade, University of Nottingham, School of Health Sciences, Institute of Mental Health |
| **Theme** | Theme 2: Digital approaches |
| **Title of poster** | The influence of design decisions on data completeness in experience sampling psychosis studies |

**Abstract**

Experience sampling methods (ESM) is a longitudinal design where participants complete surveys about their current or recent start multiple times over a specific period. ESM studies are complex to design and implement, where studies have difficulties with data completeness. There are no guidelines to ensure methodological rigour, reporting quality, or to support evidence synthesis in ESM studies. The aim of this systematic review is to characterise the design choices made in psychosis-related digital ESM studies and understand how these choices affect data completeness.

A systematic review was conducted. Studies were included if they used digital technology for data collection in people with experiences of psychosis and reported the completeness of the dataset. A constant comparative method was used to develop a typology to characterise design decisions, and weighted regression was used to identify design decisions that predicted data completeness.

Thirty-eight papers met the inclusion criteria. A typology of design choices comprised of three superordinate categories: 1) Study context, 2) ESM approach, and 3) ESM implementation. Three design decisions influenced the data completeness of studies; 1) type of ESM protocol, 2) length of time participants are enrolled in the study, and 3) contact with the research team during the data collection phase.

The typology of decision choices can be used to inform the design of future ESM studies to maximise data completeness and was conducted as part of the Unfold Study (researchintorecovery.com/unfold) investigating the development of social identity as a person in recovery.

| | |
|---|---|
| **Poster number** | **21** |
| **Full name of presenter** | Emilia Deakin |
| **Job Title** | PhD student |
| **Organisation** | University of Nottingham |
| **Names and organisation of any *co-authors*** | Fiona Ng, School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham NG7 2TU, UK. Michael Craven Faculty of Engineering, Institute of Mental Health, University of Nottingham, Nottingham NG7 2TU, UK. Mike Slade School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham NG7 2TU, UK |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Development of a model of social identity change in recovery from psychosis and potential applications to intervention and assessment |


**Abstract**

**Introduction**

Redefining and rebuilding a positive sense of identity is a key recovery process in experiences of psychosis. Yet has received limited research attention. The Social Identity Approach provides a theoretical framework for understanding identity changes in recovery. The approach defines social identity as the sense of self a person gains from viewing themselves as a member of social groups.

**Methods**

A mixed-methods study was conducted with two phases. Quantitative data were collected about social groups using the online social identity mapping tool. Second, semi-structured interviews were conducted about experiences of social identity change and recovery. Quantitative and quantitative data were analysed individually and then integrated in order to develop the Unfold Model of Social Identity Change in Recovery from Psychosis.

**Results**

The Model illustrates processes of social identity change during recovery from psychosis. The different stages of identity change prior to the onset of recovery are illustrated followed by the emergence of a positive social identity.

**Discussion**

The model could be used to inform criteria for entry into mental health services. As well as informing interventions which may focus on preventing loss of and supporting maintenance of positive social identities and also providing support to join positive groups. The model could be used to assess when formal peer support and group interventions may benefit an individual by illustrating the specific processes involved in developing an social identity as a person in recovery from psychosis.


| | |
|---|---|
| **Poster number** | **22** |
| **Full name of presenter** | Fiona Ng |
| **Job Title** | NIHR Advanced Fellow/Anne McLaren Fellow |
| **Organisation** | University of Nottingham, School of Health Sciences, Institute of Mental Health |
| **Names and organisation of any *co-authors*** | 1. Nashwa Ibrahim, Mansoura University, Faculty of Nursing, Psychiatric and Mental Health Nursing Department; 2. Donna Franklin, EPOCH Lived |

| | |
|---|---|
| | Experience Advisory Panel; University of Sheffield, School of Health and Related Research; 3. Gerald Jordan, University of Birmingham, School of Psychology, Institute of Mental Health; 4. Felix Lewandowski, University of Nottingham, School of Psychology; 5. Christopher Newby, University of Nottingham, School of Medicine; 6. Mike Slade, University of Nottingham, School of Health Sciences, Institute of Mental Health |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | What facilitates posttraumatic growth in experiences of psychosis? A systematic review of the literature |


**Abstract**

People with experience of psychosis often report trauma. Yet, positive change and posttraumatic growth (PTG) have been reported. There is limited attention on PTG in psychosis. The aim of this systematic review was to develop a conceptual framework synthesising facilitators of PTG in psychosis, and to identify significant correlates and mediators of PTG in psychosis.

Papers were identified from six sources: electronic databases (n=10), journals (n=5), hand-searching of journals (n=3), web-based searching (n=3), forward and backward citation tracking, and expert consultation (n=3). Electronic databases were searched in seven languages. Quantitative studies were included if examining correlates, mediators and temporal relationships. Qualitative studies were included if describing PTG arising from experiences of psychosis. Narrative synthesis was conducted to identify facilitators on qualitative studies.

Thirty-seven papers met the inclusion criteria. Significant correlates and mediators between psychosis symptoms and PTG was identified. Significant mediators included meaning in life, coping self-efficacy, core beliefs, and self-reported recovery. No studies explored temporal relationships between psychosis and PTG. Seven facilitators of PTG in psychosis were identified including Personal identity and strength, Receiving support, Opportunities and possibilities, Strategies for coping, Perspective shift, Emotional experience and Relationships, giving the PROSPER framework.

Posttraumatic growth following experiences of psychosis is possible. Clinicians can support PTG through the provision of trauma-informed care that supports positively valued identity changes or the development of PTG specific interventions. For researchers, the findings provide a theoretical framework for understanding PTG. Future work is required to validate findings through longitudinal cohort studies.


| | |
|---|---|
| **Poster number** | **23** |
| **Full name of presenter** | Fiona Ng |
| **Job Title** | NIHR Advanced Fellow/Anne McLaren Fellow |
| **Organisation** | University of Nottingham, School of Health Sciences, Institute of Mental Health |
| **Names and organisation of any *co-authors*** | 1.Stefan Rennick-Egglestone, University of Nottingham, School of Health Sciences, Institute of Mental Health; 2.Juliana Onwumere, King's College London, Department of Psychology, Institute of Psychiatry, Psychology & Neuroscience; 3.Christopher Newby, University of Nottingham, School of Medicine; 4.Joy Llewellyn-Beardsley, University of Nottingham, School of Health Sciences, Institute of Mental Health; 5.Scott Pomberth, NEON Lived Experience Advisory Board; 6.Mike Slade, University of Nottingham, School of Health Sciences, Institute of Mental Health |
| **Theme** | Theme 2: Digital approaches |
| **Title of poster** | Narrative Experiences Online Intervention for Informal Carers (NEON-C) Trial: Is it feasible and acceptable? |

**Abstract**
Informal carers of people experiencing mental health distress have unmet support needs. Mental health recovery narratives are increasingly accessible. Their relevance to and impact on informal carers has been subject to minimal investigation, despite empirically identified forms of impact that might benefit carers, such as greater hope and connectedness [https://doi.org/10.1186%2Fs12888-019-2405-z]. The Narrative Experiences Online (NEON) Intervention is a first-in-field intervention which provided informal carers access to a diverse collection of recorded recovery narratives. The aim was to evaluate the feasibility of the NEON Intervention to provide benefits to carers of people experiencing mental health distress.
A two-arm feasibility randomised controlled trial was conducted [https://www.isrctn.com/ISRCTN76355273]. Carers were randomly assigned to receiving versus not receiving the NEON Intervention. The primary outcome was quality of life measured using the Manchester Short Assessment. Secondary outcomes were hope, meaning in life, distress, empowerment, and health status.

Informal carers (N=54) randomised to the intervention arm (n=27) reported higher levels of hope (d=0.14) and the presence of meaning in life (d=0.31), but no significant change in quality of life (d=0.07) at one year follow-up. Mean number of narratives accessed was 25 in 52-weeks. A participant hopefulness rating was provided on 78% of narrative requests. Five carer-specific modifications to the NEON Intervention were recommended: addition of carer narratives; support service signposting; carer specific modifications to NEON Intervention; integration of interactive community discussion; consideration of carer's privacy needs.

Recorded mental health recovery narratives can benefit informal carers. Hope and meaning in life are candidate primary outcomes for a definitive trial.

| | |
|---|---|
| **Poster number** | **24** |
| **Full name of presenter** | Grace Ryan |
| **Job Title** | Research Fellow |
| **Organisation** | London School of Hygiene and Tropical Medicine |
| **Names and organisation of any *co-authors*** | 1a. Grace K. Ryan* (London School of Hygiene and Tropical Medicine); 1b. Sonia Vallentin* (University of Oxford); 2. Richard Mpango (MRC/UVRI & LSHTM Uganda Research Unit); 3. Mauricia Kamuhiirwa (Butabika National Referral Hospital); 4. Dave Baillie (East London National Health Service Foundation Trust); 5. Cerdic Hall (Camden and Islington National Health Service Foundation Trust); 6. Benon Kabale (Mulago National Referral Hospital); 7. James Mugisha (Kyambogo University); 8. Carter Newman (Harvard T.H. Chan School of Public Health); 9. Sujit D. Rathod (London School of Hygiene and Tropical Medicine); 10. Karen Devries (London School of Hygiene and Tropical Medicine) |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Evaluating the Impact of Recovery-Oriented Interventions on the Knowledge, Attitudes and Practices of Psychiatric Hospital Staff in Uganda |

**Abstract**
A project of the Butabika-East London Link, Brain Gain II (BGII) brought peer support workers (PSWs) and a Recovery College onto the grounds of Butabika, Uganda's only psychiatric referral hospital, in 2015. One of the pathways by which BGII expected to achieve impact was by changing hospital staff's knowledge, attitudes and practices (KAP) related to recovery. Assessing whether and how this pathway worked requires understanding the extent to which staff engaged with BGII and whether there is any evidence of an effect on KAP. This paper presents results of a KAP survey designed in collaboration with staff and PSWs, which was administered to a proportionate random sample of 97 staff in March 2017. Among the 62

| |
|---|
| respondents who completed the survey, 77.4% had been directly exposed to at least one BGII intervention (75.8% peer support, 16.1% Recovery College). Mean KAP score was 56 points out of 84 possible (66.7%). Although most staff demonstrated positive knowledge and attitudes, responses related to practices were often at odds with international discourses on rights and recovery. Staff who were directly exposed to recovery-oriented interventions appeared to have slightly higher KAP scores, compared to those who were not directly exposed, but this association was no longer statistically significant after adjusting for staff type in our multiple regression model (95% CI [-0.56, 7.88]). Given evidence of confounding and other limitations of this cross-sectional study, we make recommendations for further research using more rigorous methods to evaluate the effectiveness of recovery-oriented interventions in improving KAP. |

| | |
|---|---|
| **Poster number** | **25** |
| **Full name of presenter** | Harry Bark |
| **Job Title** | PhD Student |
| **Organisation** | University of Bath |
| **Names and organisation of any *co-authors*** | |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Resilience as Part of Recovery: The Views of Those with Experiences of Psychosis and Learning for British Mental Health Social Work Practice. A Scoping Review |
| **Abstract**<br>There is a significant diversity in approach to 'resilience' in the context of mental health recovery following experiences of psychosis, varying from clinically measurable outcomes to a personal trait within a recovery 'journey'. Given the contested nature of resilience within mental health literature, this study aimed to complete a scoping review to synthesise understandings of resilience by individuals with experiences of psychosis. Drawing on the holistic and person-centred principles that underpin social work approaches to mental distress, these perspectives are considered in the statutory, policy and critical contexts of British social work, establishing learning for practice. A meta-synthesis of qualitative studies was completed, drawing on searches of five databases (Social Care Online, APA PsychInfo, Cinahl, Medline and Web of Science), identifying twelve relevant papers. A thematic analysis identified three overarching themes (personal, social and professional factors) and eight associated sub-themes (personal responsibility, use of experience, coping strategies, peer support, social relationships, contribution, relationships with professionals and structured support). The study identifies systemic and life-course approaches as empowering service user engagements with psychosis, recovery and resilience, suggesting that the social work profession is well placed to engage with resilience enhancement in the context of mental health recovery. | |

| | |
|---|---|
| **Poster number** | **26** |
| **Full name of presenter** | Hernán María Sampietro |
| **Job Title** | PhD Student |
| **Organisation** | University of Barcelona |
| **Names and organisation of any *co-authors*** | 1. Hernán María Sampietro (ActivaMent Catalonia Assotiation, and University of Barcelona), 2. Ángela I. Berrio (University of Barcelona), 3. Georgina Guilera (University of Barcelona), 4. Maite Barrios (University of Barcelona), 5. Emilio Rojo (Benito Menni - CASM, and International |

| | |
|---|---|
| | University of Catalonia), and 6. Juana Gómez-Benito (University of Barcelona). |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Spanish Validation of the Netherlands Empowerment List: A preliminary study |

**Abstract**

Empowerment is a core concept and a guiding value of the World Health Organization for mental health care. The Netherlands Empowerment List (NEL) (Boevink et al., 2017) is a 40-item Likert scale to assess the level of empowerment in adults with psychosocial disabilities. This instrument incorporates a human rights perspective into the concept and assessment of empowerment through six factors: confidence and purpose, self-management, connectedness, social support, professional help, and caring community. This study aimed to adapt and validate the internal structure of the NEL for the Spanish population. The Spanish version of the NEL was adapted following a process of translation and back-translation, which included inspection for semantic, linguistic, and contextual equivalence. The Spanish version was administered to 330 users of 17 community mental health services across Catalonia, Spain. To assess the internal structure, we conducted a confirmatory factor analysis using the Diagonal Weighted Least Squares method. The study sample consisted of 53.94% males, with a mean age of 48.01 (SD = 9.65). The original six-factor model exhibited a good fit (CFI = .99, RMSEA = .06). All items exhibited satisfactory loading and significance within their respective factors. Internal consistency coefficients had values from 0.70 to 0.91, indicating a satisfactory level. Our findings suggest that the NEL's six-factors model can effectively measure empowerment in Spanish-speaking mental health users. This instrument has the potential to evaluate interventions, moving beyond the conventional emphasis on symptoms and functioning in Spanish-speaking countries, offering a more holistic perspective on treatment outcomes.

| | |
|---|---|
| **Poster number** | **27** |
| **Full name of presenter** | Hernán Sampietro |
| **Job Title** | PhD student |
| **Organisation** | University of Barcelona, ActivaMent Catalunya Associació |
| **Names and organisation of any *co-authors*** | Estefania Guerrero1, Hernán Sampietro1-2, Maite Barrios1, Juana Gómez-Benito1, Georgina Guilera1. 1University of Barcelona, 2ActivaMent Catalunya Associació |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Key elements of recovery through the Delphi method: The perspective of users and survivors of psychiatry |

**Abstract**

The participation of users and survivors of psychiatry is indispensable in mental health research. In this regard, their expertise is essential to clarify ambiguities and guide public policies and mental health services. This study aimed to establish an international consensus on the main elements of recovery from their perspective. To this end, a three-round worldwide Delphi study was designed using the Qualtrics XM software. The first round contained four open questions related to the definition, indicators, facilitators, and obstacles of recovery. The second round assessed the relevance of the aspects identified from the qualitative analysis of the answers of the previous round. Finally, the third round consisted of re-evaluating those statements that obtained a high percentage of agreement in the second round but not enough to get consensus. Participants were selected through contact with associations and online searching. 101 users and survivors of psychiatry consented to participate. The results of this study present the agreement on 26 statements for the definition of recovery, 31 statements for the indicators of recovery, 8 statements of facilitators, and 12 statements of obstacles. The statements that reached the highest percentage of agreement highlight the relevance of human rights, empowerment, and self-determination to the recovery

| |
|---|
| process. Findings contribute to a better understanding of recovery based on the perspective of survivors of psychiatry and users to support public policies and mental health services. |

| | |
|---|---|
| **Poster number** | **28** |
| **Full name of presenter** | Holly Harris |
| **Job Title** | Recovery College Research Coordinator |
| **Organisation** | Centre for Addiction and Mental Health (CAMH) |
| **Names and organisation of any *co-authors*** | Centre for Addiction and Mental Health (CAMH) |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Finding connection “while everything is going to crap”: Experiences in Recovery Colleges during the COVID-19 pandemic |


**Abstract**

The pandemic transformed how Recovery Colleges (RCs) operate by necessitating a shift from traditional in-person programming to virtual offerings. Given the relational nature of RCs, it is important to explore how experiences of RC members and communities were impacted during this time. However, there has been limited scholarship on this topic.

This presentation will highlight the results of a participatory action research project where we interviewed people accessing, volunteering, and/or working in RCs about what they valued most about RCs during the pandemic. The findings demonstrate that RC programming is most impactful when: 1) It is inclusive; 2) Has a good vibe; and 3) Equips those accessing RCs to live fuller lives. Furthermore, despite challenges, the pandemic has catalysed a RC model that transcends physical distance, revealing new possibilities for RCs to connect people and build community virtually.

The study findings will be brought to life through participant quotes and complemented by reflections from staff who launched a Canadian RC in November of 2019, just months prior to the global pandemic. This presentation will highlight how pandemic-related changes to RC operations promoted a critical evolution of the RC philosophy by allowing students to connect, learn, and prioritise their wellness from their own homes/spaces without barriers related to in-person offerings (e.g. discomfort in in-person environments, geographic barriers, domestic responsibilities). In this presentation, we will explore the possibilities of the reimagined virtual RC model, including how the use of technology can enhance the reach and impact of RC programming.


| | |
|---|---|
| **Poster number** | **29** |
| **Full name of presenter** | James Roe |
| **Job Title** | Research Fellow |
| **Organisation** | NIHR ARC East Midlands, University of Nottingham |
| **Names and organisation of any *co-authors*** | Sue Brown, School of Medicine, University of Nottingham. Stefan Rennick-Egglestone, School of Health Sciences, Institute of Mental Health, University of Nottingham. Caroline Yeo, Department of Architecture and Built Environment, Faculty of Engineering, University of Nottingham. Fiona Ng, School of Health Sciences, Institute of Mental Health, University of Nottingham. Mike Slade, School of Health Sciences, Institute of Mental Health, University of Nottingham |
| **Theme** | Theme 3: Re-imagining services |

| | |
|---|---|
| **Title of poster** | Opportunities, enablers and barriers to the use of recorded recovery narratives in clinical and educational settings |


**Abstract**

**Background**

Recovery narratives can impact positively on the recovery journey of individuals by inspiring hope, offering recovery techniques and reducing forms of stigma. Narratives also improve communication skills and empathy amongst healthcare professionals. The aim of this study was to identify opportunities, enablers and barriers to using recovery narratives within clinical and educational settings.

**Methods**

Focus groups with mental health professionals (n=52) were conducted to investigate the use of recovery narratives as a resource for clinical and educational populations.

**Findings**

Recovery narratives offer a resource for healthcare professionals to extend current clinical practice by reducing communication barriers and promote the normalisation of mental health problems. In educational settings, narratives provide a training resource for non-clinical staff and support attitudinal change. Barriers to their use include technology requirements and costs, staff skills to address risk concerns and potential negative effects of triggering content. Findings have been reported here: https://doi.org/10.3389/fpsyt.2020.589731

**Conclusions**

Recovery narratives provide an opportunity to improve upon and extend current mental health clinical and educational practice. Potential technological barriers, along with the need for additional staff skills to manage risk require further exploration.


| | |
|---|---|
| **Poster number** | **30** |
| **Full name of presenter** | Jason Grant-Rowles |
| **Job Title** | RECOLLECT Lived Experience Advisory Panel (LEAP) |
| **Organisation** | RECOLLECT Lived Experience Advisory Panel (LEAP), UK |
| **Names and organisation of any *co-authors*** | Peter Bates[1], Tesnime Jebara[2], Claire Henderson[2], Mike Slade[3] [1]RECOLLECT Lived Experience Advisory Panel (LEAP), UK [2]Health Service and Population Research Department, King's College London, Institute of Psychiatry, Psychology and Neuroscience, De Crespigny Park, London SE5 8AF, UK [3]School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham NG7 2TU, UK |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | The impact of lived experience on the RECOLLECT programme |


**Abstract**

Patient and public involvement (PPI) is an important aspect of research but is often not implemented to its full extent. RECOLLECT compromises of a Lived Experience Advisory Panel (LEAP) of 10 individuals, who have been actively involved in the design, collaborative data collection and analysis of interview data, interpretation and feedback on quantitative data, and the dissemination of findings.

A LEAP member will outline their experiences of RECOLLECT after involvement for 24 months, including their previous experiences of Recovery Colleges, why they joined RECOLLECT, and how the LEAP contributes and enhances the programme. Special attention will be paid to reflections on being involved in collaborative data collection and analysis of interviews exploring the impact of Covid-19 on Recovery Colleges. This overview will provide a template to help researchers to fully collaborate with those who have lived experience.

| |
|---|
| |

| | |
|---|---|
| **Poster number** | **31** |
| **Full name of presenter** | Jennie Moberg |
| **Job Title** | PhD student |
| **Organisation** | Stockholm university |
| **Names and organisation of any *co-authors*** | Ulla-Karin Schön, Stockholm university |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Staff's experiences of implementing patient-initiated brief admission for adolescents from the perspective of epistemic (in)justice |


**Abstract**

**Background**:
The implementation of Patient-Initiated Brief Admission (PIBA) in child and adolescent psychiatry (CAP) in Sweden is ongoing. This intervention enables adolescents between the ages of 13–17 and with complex mental health problems to initiate a short care period for relief and support rather than the care apparatus being controlling in this process. Offering it is believed to promote epistemic agency, an exchange of knowledge and recovery from mental health problems.

**Aim**:
The aim of this study was to explore staff's perspectives of PIBA for adolescents with complex mental health problems, and what facilitates or hinders its implementation. Methods: Twenty-seven employees, 21 women and six men, with various professions in CAP were interviewed and the material was analyzed thematically.

**Results**:
Two overall themes emerged: "Staff's Experiences of PIBA" and "Managing Clinical PIBA Work." The results were discussed in relation to the theoretical frameworks of epistemic injustice and Normalization Process Theory (NPT). The main findings indicate that PIBA was generally viewed in a positive way, but that obstacles arose when it was actually put into practice, at the same time as the need to adapt PIBA from an adult psychiatric intervention to one for adolescents in CAP is addressed.

**Conclusion**:
This article offers insights into the views of psychiatric staff regarding the implementation of PIBA. If staff wish to support epistemic agency and recovery among adolescents, and in order for PIBA to become normalized in a sustainable way, we suggest that the continued implementation should be characterized by a youth-friendly framework.


| | |
|---|---|
| **Poster number** | **32** |
| **Full name of presenter** | Jonathan Simpson |
| **Job Title** | Research Assistant |
| **Organisation** | King's College London, Institute of Psychiatry, Psychology and Neuroscience |

| | |
|---|---|
| **Names and organisation of any *co-authors*** | Professor Claire Henderson (King's College London), Dr Shubulade Smith (King's College London), Abigail Babatunde (King's College London), Alex Ruck Keene (39 Essex Chambers), Dr Lucy Stephenson (King's College London), Dr Gareth Owen (King's College London), Steven Gilbert (Steve Gilbert Consulting), Professor Alan Simpson (King's College London) |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Advance Statements for Black African and Caribbean people: an implementation resource for change in mental health services |

**Abstract**
Black service users particularly bear the brunt of coercive treatment in mental health services due to poor treatment and the rates of compulsory detainment of Black people in the UK being 3 times higher than that of other ethnic groups.

Advance choice documents (ACDs), as proposed by the 2018 Independent Review of the Mental Health Act (MHA), have been found to reduce the use of inpatient services and compulsory psychiatric admission, especially in Black service users who find that ACDs enable them to be in control of their care. Decisions in the ACD are made when a service user has capacity, however, there have been many implementation issues such as: a lack of a clear process for making them; staff being unable to access them in crisis and an overall lack of knowledge and awareness of what they really are and how they work. The Advance Statements for Black African and Caribbean people (AdStAC) has worked with Black service users who have previously been detained, carers/supporters and mental health staff to create resources and build on previous systems that make the process of making, using and accessing an ACD easier for all stakeholders.

AdStAC has ensured that stakeholder (staff, Black service users and carers) input was used to develop: the new ACD form; the process of completing the ACD with an independent facilitator; simulation training for ACDs; a Recovery College course on ACDs and software/digital projects to ensure staff can access ACDs when in crisis

| | |
|---|---|
| **Poster number** | **33** |
| **Full name of presenter** | José Alberto Orsi |
| **Job Title** | PhD student |
| **Organisation** | Universidade Federal de São Paulo |
| **Names and organisation of any *co-authors*** | Walter Ferreira de Oliveira/Universidade Federal de Santa Catarina; Mário César Rezende Andrade/Universidade Federal de São João del-Rei; Fernando Rocha Loures Malinowski/Universidade Federal de São Paulo; Simão Kagan/Universidade Federal de São Paulo; Ary Gadelha/Universidade Federal de São Paulo |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Evaluation of Ongoing Participation of People with Schizophrenia in a Mutual Support Group as a Complementary Intervention to Outpatient Psychiatric Treatment |

**Abstract**
This study aimed to evaluate a group of people with schizophrenia undergoing outpatient treatment and who participated in a mutual support intervention, compared to another group of people with the same diagnosis, but attending only the usual outpatient treatment. This is a prospective study, with two measurements between six months. The mutual support group was initially composed of 16 people and the treatment as usual group was composed of 15 people. Clinical (medication adherence and functioning) and Recovery (hope, well-being, recovery and internalized stigma) outcomes were assessed. Nonparametric tests were used to verify differences in measurements between groups and between two

moments. A higher post-test level of internalized stigma and a decrease in the adherence to drug treatment in the treatment as usual group were verified. When comparing the pre-post difference between groups, there was a greater increase in adherence to drug treatment in the mutual support group. Our data point to more favourable results in the mutual support group, showing that ongoing participation in these groups is an important tool for the recovery process and for the treatment itself.

| | |
|---|---|
| **Poster number** | **34** |
| **Full name of presenter** | José Alberto Orsi |
| **Job Title** | PhD student |
| **Organisation** | Universidade Federal de São Paulo |
| **Names and organisation of any *co-authors*** | Walter Ferreira de Oliveira/Universidade Federal de Santa Catarina; Mário César Rezende Andrade/Universidade Federal de São João del-Rei; Paulo Aquino/Universidade Federal de Santa Catarina; Fábio Prado/Universidade Federal de São Paulo; Ary Gadelha/Universidade Federal de São Paulo |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Perceptions on Recovery by people with severe mental disorders in Brazil: A systematic review and thematic synthesis |

**Abstract**
In the last decades, personal recovery has promoted as a paradigm of public mental health policies, especially in English speaking countries. However, the conceptualization and incorporation of this concept by Latin American countries, such as Brazil, is still incipient. This study aimed to identify the most frequent themes in qualitative studies on the recovery process in Brazil among people with severe mental disorders. We also checked how much these themes converge with those from international literature, specifically the CHIME framework (comprised by Connectedness, Hope, Identity, Meaning and Empowerment), which is the most cited in the literature. The review followed the Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ) and the PICo approach was used in the search strategy, adapted to qualitative studies (Population, Phenomenon of interest and Context). From the 1,223 studies initially found, six were included in this review. The RATS checklist (Relevance, Appropriateness, Transparency and Soundness) was used to assess the studies, and all achieved at least acceptable quality. Four analytical themes emerged from the synthesis, formed by 13 descriptive themes, as follows: Protagonism (Protagonism, Overcoming and Empowerment); Bond (Peer Support, Belonging, Bond and Reception); Awareness (Insight, Acceptance, Psychotic relapse, Stigma and Pathologization) and Hope (Hope/Hopelessness). These themes are similar to most of the processes from CHIME framework (except Meaning, which was overlapped into different themes). Cultural differences were due to the broader and more comprehensive meaning of some themes in Portuguese. This emerging model may be used by future Brazilian studies focused on recovery process.

| | |
|---|---|
| **Poster number** | **35** |
| **Full name of presenter** | José Orsi |
| **Job Title** | Researcher |
| **Organisation** | Federal University of Sao Paulo |
| **Names and organisation of any *co-authors*** | Tiago Ribeiro da Silva (Author) - Federal University of Sao Paulo/Mário César Rezende Andrade - Federal University of São João Del-Rei (UFSJ), Brazil/ Zlatka Russinova - Boston University, Center for Psychiatric |

| | |
|---|---|
| | Rehabilitation, Boston, USA/ Marianne Farkas - Boston University, Center for Psychiatric Rehabilitation, Boston, USA/ Rodrigo A. Bressan - Federal University of Sao Paulo |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Development study and pilot evaluation of an intervention in collaborative and recovery-oriented practices in professionals of mental health services in Brazil |

**Abstract**
Recovery is a personal process, experienced by people with mental disorders, where they develop a satisfactory way of life, socially contributory and with realistic hope, despite the limitations imposed by the disease and which can be supported by professionals in health services. Goal. The objective of this study is to develop, and pilot test an intervention in recovery-oriented practices with mental health service professionals. Method. The first part of this study is divided into (1) a systematic and systematic review of existing recovery-oriented interventions; (2) cross-cultural adaptation and validation of the RPRS Instruments – Recovery Promoting Relationships Scale and Provider's Self-Assessment of Recovery-Promoting Competencies and (3) development of a proposal and preliminary intervention models. The second part will consist of testing the intervention, with a group of professionals from mental health services, in person and online, to verify its applicability and feasibility. The third part of the study will consist of a pre-, post-test and follow-up evaluation (after 6 months of the end of the intervention), with a convenience sample with a team of professionals from a mental health service and use of a randomized control group. Results. The study is in its first phase, with the completion of the cross-cultural adaptation process of the two versions of the RPRS scales (person served and health professional version) and in the development phase of the systematized and systematic review, in order to prepare a preliminary proposal to be tested later.

| | |
|---|---|
| **Poster number** | **36** |
| **Full name of presenter** | Karina Stjernegaard |
| **Job Title** | PhD student, Master of Arts, Occupational Therapist & Senior Consumer Academic |
| **Organisation** | PsykInfo, Region Zealand & Department of Regional Health Research, University of Southern Denmark |
| **Names and organisation of any *co-authors*** | Anne Petersen, PhD in Organisation & Management, Master of Science in Public Health & Senior consultant, PsykInfo, Region Zealand, Denmark |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Help! We're stuck in the table - Training 'recovery-thinking' with clinical employees in mental health services |

**Abstract**
In Region Zealand (Denmark), a recovery strategy is implemented to promote recovery-orientation amongst employees. A major initiative is training recovery-thinking. *Training Recovery* is a monthly recurring facilitated group reflection amongst up to ten employees. The group is lead through a circle of reflections grounded in a service user narrated case:

1) A user-narrated case is passed around and read aloud
2) The professional reasoning: Describe what you assume was the professional reasoning for actions taking in the situation. Employees are not allowed to question the service user's experiences
3) The user's perception: Talk over the service user's perception of the interaction. Put yourself in the service user's shoes
4) What happened in the situation? When does the professional reasoning match what the service user experienced in the situation? And when not?
5) Focus on CHIME: Discuss how the service user's 'CHIME-elements' might be affected – positively and negatively – in the situation

6) Teaching and evaluation: Reflect upon what you've learned in order to support personal and social recovery in a future similar situation

A major limitation regarding this type of training is that the service user is not present. I.e. the service user will not have the possibility to elaborate on the employees' assumptions or take ownership of their narrative. Early evaluation shows that employees tend to defend their practice limiting their capability to put themselves in the users' shoes.

assumptions or take ownership of their narrative. Early evaluation shows that staff members tend to defend their practice limiting their capability to put themselves in the users' shoes.

| | |
|---|---|
| **Poster number** | **37** |
| **Full name of presenter** | Karishma Jivraj |
| **Job Title** | Senior Lecturer |
| **Organisation** | University of Northampton |
| **Names and organisation of any *co-authors*** | Professor Mary Chambers, Dr Iris Gault |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Experiential and medical knowledge of shared decision-making exploring clinician and service user perspectives in community mental health care |

**Abstract**

A fundamental barrier to recovery for service users (SUs) experiencing psychosis is the lack of a strategy that involves them in decisions made about their care. Despite positive outcomes, SU involvement in shared decision making (SDM) is inconsistent, under-reported in mental health practice and requires further attention. This research explores SU and clinician experiences of SDM in community mental health care.

Qualitative data is presented from a cross-sectional mixed-methods study. A purposive sample of 10 SUs experiencing psychosis and 8 clinicians from one NHS mental health trust (England), took part in semi-structured interviews which were analysed thematically.

SDM was seen as integral to consultations however there remained a disparity between SU and clinician perceptions. SUs reported they would have liked to be more involved with further clarification/discussion about their options and alluded to power asymmetry. Clinicians stressed that SDM while was important, there was not enough time to explain options in detail and acknowledged where SUs might not have had capacity to be involved. They wanted to know if SUs were receiving the service, they thought they were providing and reflected on the stigma they faced for having SU best interests at heart.

Perceptions of SDM are misaligned from one another suggesting inconsistency of uptake in practice. This research highlights the need to promote SDM using multidisciplinary approaches to bridge gaps between experiential knowledge and medical knowledge. Generalisability of findings may be limited by selection bias however emphasise the importance of SDM interventions in mental health practice.

| | |
|---|---|
| **Poster number** | **38** |
| **Full name of presenter** | Katja Milner |

| | |
|---|---|
| **Job Title** | Doctoral Candidate |
| **Organisation** | University of Nottingham |
| **Names and organisation of any *co-authors*** | None given |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | "Did I look at the blackness or did I look at the stars?" How do people make meaning in the context of spirituality and mental health recovery? |

**Abstract**
Since the emergence of stories highlighting personal experiences of mental health recovery, people have reflected upon the importance of spirituality within this process. Such stories, along with empirical research, have also often pointed to a 'religiosity gap' within mental health services, in which spirituality is often dismissed or pathologised within clinical practice. The concepts of spirituality and mental health recovery overlap significantly, with an emphasis on finding meaning and purpose in life, seeking connection and cultivating personal growth. What is less clear, is precisely how people make meaning, engage in developmental processes and find connection within the context of spirituality and mental health and recovery.

A narrative study conducted as part of a PhD explored such questions. Thirty participants were interviewed and asked to share their stories of spirituality, mental health and recovery. A narrative thematic analysis was conducted exploring superordinate themes of: 'Meaning making', 'Psychospiritual development' and 'Spiritual connection'. This presentation will focus upon how people described processes of Meaning making and Psychospiritual development.

Participant stories contained a striking ability to articulate a dimension of life that can sometimes be considered taboo, nebulous or too overly subjective to have value. A salient finding was the articulation of meaning making for some participants as an internalised form of spiritual guidance. Another key finding was the importance of authenticity within the context of psychospiritual growth. Study findings have the potential to contribute towards teaching, training and interventions and to reduce stigma in the context of spirituality and mental health recovery.

| | |
|---|---|
| **Poster number** | **39** |
| **Full name of presenter** | Kim Jørgensen |
| **Job Title** | Assistant Professor Ph.D. |
| **Organisation** | Roskilde University, Department of People and Tecnology |
| **Names and organisation of any *co-authors*** | Bengt J\orgensen, Kim J\orgensen, Kim Rasmussen, Tonie Hansen, Morten Andreasson, Kate Karlsson, Bengt |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Recovery-Oriented Network Meetings in Mental Healthcare -to promote personal recovery |

**Abstract**
Recovery-oriented cross-sectoral collaboration is a cornerstone of the debate concerning health professionals and users of mental health services and constitutes an objective in government health policy in Scandinavia and other Western countries. Users do not find that professionals communicate with each other across specific sectors regarding plans that have been prepared. They often experience that they have to start over again every time they switch between treatment locations. The aim of this study is to develop a recovery-oriented model for network meetings. Health professionals and users with experience from mental health services participated in three workshops to discuss and achieve a plan for recovery-oriented network meetings. Knowledge was generated in dynamic research cycles that were experiential,

| |
|---|
| presentational, propositional, and practical. Themes were developed and framed by a content analysis. Recommendations are presented as a narrative from all the participants involved. The overall theme was 'more focus on personal recovery' with subthemes such as 'CHIME as a recovery-oriented approach'. In addition, other themes were generated such as 'open dialogical meetings', with subthemes such as 'meeting structures' and 'open dialogues'. This study concludes recommendations to promote a recovery-oriented approach in cross-sectoral network meetings inspired by theoretical perspectives along with the experiences and knowledge of co-researchers. |

| | Thursday 7th September 2023 |
|---|---|

| | |
|---|---|
| **Poster number** | **40** |
| **Full name of presenter** | Kristin Berre Ørjasæter |
| **Job Title** | Research Leader/ Associate Professor |
| **Organisation** | Nord University, Norway |
| **Names and organisation of any *co-authors*** | Nord University |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | An Initial Framework of Recovery-Orientation in Secondary Mental Health Services |


**Abstract**

Worldwide, recovery-orientation has become a guiding principle for mental health services. In the research on recovery-orientation in secondary mental health services, people with long-term mental illness, peer-support workers and mental-health providers have presented a manifold understanding of recovery and also highlighted several challenges in adopting recovery-orientation in today's mental health hospitals and district psychiatric centers.

In Norway, the meaning of "recovery from" mental illness considered a synonym for cure – has been the most prominent understanding of recovery in secondary mental health services. In the past ten years, the meaning of ""recovery in"", which refers to the process of living a meaningful and valued life in the face of the ongoing presence of an illness, has also gained increased acceptance.

However, Norwegian secondary mental health services are still not fully recovery-oriented. Mental-health providers aiming to be recovery-oriented have to fight to downscale the focus on symptoms, rethink risk management, renegotiate roles and approach shared-decision-making. A full recovery-orientation entails a sizable paradigm shift in thinking and service orientation. Current structures, legislation, standards for professional responsibility and guidelines must be changed to succeed. It will be particularly important to create new ways of balancing risk management and promoting self-determination. In Refocus 2023, I will present an initial framework of recovery-orientation in secondary mental health services aiming to contribute to the theoretical development in the field of recovery and to inspire all involved stakeholders to strive for recovery-oriented delivery.


| | |
|---|---|
| **Poster number** | **41** |
| **Full name of presenter** | Krzysztof Tyczynski |
| **Job Title** | Consultant Psychiatrist |

| | |
|---|---|
| **Organisation** | NHS Ayrshire and Arran |
| **Names and organisation of any *co-authors*** | |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Covid Final Push in Shaping Psychiatric Rehabilitation Services in Ayrshire and Arran. A decade of changes illustrated by a patient's recovery journey from forensic inpatient via different rehabilitation wards to community. |

**Abstract**
Psychiatric Rehabilitation Services play an important role in supporting of complex patients in their recovery.

The decade of changes in Rehabilitation Services in Ayrshire and Arran and the impact it has had on the patients and staff will be described and illustrated by the one patient journey during this transformation. Having started working in Ayrshire and Arran in 2009, the rehabilitation services at the time were based in Ailsa Hospital which consisted of one rehabilitation ward and two long term rehabilitation wards for female and male patients.

After public consultation it was decided that a new psychiatric hospital will be built in Irvine and take over duties from stigma provoking Ailsa.

The move of Rehabilitation Services to new Woodland View Hospital was done in 2015 with a subsequent close of the long-term rehabilitation wards.

Further changes were scheduled including the plan to build a Community Rehabilitation 9 beds Unit outside of hospital grounds, which was finally opened in 2019.

Due to the pandemic bed crisis hospital managers decided to close rehabilitation wards and change them to Covid units. Only community part of rehabilitation services survived.

The story of John which starts in first decade of 21th Century illustrates the impact of these ongoing changes on patient who with his huge reluctance was transferred via all mentioned facilities in Psychiatric Rehabilitation Services. John's journey was shaped by decisions made by public and managers and later influenced by pandemic which perhaps was instrumental in his final success of getting back to community.

| | |
|---|---|
| **Poster number** | **42** |
| **Full name of presenter** | Louise Christie |
| **Job Title** | Director |
| **Organisation** | Scottish Recovery Network |
| **Names and organisation of any *co-authors*** | Louise Christie, Scottish Recovery Network; Hannah Kane, Scottish Recovery Network; Michelle McBride, VOX Scotland; Wendy McAuslan, VOX Scotland |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | With Us For Us: a new future for mental health |

**Abstract**
With Us For Us, delivered by Scottish Recovery Network and VOX Scotland, ensured that lived experience played a key role in Healthcare Improvements Scotland's Personality Disorder Improvement Programme.

This project built on previous work in Lanarkshire to involve lived experience in the design of services for people living with trauma who may receive a diagnosis of personality disorder.

The project established a Lived Experience Project Group who worked with Scottish Recovery Network and VOX Scotland to design and deliver a comprehensive programme of engagement and co-design. Over 140 people participated in this major project which resulted in recommendations on actions required to improve services and proposals for future service design and delivery.
The project was designed to provide an opportunity not just to critique current services but to create a new vision or re-imagine services. People with lived experience, and many practitioners, articulated a vision of a whole person, whole system approach where services work with people as people rather than a diagnosis and where people collaborate to create a support package that works for them. The actions identified are:

- Rebalancing our mental health system and move a way from an overly medicalised approach by giving equal prominence to and investment in third sector supports

- Investing in peer-led services and supports such as more peer support groups and an expansion of peer roles in all types of mental health services

- A move away from 'fixing' people to relational approaches based on the Time Space Compassion framework.

| | |
|---|---|
| **Poster number** | **43** |
| **Full name of presenter** | Lucian Milasan |
| **Job Title** | Lecturer in Mental Health |
| **Organisation** | Nottingham Trent University |
| **Names and organisation of any *co-authors*** | None given |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Snapshots of recovery: A photographic exploration of experiences and meanings of recovery in Romanian mental health service users |

**Abstract**
Mental health services in Romania are currently undergoing profound transformations from institutionalised mental health care to a recovery-focused approach. The voice of people with lived experience of mental distress traditionally muted during the communism is critical for shaping the future of mental health services in this country. This study aimed to explore meanings and experiences of recovery from the perspective of Romanian mental health service users (n=15), and critically investigate socio-economic, cultural, and historical particularities of recovery from mental distress in Romania. A qualitative phenomenological design was employed in combination with photo-elicitation workshops and interviews to gain insight into participants' experiences of recovery. Interpretative Phenomenological Analysis corroborated with participants' interpretation of their own photographs revealed recovery as a complex, multi-layered, and non-linear phenomenon including medical, psycho-social, spiritual, and occupational dimensions. Awakening, healing, and reconstructing life were identified as key recovery themes. The outcome of this study was a better understanding of the experience of recovery in Romanian adults living with mental distress that could potentially inform the development of recovery-oriented mental health services. Conceptually, this study provided a cultural framework of recovery that adds to the knowledge emerging from the current recovery models. The findings support the personal dimension of recovery alongside indications that recovery is a complex phenomenon which cannot be fully understood and supported unless situated in a socio-political, cultural, and historical context.

| | |
|---|---|
| **Poster number** | **44** |
| **Full name of presenter** | Lucy Stephenson |
| **Job Title** | ST7 General Adult Psychiatry/Medical Psychotherapy and Clinical Research Associate |
| **Organisation** | King's College London and South London and Maudsley NHS Foundation Trust |
| **Names and organisation of any *co-authors*** | Prof Claire Henderson (King's College London) Dr Shubulade Smith (King's College London) Dr Gareth Owen (King's College London) Alex Ruck Keene KC (King's College London) Ross Thomison (Thalamos) Rachel Tesafaye (Thalamos) Mackensie Dyer (Thalamos) |
| **Theme** | Theme 2: Digital approaches |
| **Title of poster** | Designing the future of mental health Advance Choice Documents: a report from the collaboration behind a co-produced, digitised minimum viable product |

**Abstract**
Advance Choice Documents (ACDs) enable people who use mental health services to document choices around treatment and care they may require during future mental health crises and admissions. ACDs were recommended following the 2018 Independent Review of the Mental Health Act 1983 as a tool to increase service user autonomy around compulsory care and government in England and Wales has now committed to introducing them. Research on documents like ACDs consistently shows that service users want to make these documents, but implementation can be challenging. In preparation for the upcoming Mental Health Act reforms researchers at King's College London have co-produced and piloted ACD templates with service users, carers and clinicians. There has been a particular focus on elucidating the views of service users from Black communities who are most at risk of experiencing involuntary treatment during episodes of mental illness (part of the AdStAC project – Advance Statements Project for Black African and Caribbean People). Through this research it has become clear that a digital ACD is needed to address key challenges to streamlining the completion of and access to an ACD. This session will report on the findings of a collaboration between King's College London researchers and the digital technology company Thalamos during a process of producing a minimum viable product ACD. These findings include clinical and digital process mapping, and strategies to clarify and address key dilemmas around authentication, accessibility, digital inequalities, stakeholder identification and system requirements. The digital ACD will be demonstrated and is now ready for future pilots and wider roll out.

| | |
|---|---|
| **Poster number** | **45** |
| **Full name of presenter** | Luke Paterson |
| **Job Title** | Research Associate |
| **Organisation** | University of Manchester |
| **Names and organisation of any *co-authors*** | Stefan Rennick-Egglestone, University of Nottingham; Sean P Gavan, University of Manchester; Mike Slade, University of Nottingham; Joy Llewellyn-Beardsley, University of Nottingham; Fiona Ng, University of Nottingham, Rachel A Elliott, University of Manchester. |
| **Theme** | Theme 2: Digital approaches |
| **Title of poster** | Development and delivery cost of digital health technologies for mental health: Application to the Narrative Experiences Online Intervention |

**Abstract**
**Background**
Digital health interventions require quality costing information to inform development and commissioning choices. The Narrative Experiences Online (NEON) Intervention delivers recorded mental health recovery

narratives to its users. Two randomised controlled trials evaluated whether the NEON Intervention is cost-effective in people with experience of psychosis (NEON Trial; n=739) and people experiencing non-psychosis mental health problems (NEON-O Trial; n=1,023). This study describes and estimates the cost components for developing and delivering the NEON Intervention.

**Methods**
Total costs were estimated by: identifying resource use categories for intervention development and delivery; accurately measuring or estimating resource use; and valuing resource use to generate costs, using relevant unit costs. Expert consultation was used where data were not available. The study adhered to costing reporting standards. Sensitivity analysis was used to test assumptions made.

**Findings**
The total cost of developing the NEON Intervention was £182,851. The largest cost components were software development (27%); Lived Experience Advisory Panel workshops (23%); narrative coding (9%); and sourcing narratives (9%). The cost of the NEON Intervention delivery was £321 per user (NEON) and £241 per user (NEON-O). The largest cost components include updating the narrative collection (50%); advertising (19%); administration (14%); and software maintenance (11%). Uncertainty in the administration cost was associated with the most variation in delivery cost estimates.

**Conclusion**
Developing and delivering digital health interventions requires expertise from a range of personnel. Substantial resources were required to curate the narrative collection for the NEON Intervention. Consistent reporting of costs is important to inform decision-making and future digital health intervention developments.

| | |
|---|---|
| **Poster number** | **46** |
| **Full name of presenter** | Manfred Lohner |
| **Job Title** | UPSIDES Peer Support Worker |
| **Organisation** | Ulm University, Department of Psychiatry II |
| **Names and organisation of any *co-authors*** | Manfred Lohner, Ramona Hiltensperger, Maria Wagner, Lisa Wenzel, Iris Zimmermann, Bernd Puschner; all at Ulm University, Department of Psychiatry II |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Peer support in the UPSIDES study: peer support workers' perspective |

**Abstract**
**Background**
Peer support is an established recovery-oriented intervention for people with mental health problems. The UPSIDES (""Using Peer Support in Developing Empowering Mental Health Services"") study evaluates and scales up peer support at six study sites in Africa, Asia and Europe. Peer support work in UPSIDES is based on principles including recovery-oriented practice, empowering clients to manage their own lives, recognising and using the clients' strengths, and expanding their social relationships. This poster will provide a comprehensive insight into the work of UPSIDES peer support workers from their perspective.

**Methods**
Peer support workers at the UPSIDES study site Ulm/Günzburg present their work and the principles on which it is based, as well as barriers and facilitators to implementation.

**Results**
UPSIDES peer support workers use their life and recovery experience to guide and help clients in recovery. Thereby, they build a trusting, informal and empathic relationship with clients on an equal footing.

For example, an individual recovery plan is developed for each client based on their own needs and wishes, diversifying the work of the PSWs. Relationships to other mental health staff can be difficult due to their training and working conditions. UPSIDES peer support is a mutual take and give, where both, the PSW and the client, benefit from the work by reflecting, sharing and learning from each others' experiences. Common topics in UPSIDES peer support work will be presented.

**Conclusions**
This poster will foster knowledge exchange about peer support and its implementation across different cultural, political and economic conditions.

| | |
|---|---|
| **Poster number** | **47** |
| **Full name of presenter** | Marianna Borowska |
| **Job Title** | PhD candidate |
| **Organisation** | Nord University, Bodø, Norway |
| **Names and organisation of any *co-authors*** | Marianna Borowska1, Kristin Berre Ørjasæter1, Marit Borg2, Eoin Killackey3,4, Arnstein Mykletun5, Cathrine Moe1 1Nord University, 2University of South-Eastern Norway, 3Orygen, Melbourne, Australia, 4 The University of Melbourne, 5 Nordland Hospital Trust |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | The meaning of Individual Placement and Support. A phenomenological study among IPS participants in the everyday life context. |

**Abstract**
**Background**:
Having a job is important in recovery from mental illness and a source of economic, social and health benefits. Most people experiencing severe mental illness want to work, but the majority of them are excluded from employment opportunities. Mental illness is the major and growing cause of disability in western countries. The Individual Placement and Support (IPS) model aims to help people experiencing mental illness to obtain competitive employment.
**Methods**:
The study design is qualitative, collaborative research. A competence group consisting of four persons with lived experience of mental distress and IPS was established. Nine (n=9) IPS participants were interviewed in-depth twice, in order to explore their experiences on IPS service. The interviews were analyzed using the Reflective Lifeworld Research (RLR) by Dahlberg.

**Results**:
Employment specialists (ES) in the IPS teams undertake several more roles than intended aim of the service, that is employment support. ES help IPS participants extensively with their economy, with their daily routine, social anxiety training, physical activity, housing, mediating between social services and more. This "additional" help seems to have a major influence on the everyday life of the IPS users, not only in terms of succeeding in maintaining employment but also with developing self- management skills.

**Conclusions**:
IPS is stepping in and covering deficiencies in the mental health care system that urgently need to be covered if IPS participants are to succeed in fighting social isolation, anxiety and unemployment and if they are to be fully included in the society.

| | |
|---|---|
| **Poster number** | **48** |

| | |
|---|---|
| **Full name of presenter** | Mark Hayford Dwira |
| **Job Title** | Doctoral Researcher |
| **Organisation** | University of Nottingham |
| **Names and organisation of any *co-authors*** | University of Nottingham |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Learning to live with female genital mutilation/cutting (FGM/C) survivors: A qualitative study of their male partners' experiences in the UK. |


**Abstract**

**Introduction**

The evidence for women and girls living with lifelong physical, psychological, and sexual consequences of FGM/C and how they survived through resilience has been extensively explored in the literature. However, little is known about the perspectives of their close family members, particularly their male partners, beyond what they have learned from their relationships with survivors while living with them. This modified grounded theory study examined male migrants' experience living with survivors in the UK.

**Methodology**

A semi-structured interview with 28 male migrants living with survivors was recruited virtually from six FGM practising communities in seven UK cities. A constant comparative analysis of a two-phase constructivist grounded theory method was applied to develop abstractional categories aimed at understanding the social process involved in male migrants learning to live with FGM/C survivors.

**Findings/Discussions**

The study found that learning to live with survivors depends on four interrelated categories: engaging survivors in open FGM/C-related conversations, understanding and patience and creating a relief-based atmosphere. It was found that participants' way of learning about FGM/C survivors begins by engaging in open FGM-related conversations around survivors' physical, emotional, mental, and sexual experiences believed to have been caused by FGM/C. This then aids participants' understanding to embrace survivors wholly, including their socio-cultural, physiological, psychological, and psychosexual backgrounds. Participants' depth of knowledge about their survivors per this study contributes to them having a depth of patience for survivors in their various endeavours, particularly the sexual aspects of participants' relationships with survivors. Participants' act of patience enabled them to suggest and engage in relief activities with survivors, such as cycling, walking and booking holidays to destress them from their mental and psychological problems due to FGM. The study pointed out that engagement in the relief activities among survivors and their partners ensures the continuity of the learning process. This creates further avenues to create new memories and start new conversations with a different focus other than FGM.

**Conclusion/Recommendations**

This study concludes that male migrants' efforts to learn about survivors increase their acceptance and tolerance, promoting healthy relationships. Furthermore, it enables male migrants to understand the essence of supporting survivors with physical, emotional and sexual support to improve their well-being while living together as couples, fathers and siblings. However, further research is needed to understand whether male migrants' knowledge of survivors while living together influences their support for survivors' care-seeking.


| | |
|---|---|
| **Poster number** | **49** |
| **Full name of presenter** | Mark Pearson |
| **Job Title** | Assistant Professor in Mental Health |

| | |
|---|---|
| **Organisation** | University of Nottingham |
| **Names and organisation of any *co-authors*** | Dr Stefan Rennick-Egglestone, University of Nottingham; Dr Gary Winship, University of Nottingham |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | The poetic wavelength – A narrative interview study exploring the potential of poetry to support meaning making and recovery following psychosis |


**Abstract**

**Background**

Despite growing evidence demonstrating the psychotherapeutic potential of reading and writing poetry for various mental health problems, there remains limited evidence in relation to psychosis. This paper explores the therapeutic potential of poetry for psychosis by exploring the narratives of people with lived experience who read and write poetry and those who are using poetry therapeutically within their practice.

**Methods**

Nineteen participants were recruited to the research and data was collected via narrative interviews. Interviews were audio recorded, transcribed, and subjected to Labovian narrative analysis.

**Results**

Four themes were identified: i) the unsayable becoming sayable; ii) poetry supporting discovery, play and meaning making; iii) relational expression through poetry; and iv) poetry and recovery.

**Discussion**

The research offers a poetic window into the way in which we might begin to understand the language of psychosis and the interpersonal communication challenge therein. The authors propose the concept of the 'poetic wavelength' which can inform the education of practitioners who are working with people who experience psychosis. Understanding the 'Poetic Wavelength' offers an alternative form of meaning making, developing the capacity of practitioners in being able to accurately detect emotional states, and to respond accordingly, ultimately improving the experience of service users.


| | |
|---|---|
| **Poster number** | **50** |
| **Full name of presenter** | Merly Catherine McPhilbin |
| **Job Title** | Research Assistant |
| **Organisation** | University of Nottingham |
| **Names and organisation of any *co-authors*** | Holly Hunter-Brown, King's College London; Simran Takhi, University of Nottingham; Yasuhiro Kotera, University of Nottingham; Benji Ingall, University of Nottingham; Mike Slade, University of Nottingham; Fiona Ng, University of Nottingham |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Outcomes of goal setting support offered at Recovery Colleges: A document analysis |


**Abstract**

Goal setting and action planning includes formulating goals, action plans, coping plans, and follow-ups to support goal achievement, an important outcome in mental health recovery. Recovery Colleges (RCs) are a widespread initiative to support mental health recovery, yet no multi-site research has investigated the support offered to enrolled students to set and achieve goals.

This study aimed to create a typology of the support offered by RCs to enrolled students to set and achieve goals.

A document analysis of publicly available text and web-based resources relating to course content on RC websites was employed following the READ approach. Websites were identified from a systematic web

search. Structured Tabular Approach to Thematic Analysis (ST-TA) on brief texts was applied to eligible documents using a hybrid inductive-deductive approach.

Documents from 79 RCs were collected (N = 782). Eligible documents (n = 61) were extracted from 40 RCs. Preliminary analysis indicates that Recovery Colleges offer support for students to formulate goals, action plans, and coping plans, and offer opportunities to follow-up on goal achievement progress. This support is offered through workbooks and across group and 1-1 courses, sessions, or workshops centring on four topic domains: (1) physical health, (2) mental health and wellbeing, (3) meaning making, and (4) discovering pathways.

A variety of Recovery Colleges in England provide optional 1-1 or group courses to specifically support individuals to set and achieve goals and/or incorporate elements of goal setting and action planning into their courses.

| | |
|---|---|
| **Poster number** | **51** |
| **Full name of presenter** | Nicola Hancock |
| **Job Title** | Associate Professor |
| **Organisation** | The University of Sydney |
| **Names and organisation of any *co-authors*** | Lorraine Smith, Justin Scanlan, Anne Honey, Naseem Ahmadpour, Andrew Povolny and Yidan Cao (The University of Sydney); |
| **Theme** | Theme 2: Digital approaches |
| **Title of poster** | Can a co-designed App help transform a recovery outcome measure into a tool that also supports greater self-determination? |

**Abstract**

RAS-DS was co-developed over 10 years, building upon and enhancing the RAS, to support 2 things – 1. self-assessment of recovery progress (outcome measurement) and 2. to maximise self-determination and leadership in recovery-focused planning. While evidence has demonstrated sound measurement properties, and RAS-DS is used as an outcome measure in over 26 countries, the second purpose remains challenging for many. Service providers internationally report struggling to use RAS-DS beyond an outcome measure - as a tool to enhance their recovery-oriented practice. Service users within qualitative studies say, 'finally they ask something that matters' but 'I wish that they used it in goal setting'.

An international survey of RAS-DS users helped us identify the potential value of e-resources to support this shift in the way people use RAS-DS. This presentation will describe a 3-year funded co-design project in which we are developing, and will then test, DRIV-R App (driving my own mental health recovery App). In Phase 1, through an iterative co-design and testing process, we are developing a digitalised RAS-DS resource (Driv-R) that is acceptable and aligns with the needs and priorities of service users and mental health staff with whom they work. Phase 2 is a trial to test the impact of Driv-R on self-efficacy and mental health recovery.

Our co-design team includes both lived experience partners and staff allies. Our research team's strength is its diversity. We are a team of researchers with lived and living expertise of mental health recovery, service provision, co-design and e-design expertise.

| | |
|---|---|
| **Poster number** | **52** |
| **Full name of presenter** | Olamide Todowede |

| | |
|---|---|
| **Job Title** | Research Fellow |
| **Organisation** | School of Health Sciences, Institute of Mental Health, University of Nottingham, UK |
| **Names and organisation of any *co-authors*** | Olamide Todowede*, School of Health Sciences, Institute of Mental Health, University of Nottingham, UK; Stefan Rennick-Egglestone, School of Health Sciences, Institute of Mental Health, University of Nottingham, UK; Mike Slade, School of Health Sciences, Institute of Mental Health, University of Nottingham, UK |
| **Theme** | Theme 2: Digital approaches |
| **Title of poster** | Conducting mental health research using the citizen science approach: perspectives from academic experts. |


**Abstract**

**Introduction**

Mental health problems account for almost 1 in 3 lived years with disability globally. Transforming mental health and social care systems to be more recovery-oriented requires the generation of new knowledge. Citizen science is emerging as a promising approach to mental health knowledge generation. We explored the perspectives of academic experts about the use of citizen science in mental health research.

**Methods**

Data were collected using semi-structured interviews with 10 academic experts who had previously conducted citizen science projects across the world. Interviews were recorded, transcribed, and analysed thematically to identify the most critical concerns for mental health citizen science.

**Results**

We developed five broad themes: (1) Safeguarding to mitigate the risk of participation by citizen scientists, such as available support after participation. (2) Feedback approach should translate into a meaningful dialogue between researcher and citizen scientist throughout the project and beyond; (3) citizen science planning should ensure researchers' transparency and flexibility to foster active engagement and retention of citizen scientists;(4) Data Quality requires a clear understanding of data type to be generated, data validation measures and the implications of data towards practice and policy; (5)the use of Citizen Science in mental health research is innovative and implies (Implication) the opportunity to mobilise inclusive knowledge and power-sharing opportunities for mental health stakeholder beyond public involvement.

**Conclusion**

Our findings show that effective citizen science mental health research will require systematic planning and supportive infrastructures but suggest that mental health citizen science can contribute to an inclusive mental health system and care.


| | |
|---|---|
| **Poster number** | **53** |
| **Full name of presenter** | Olubukola Omobowale |
| **Job Title** | Community Physician & Mental Health Specialist |
| **Organisation** | College of Medicine, University of Ibadan, Nigeria and SUCCEED Africa |
| **Names and organisation of any *co-authors*** | Lloyd Dzapasi SUCCEED Africa Zimbabwe, Isiaka Jimmy, SUCCEED Africa Sierra Leone, Anthony Sefasi, SUCCEED Africa Malawi, Olusegun Ogunmola ,SUCCEED Africa Nigeria, Massa Msiska, SUCCEED Africa Malawi , Mayowa Olusanmi SUCCEED Africa Nigeria, Dixon Chibanda, SUCCEED Africa Zimbabwe, Ritsuko Kakuma, SUCCEED Africa LSHTM UK, Julian Eaton, SUCCEED Africa LSHTM,UK, Olayinka Omigbodun, SUCCEED Africa Nigeria. |

| | |
|---|---|
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Applying a Disability Rights Lens to a Cross-Cultural Situation Analysis for the Development of a Community-Based Mental Health Intervention in Low-Resource Settings: Experiences from SUCCEED Africa |


**Abstract**

**Background**

The recovery paradigm of mental health conditions emphasizes outcomes such as hope, self-determination, empowerment, dignity, and symptom reduction.

The SUpport, Comprehensive Care and EmpowermEnt for People with Psychosocial Disabilities in sub-Saharan Africa (SUCCEED) project takes a disability rights approach to the co-production and evaluation of a community-based intervention for people living with psychosis in Malawi, Nigeria, Sierra Leone and Zimbabwe, each with their own unique cultures and hardships that put people with psychosocial disabilities in vulnerable positions. This situation analysis aimed to use a rights-based and person-centred approach to identify the existing resources and gaps needed to be considered in developing a Community-Based Rehabilitation (CBR) intervention relevant to the recovery of people with psychosocial disabilities in the SUCCEED countries.

**Methods**

We conducted a desk review of published and grey literature across the five domains of the CBR matrix (health, education, livelihoods, social, and empowerment) using an adapted version of the PRIME situation analysis template. This was supplemented with personal communications with key stakeholders and country teams' assessments drawing on their own lived and professional experiences.

**Results**

Key findings include limited access to education, vocational training options and financial services, restrictions to participation in social, religious and political activities due to stigma and discrimination, and lack of advocacy groups specifically for people with psychosocial disabilities leading to under-representation in policy and decision-making.

**Conclusion**

There is a need for inclusion of people living with psychosocial disabilities in policies and advocacy programs as well as stigma reduction interventions which will engender recovery.


| | |
|---|---|
| **Poster number** | **54** |
| **Full name of presenter** | Paula Conneely |
| **Job Title** | Occupational Therapist, Clinical Specialist |
| **Organisation** | The Meriden Family Programme, Birmingham & Solihull Mental Health NHS Foundation Trust |
| **Names and organisation of any *co-authors*** | |
| **Theme** | Theme 2: Digital approaches |
| **Title of poster** | The Meriden Family Programme: A Digital Approach to Family Interventions Training |


**Abstract**

The Meriden Family Programme is an NHS training and organisational development programme, established in 1998. It has an extensive history of providing training in evidence-based family interventions, primarily Behavioural Family Therapy (BFT) in both the United Kingdom and Internationally. Prior to the Covid-19 lockdown, training was provided face-to-face with subsequent supervision offered either face-to-face or by telephone. June 2020 saw our first remotely delivered BFT training; the first of its kind.

Over the past 3 years, the Programme has shifted to providing both training and supervision remotely via Microsoft Teams. This has had a significant impact on the way in which training has been accessed, and by whom, and in how Behavioural Family Therapy is delivered clinically.

As BFT training was traditionally a 5-day classroom based course, this had impact in terms of venue accessibility, travel and subsistence costings for potential commissioners. This also meant that the courses usually ran for 5 consecutive days. Using Microsoft Teams has facilitated a more flexible, cost-effective delivery method for trainees around the UK and has enabled international delegates to join courses that would ordinarily have proven inaccessible. Training on Microsoft Teams has also enhanced staff skills and confidence in using remote platforms, enabling clinicians to offer BFT in a more flexible way (face-to-face, remote or hybrid approaches) – clearly widening access to the intervention for families in general.

This presentation will summarise these key changes, together with the opportunities and challenges they have posed to both training provider and families in receipt of BFT.

| | |
|---|---|
| **Poster number** | **55** |
| **Full name of presenter** | Peanchanan Leah |
| **Job Title** | Ph.D. Candidate |
| **Organisation** | Ratchasuda Institute, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Thailand |
| **Names and organisation of any *co-authors*** | Issavara Sirirungruang, Paranee Visuttipun and Wachara Riewpaiboon (Ratchasuda Institute, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Thailand) |
| **Theme** | Theme 2: Digital approaches |
| **Title of poster** | Feasibility of Online Psychosocial Interventions to Promote Mental Health Recovery and Well-being |


**Abstract**

**Introduction**

Mental health is an integral part of general health and well-being. Thailand's mental health service complied to the universal situations. Digital approaches have value-added for mental health service improvement. A non-clinical psychosocial intervention could bridge the gaps and support personal recovery and well-being.

**Objectives**

Based on country's context, situation of current unmet needs of psychosocial interventions and feasibility to develop were prioritized. The types of intervention and online development feasibility were explored among service users and providers.

**Methods**

Cross-sectional studies, quota sample of 326 service users were data collected for the needs of psychosocial interventions and using of devices and online platforms. Four focus group studies include 3 groups of users (n=16) and 1 group of professionals (n=7) were executed to discuss.

**Results**

179 participants out of 236 (75.8%) identified 6 categorical needs of interventions. Only educational programs, support group, and counselling types were feasible as an 'all-at-once' innovative service development for online. Regarding total users' technological familiarity, 92.8% of participants acquired at least one device. Smartphone was mostly used following by computer and tablet at 91.9%, 48.3% and 28.4% respectively. LINE was the mass used (89.0%), and 40.3% from overall used Zoom video-communication.

| |
|---|
| **Conclusion**<br>Online support group with psychoeducational program and counselling featured was feasible based on users' competencies and demands. However, some strategic challenges: financial resource allocation, multisectoral collaboration, recovery paradigm shift among practitioners and peer support training were explicit insights. To actualize the feasibility, integrated policy and practice advocacy maybe addressed initially based on current contexts. |

| | |
|---|---|
| **Poster number** | **56** |
| **Full name of presenter** | Ramona Hiltensperger |
| **Job Title** | Research Assistant |
| **Organisation** | Ulm University, Department of Psychiatry II |
| **Names and organisation of any *co-authors*** | Grace K. Ryan (Centre for Global Mental Health, London School of Hygiene and Tropical Medicine), Imke Heuer (Department of Psychiatry and Psychotherapy, University Medical Center Hamburg-Eppendorf), Bernd Puschner (Ulm University, Department of Psychiatry II) |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Applying theory of change to facilitate the implementation of a peer support intervention in high-, middle- and low-income-countries |


**Abstract**

**Background**:
Stakeholder engagement is crucial when implementing complex interventions such as peer support. The poster describes the development of a Theory of Change (ToC) in the UPSIDES study. UPSIDES (Using Peer Support In Developing Empowering Mental Health Services) is a multicentre study to scale-up and evaluate peer support interventions for people with mental illness in high-, middle- and low-income countries. ToC is a tool that helps identify, track and evaluate implementation outcomes throughout the course of a project.

**Method**:
We describe the development of UPSIDES ToC maps at all six study sites and how they were synthesized into one overarching UPSIDES cross-site ToC map. The initial ToC drafts created by stakeholders at each site will provide the basis for the cross-site ToC map, which will then be further substantiated by informing it with insights from the current knowledge base of the research field and updating it through iterative feedback rounds among the UPSIDES consortium providing recent lessons learned during the implementation of UPSIDES peer support at each study site.

**Results**:
The cross-site ToC map identifies which aspects are important across income-levels and contexts when implementing peer support. Through the process important lessons learned during the implementation phase and site-specific implementation approaches could be captured.

**Discussion**:
The ToC gives insight into which steps are necessary when implementing peer support across high-, middle- and low-income settings. It can later be used to inform the evaluation of the UPSIDES study, for example with regard to the process-evaluation.


| | |
|---|---|
| **Poster number** | **57** |
| **Full name of presenter** | Sam Robertson |

| | |
|---|---|
| **Job Title** | Involvement Lead, Lead AIR (Approaches to Involvement and Recovery) Research Theme and Research Fellow |
| **Organisation** | Sussex Partnership Foundation Trust |
| **Names and organisation of any *co-authors*** | Dr Helen Leigh-Phippard: Chair of Lived Experience Advisory Forum and Peer Emotional Labour Co-researcher |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | The Peer Worker Experience and Emotional Labour: Exploration of the Experience of Peer Workers in Sussex Partnership foundation Trust, (SPfT), with Particular Focus on Emotional Labour, with the Aim of Developing a Good Practice Guide for Peer Working - Peer Emotional Labour (PEL) |

**Abstract**

Peer workers are a relatively recent, and increasingly important, part of NHS workforce. Within SPfT, peers are well-established in a range of roles (increasingly employed within roles and teams in more complex mental health environments). Peer roles all share a requirement for lived experience of mental health conditions and/or services, although not all have 'peer' in their job title (e.g. expert-by-experience). The impact (particularly emotional) of this on peers is not fully understood. Anecdotal evidence suggests that peers may experience a significantly higher emotional impact from their job due to 'the emotional work of using and embodying lived experience, and aspects of the working environment' (Faulkner and Rose, 2021).

PEL is the initial exploration of emotional labour of peer workers (across different roles) within a single organisation (SPfT). The aim of PEL was to provide evidence of what works and doesn't work in terms of existing support, organisational structure, and culture. It is qualitative participatory action research (PAR) from an 'insider' perspective. Analysis and recommendations (for a Good Practice Guide for Peer Working (GPG)) are drawn from the experience of a range of peer workers situated within the culture of mental health services.

Whilst providing an overview to the PEL study, we want to reflect upon some important considerations:

- Recognising themes linked to the required lived experience of peer workers, as well as those that can impact all workers.
- How do we ensure the impact of PEL recommendations are meaningful and make a difference?
- What next in this research journey?

| | |
|---|---|
| **Poster number** | **58** |
| **Full name of presenter** | Sean Gavan |
| **Job Title** | Research Fellow in Health Economics |
| **Organisation** | Manchester Centre for Health Economics, The University of Manchester |
| **Names and organisation of any *co-authors*** | Luke Paterson, Manchester Centre for Health Economics, The University of Manchester; Stefan Rennick-Egglestone, School of Health Sciences, Institute of Mental Health, University of Nottingham; Mike Slade, School of Health Sciences, Institute of Mental Health, University of Nottingham, UK; Chris Newby, School of Medicine, Institute of Mental Health, University of Nottingham, UK; Fiona Ng, School of Health Sciences, Institute of Mental Health, University of Nottingham, UK; Rachel Elliott, Manchester Centre for Health Economics, The University of Manchester. |

| | |
|---|---|
| **Theme** | Theme 2: Digital approaches |
| **Title of poster** | Mapping between the MANSA Quality of Life Instrument and EQ-5D-3L for Mental Health Problems using Data from an Online Randomised Controlled Trial |


**Abstract**

**Background**:
Mapping studies can help decision-makers estimate the benefit of digital health interventions by quantifying the association between mental health domain-specific quality of life outcomes and generic health status outcomes. This study aimed to map between the Manchester Short Assessment of Quality of Life (MANSA) instrument and EQ-5D-3L to estimate health utility values for people with mental health

problems.

**Method**:
Baseline and 52-week observations were pooled from two definitive online randomised controlled trials of a digital health intervention for adults with psychosis or non-psychosis mental health problems within five years (ISRCTN11152837 and ISRCTN63197153, respectively). MANSA and EQ-5D-5L (3L UK tariff by Hernández Alava et al.) were measured and correlation was assessed between total scores and item/dimension responses. Adjusted limited dependent variable mixture models (n=96) were estimated comprising permutations of the MANSA total score, demographics, a psychosis indicator, and up to five components. Models were ranked by performance statistics. Top ranking models were evaluated by visual data plots and performance statistics across the MANSA distribution.

**Results**:
The estimation sample included 2,695 observations (n=1,703 participants). There was a moderate positive correlation between the MANSA and EQ-5D-3L (ρ=0.57). Negative correlations were observed between MANSA (total score and item) responses and the EQ-5D-5L dimension responses. A four-component adjusted limited dependent variable mixture model was the preferred mapping model. Data plots illustrated good predictive ability across MANSA total scores and captured uncertainty in the EQ-5D-3L distribution well.

**Conclusion**:
This mapping study will help analysts demonstrate the benefit of digital heath interventions for mental health problems.


| | |
|---|---|
| **Poster number** | **59** |
| **Full name of presenter** | Sean Gavan |
| **Job Title** | Research Fellow in Health Economics |
| **Organisation** | Manchester Centre for Health Economics, The University of Manchester |
| **Names and organisation of any *co-authors*** | Luke Paterson, Manchester Centre for Health Economics, The University of Manchester; Stefan Rennick-Egglestone, School of Health Sciences, Institute of Mental Health, University of Nottingham; Mike Slade, School of Health Sciences, Institute of Mental Health, University of Nottingham, UK; Chris Newby, School of Medicine, Institute of Mental Health, University of Nottingham, UK; Rachel Elliott, Manchester Centre for Health Economics, The University of Manchester |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Cost-effectiveness Analysis of the NEON Intervention for People with Psychosis and Non-psychosis Mental Health Problems |

**Abstract**
**Background:**
The Narrative Experiences Online (NEON) Intervention is designed to improve quality of life for people with mental health problems by providing online access to mental health recovery narratives. The aim of this study was to determine the cost-effectiveness of the NEON Intervention for people with psychosis and non-psychosis mental health problems in England.

**Method**:
A within-trial cost-effectiveness analysis of the NEON Intervention compared with current practice (without the NEON Intervention) was performed alongside two definitive randomised controlled trials for people with psychosis (NEON Trial: ISRCTN11152837) and non-psychosis (NEON-O Trial: ISRCTN76355273) mental health problems. Health outcomes were expressed as quality-adjusted life years (QALYs, UK tariff EQ-5D-3L utility values). Costs were measured from the perspective of NHS England. The time horizon was 12-months. Total QALYs and total costs for both arms were estimated by generalised linear models adjusting for baseline characteristics. Sampling uncertainty was handled by bootstrapping. The primary outcome was the incremental cost-effectiveness ratio (ICER). Following the National Institute for Health and Care Excellence's reference case, a threshold of £20,000-£30,000 per QALY gained was used to determine cost-effectiveness.

**Results**:
The NEON Trial comprised 739 participants. The NEON-O Trial comprised 1,023 participants. For the NEON Trial, the ICER was £110,501 (incremental cost: £1,177; incremental QALY: 0.0107; probability of cost-effectiveness: 1.7%). For the NEON-O Trial, the ICER was £12,526 (incremental cost: £178; incremental QALY: 0.0142; probability of cost-effectiveness: 71.2%).

**Conclusion**:
The NEON Intervention improved QALYs for both trial populations and is cost-effective for people with non-psychosis mental health problems.

| | |
|---|---|
| **Poster number** | **60** |
| **Full name of presenter** | Sheharyar Hussain |
| **Job Title** | Adjunct Lecturer and Clinical Psych Doctoral Student |
| **Organisation** | John Jay College of Criminal Justice, CUNY |
| **Names and organisation of any *co-authors*** | Sheharyar Hussain, John Jay College, Courtney Wiesepape, Indiana University School of Medicine, Dr. Philip Yanos, John Jay College. Evan Myers, Indiana University, Daniel Samost, John Jay College, and Paul Lysaker, Roudebush VA |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Learning from Youth and Families: Cultural Adaptation of Narrative Enhancement and Cognitive Therapy |

**Abstract**
This presentation will discuss the process of adapting an existing psychosocial intervention targeting self-stigma among people who have been diagnosed with long-term mental health conditions- Narrative Enhancement and Cognitive Therapy- for youth who have recently experienced a first episode of psychosis. It will describe findings from in-depth qualitative interviews with 14 youth and 9 family members exploring the experience of stigma concern and self-stigma in early psychosis, and how they impact treatment engagement and identity development. Interviews also explored preferences for intervention content and delivery approaches that informed the modification of NECT, including whether there was preference for administration individually or in group format, in person or via telehealth and if participants wished there to be a family/guardian component included. Next, following the principles of "cultural adaptation," for the distinctive context of youth who have experienced a first episode of psychosis, we

considered findings from the qualitative study and conducted extensive modification of NECT in response. Although participants indicated that they preferred for the intervention to remain in group format and primarily in-person, several modifications were also made, including the reduction in the number of sessions, modification and updating of examples and inclusion of more video examples, the inclusion of more content related to anticipated stigma, and the inclusion of a family/guardian component. The implications of findings for how existing psychosocial interventions can be modified will be discussed.

| | |
|---|---|
| **Poster number** | **61** |
| **Full name of presenter** | Sidsel Busch |
| **Job Title** | Anthropologist, Ph.D. |
| **Organisation** | Competence Center for Dual Diagnosis, Mental Health Services, Capital Region of Denmark |
| **Names and organisation of any *co-authors*** | Sigga Susanne Grudzinski, occupational therapist, department M, Mental Health care Center Sct. Hans, Roskilde, Capital Region of Denmark and Sofie Kragh-Müller, Writer, Founder and Head of Forfatterskolen PS! (Writing School), Capital Region of Denmark |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | A literary community support people with co-occurring mental health and substance use conditions in Denmark |

**Abstract**
A Writing School (not affiliated with psychiatry) and a specialized inpatient treatment facility for people with co-occurring mental health and substance use conditions have partnered for 3 years (2019-21) in the Capital Region of Denmark. While admitted, patients were offered to participate in a writing group facilitated by writers. Being discharged, patients were offered to continue their writing practice in weekly writing classes, an open writing salon and other social activities at the Writing School, as well as public readings. 32 patients participated in the writing group at the ward, of whom 15 became students at the school. A description of the participants experiences of the partnership project was carried out. While it cantered on patient experiences with the writing group at the ward, it also focused on bridge-building between the mental health ward and the school, and the role of the school in the student's lives. 7 patients and 6 students were interviewed, and participant observation were conducted in the writing group at the ward and in writing classes and other social activities at the school. Based on a content-analysis of the 13 interviews and fieldnotes/participant observation, we conclude, that writing literary texts had a positive impact on symptoms (e.g., anxiety), well-being and craving and promoted a more positive experience of oneself. Becoming a student at the Writing School when discharged from the mental health ward furthermore promoted a feeling of connectedness and belonging and supported a good everyday life as well as hope for the future.

| | |
|---|---|
| **Poster number** | **62 - withdrawn** |

| | |
|---|---|
| **Poster number** | **63** |
| **Full name of presenter** | Simran Sahiba Kaur Takhi |
| **Job Title** | Research Assistant (RECOLLECT 2) Project |
| **Organisation** | University of Nottingham |

| | |
|---|---|
| **Names and organisation of any *co-authors*** | Merly McPhilbin, Vanessa Lawrence, Danielle Dunnett, Holly Hunter-Brown, RECOLLECT2 LEAP |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | The impact of COVID-19 on Recovery Colleges across England: qualitative study |


**Abstract**

The Covid 19 Pandemic has had a global impact on the way in which mental health services are delivered. Recovery Colleges (RCs) are a widespread, peer- support orientated initiative to support mental health recovery. This this is the first study to explore in depth, the impact of the COVID-19 pandemic on the operation of multiple Recovery Colleges within the UK.

This study aimed to investigate how the COVID-19 pandemic and lockdown restrictions in England changed the operation of Recovery Colleges and how these changes have impacted the experiences of Recovery College students. Qualitative interviews were conducted with 31 Recovery College managers and senior leaders. Interview schedules were collaboratively designed by individuals with relevant lived experience of the COVID-19 pandemic and how restrictions impacted on Recovery College operation. Interviews were recorded and transcribed. A thematic coding framework was created, based on multiple observations about the impact of COVID-19 on Recovery Colleges following the familiarisation of two interview transcripts. The refined framework was then applied to the remainder of the transcripts.

The emergent framework consisted of five superordinate themes: the impact of complex organisational relationships (1), changed ways of working (2), navigating the rapid transition to digital delivery (3), responding to loneliness and isolation in lockdown (4) and changes to accessibility.

Three major benefits were seen: overcoming digital poverty barriers to mental health service access, greater connections between health professionals and lived experience experts and mental health prevention through accessible hybrid face-to-face and digital course delivery.


| | |
|---|---|
| **Poster number** | **64** |
| **Full name of presenter** | Sri Padma Sari |
| **Job Title** | PhD student |
| **Organisation** | Centre for Intelligent Healthcare, Coventry University |
| **Names and organisation of any *co-authors*** | Deborah Lycett - Research Institute for Health and Wellbeing, Coventry University, Coventry, United Kingdom; Faith Martin - School of Psychology, Cardiff University, Cardiff, United Kingdom; Andy Turner - Centre for Intelligent Healthcare, Coventry University, Coventry, United Kingdom |
| **Theme** | Theme 2: Digital approaches |
| **Title of talk/poster** | A mixed methods evaluation of the HOPE4Schizophrenia co-created digital self-management programme in Indonesia |


**Abstract**

**Background**:

Schizophrenia is a common mental illness in Indonesia. Individuals with schizophrenia often experience challenges due to the symptoms and mental health problems. Moreover, they also reported a lack of support that impacts the recovery process. HOPE4Schizophrenia is a digital six-week self-management programme designed to support recovery, which is facilitated by mental health professionals. The programme was co-created with people with schizophrenia, caregivers and mental health professionals. This study aimed to test the feasibility of HOPE4Schizophrenia for adults living with schizophrenia in Indonesia.

**Methods**:

Thirty-five participants enrolled on the programme, and 25 (71%) participants (age M=34.3, SD=7.6, 60% male) attended ≥ 3 sessions and completed online pre, post-test and 3-month follow-up outcomes: the Schizophrenia Hope Scale-9 (SHS-9) and the Recovery Assessment Scale (RAS-R). Data were analysed using repeated measures ANOVA. Participants took part in post-course interviews to give feedback on the programme. These data were then analysed using thematic analysis.

**Results**:
There was a significant improvement in recovery between pre-course and post-course and follow-up (p 0.05). Hope outcomes remained the same. Participants reported gaining knowledge, managing symptoms better and accepting their illness after attending the programme.

**Discussion**:
Engagement and retention rates were satisfactory, and whilst this study was not powered to detect effectiveness, preliminary findings show that HOPE4Schizophrenia has the potential to have positive impacts on recovery among people diagnosed with schizophrenia in Indonesia. Further research is needed to test the effectiveness using a larger-scale controlled trial design.

| | |
|---|---|
| **Poster number** | **65** |
| **Full name of presenter** | Stefan Rennick-Egglestone |
| **Job Title** | Senior Research Fellow |
| **Organisation** | School of Health Sciences, Institute of Mental Health, University of Nottingham, UK |
| **Names and organisation of any *co-authors*** | Chris Newby, School of Medicine, Institute of Mental Health, University of Nottingham, UK; Clare Robinson, Centre for Evaluation and Methods, Pragmatic Clinical Trials Unit, Queen Mary University of London, UK; Joy Llewellyn-Beardsley, School of Health Sciences, Institute of Mental Health, University of Nottingham, UK; Fiona Ng, School of Health Sciences, Institute of Mental Health, University of Nottingham, UK; Sean P Gavan, Division of Population Health, Health Services Research & Primary Care, University of Manchester; Mike Slade, School of Health Sciences, Institute of Mental Health, University of Nottingham, UK |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Differences between online trial participants who have and have not used specialist care mental health services |

**Abstract**
**Background**
Digital health technologies (DHTs) can extend the reach of mental health services to people not currently using services. Knowledge on similarities and differences between service users and non-service users might support commissioning and service design choices if DHTs.

**Methods**
We conducted two trials of a web-based DHT. Both included people with recent experience of mental health distress. The NEON Trial (n=739, ISRCTN11152837) included people with psychosis experience. Others were included in the NEON-O Trial (n=1023, ISRCTN63197153). Baseline characteristics for participants who had used and not used secondary care mental health services were compared using hypothesis testing. The significance threshold was adjusted to account for multiple comparisons. Only significant differences are reported below.

**Findings**
Findings have been reported: https://doi.org/10.2196/44687. Compared to non-service users (n=124), NEON Trial secondary care service users (n=609) were more likely to be female, older and White British, with lower quality of life and lower health status. There were differences in employment (more

unemployment), current mental health problem (more psychosis and personality disorders) and recovery status (more recovered).
Compared to non-service users (n=399), NEON-O Trial secondary care service users (n=614) had differences in employment (more unemployment) and current mental health problem (more personality disorders), with lower quality of life, more distress, less hope, less empowerment, less meaning in life and lower health status.

**Conclusions**
Secondary care mental health service use history was associated with numerous differences in baseline characteristics. Where differences in clinical outcomes were present, secondary care service users were doing less well than non-service users.

| | |
|---|---|
| **Poster number** | **66** |
| **Full name of presenter** | Tesnime Jebara |
| **Job Title** | Research Associate |
| **Organisation** | Health Service and Population Research Department, King's College London, Institute of Psychiatry, Psychology and Neuroscience, De Crespigny Park, London SE5 8AF, UK |
| **Names and organisation of any *co-authors*** | Dan Hayes[1], Amy Ronaldson[2], Mike Slade[3], Claire Henderson[2] [1]Research Department of Behavioural Science and Health, Institute of Epidemiology & Health Care, University College London, Torrington Place, London WC1E 7HB, UK [2]Health Service and Population Research Department, King's College London, Institute of Psychiatry, Psychology and Neuroscience, De Crespigny Park, London SE5 8AF, UK [3]School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham NG7 2TU, UK |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | National survey of English Recovery Colleges to establish characteristics, fidelity, and funding |

**Abstract**
Recovery Colleges are rapidly expanding across England but there is a wide variation in their organisational characteristics, such as their size, funding and workforce. There is also little information on costs per student or per course. Previous research has developed a fidelity measure but Recovery Colleges' adherence to fidelity has not been investigated on a national scale. The aim of this study is to investigate the organisational characteristics of Recovery College across England, establish their unit costs, and explore factors related to fidelity and funding.

Recovery Colleges in England meeting criteria related to personal recovery orientation, coproduction and adult learning were included. Recovery College managers at each eligible site were sent a personalised survey link and asked to complete screening questions and if eligible, the survey, which included organisational characteristics, the Recovery College fidelity measure, and running costs.

Overall, 63 (72%) of 88 Recovery Colleges in England completed the survey. Cluster analysis revealed three distinct groups of Recovery Colleges in England. Results will be presented on the characteristics of these clusters, as well as exploring factors that predict fidelity and funding.

Understanding cluster characteristics will allow us to explore how these relate to student outcomes and inform refinement of the RECOLLECT Fidelity Measure for Recovery Colleges. Factors which predict fidelity and funding will inform future Recovery College developments.

| | |
|---|---|
| **Poster number** | **67** |
| **Full name of presenter** | Tesnime Jebara |
| **Job Title** | Research Assistant |
| **Organisation** | Kings College London |
| **Names and organisation of any *co-authors*** | Dan Hayes (UCL), Amy Ronaldson (KCL), Tesnime Jebara (KCL), Claire Henderson (KCL), Mike Slade (University of Nottingham) |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Recovery Colleges in 28 countries: findings from a global survey |


**Abstract**

A global expansion of Recovery Colleges to new countries has occurred over the past two decades. However, there has been little international research on Recovery Colleges and none investigating their running costs, staffing, or their fidelity to these and other principles. The objectives of this study were to a) determine which countries have RCs and how many exist, b) explore organisational and student characteristics of RCs internationally, c) describe funding and staffing, and d) explore continental differences in fidelity characteristics.

We employed a cross-sectional, observational study integrating two equivalent surveys, one conducted within England in 2021 and one in all other countries in 2022. We included all RCs meeting recovery orientation, coproduction and adult learning criteria. International collaborators were involved to co-ordinate data collection. Recovery Colleges meeting criteria related to personal recovery orientation, coproduction and adult learning were included. Managers at each eligible site were asked to complete screening questions and, if eligible, a survey capturing organisational and student characteristics, fidelity and budget. RCs were grouped by country and continent to allow linear, ordinal, and logistic regression models exploring continental differences in fidelity.

We identified 221 RCs operating across 28 countries, spanning five continents. Overall, 175 (79%) RCs participated in the survey. Most scored high on fidelity. Compared to England, RCs in Asia scored lower on overall fidelity, ‘coproduction’ and ‘tailored to the student’. Annual budgets in the 133 (60%) colleges providing economic data were €0-2,550,000, varying extensively within and between continents. The annual spend in 60% of all RCs in the world totalled €30m, providing 19,864 courses for 55,161 students. RCs are spreading globally. There is international consensus on their key operating principles, especially equality and a commitment to recovery, and most colleges achieve moderate to high fidelity, irrespective of the income band of their country. Cultural differences need to be considered in assessing co-production and individualising support.


| | |
|---|---|
| **Poster number** | **68** |
| **Full name of presenter** | Tracy Windsor |
| **Job Title** | Research assistant |
| **Organisation** | Dalhousie University |
| **Names and organisation of any *co-authors*** | Dr Simon Davis, UBC; Dr John Higenbottam, UBC; Joe O'Rourke, UBC; Morgan Towriss, UBC; Dr Regina Casey, UBC; Dr Michael Ungar, Dalhousie |
| **Theme** | Theme 2: Digital approaches |
| **Title of poster** | Co-production: Enabling Research to Practice Success with Recovery College Pilots |

**Abstract**
**Introduction**:
Meaningful occupation and client-centred approaches are cornerstones of both recovery college fidelity measures and occupational therapy theory, practice and research. Co-production, though poorly defined, offers promise for enacting such values to inform research to practice success. A study designed to develop a recovery college pilot with and for three organizational partners offered a unique opportunity to engage stakeholders in learning about this elusive yet potentially potent approach to the research enterprise.

**Objectives**:
This study aims to offer clarity regarding the essential elements of co-production including what contributes to and what hinders the process of co-production in the development of a pilot recovery college.

**Methods**:
A research team of four research interns, two peer researchers and three academic faculty in consultation with a peer advisory group developed a co-production tool based on extant literature and expertise in the area. The tool is being completed by stakeholders to identify varying perspectives and experiences of co-production as part of developing a pilot recovery college. Data will be analyzed using both descriptive statistics and a descriptive thematic analysis to help to illuminate themes.

**Results**:
Key themes will be presented regarding a) various definitions and experiences of co-production and b) themes regarding identified barriers and contributors to co-production within the research to practice cycle.

**Conclusion**:
This work will contribute to ideas regarding co-production for researchers and collaborators who are keen to implement co-production strategies in practice.

| | |
|---|---|
| **Poster number** | **69** |
| **Full name of presenter** | Trude Klevan and Mona Sommer |
| **Job Title** | Associate professor |
| **Organisation** | University of South-Eastern Norway |
| **Names and organisation of any *co-authors*** | Marit Borg, Bengt Karlsson, Rolf Sundet, Hesook Suzie Kim (all University of South-Eastern Norway) |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Towards an experience-based model of recovery and recovery-oriented practice in mental health and substance use care |

**Abstract**
Based on three previously published meta-syntheses of experiences and processes of mental health and substance use recovery, we have developed a model of recovery and recovery-oriented care. The model integrates the findings of these three meta-syntheses into three components: experiences of recovery, processes of recovery-oriented practice, and social and material capital. The experiences of recovery involve being, doing, and accessing and are viewed as embedded in the processes of recovery. The processes of recovery-oriented practice aim to mobilize and apply various forms of capital to support the recovery journey. Social and material capital, in turn, constitute the context in which recovery occurs and require mobilization for the individual and the service system. The model is grounded in the principles of well-being, person-centeredness embedding self-determination, and the interdependency of human living. The model is both descriptive and explanatory, as it depicts the experiential and processual aspects of recovery and recovery-oriented practice and their interrelationships. The model needs to be elaborated further through application in practice and research, especially for understanding how experiences, processes and practices interact over time, and how they are affected by access to material and social capital.

| | |
|---|---|
| **Poster number** | **70** |
| **Full name of presenter** | Ulla-Karin Schön |
| **Job Title** | Professor in Social work |
| **Organisation** | Stockholm University |
| **Names and organisation of any *co-authors*** | |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Co-designing a process to promote epistemic justice and shared decision-making in mental health services |

**Abstract**
Including the knowledge of service users is essential for developing recovery-oriented mental health services. However, major challenges remain to the legitimization of user knowledge in practice and the implementation of practices promoting participation, such as shared decision-making (SDM).
The aim of his study was through a process of co-production with mental health service users and staff, explore how collaboration and shared decision-making can be realized in formal care planning activities. Eight workshops with 12 users and 17 staff, to investigate existing barriers to and possible solutions for participation and SDM in coordinated care planning, were conducted. The workshop formats and techniques from participatory design generated rich research materials illustrating challenges currently experienced by users and staff in care planning and decision making, as well as a large variety of solutions to these challenges. They also illustrated differences in how participation is understood, and the conditions required to realize SDM, between users and staffs. The results also clarified power hierarchies between users and staff as well as between staff. These results illustrate the need for a parallel recovery process within mental health services to realize intentions of democratic processes where epistemic justice is seen as inalienable to promote participation and SDM. In the workshops an improved process of care planning was co-created. This process is a transparent process, reflecting the needs and preferences of users at all stages. It requires careful preparation and collaboration with the users, as well as staff flexibility.

| | |
|---|---|
| **Poster number** | **71** |
| **Full name of presenter** | Winnie Wing-yan Yuen |
| **Job Title** | Assistant Professor |
| **Organisation** | Hong Kong Shue Yan University |
| **Names and organisation of any *co-authors*** | Samson Tse, The University of Hong Kong; Iris W.K. Lo, The University of Hong Kong |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Creativity and recovery among people with bipolar disorder: A photovoice study |

**Abstract**
**Introduction**:
The latest advances in treatments and introduction of recovery approaches to mental health services enable individuals with bipolar disorder to live with purpose and value their life roles. Few studies have studied the process of creativity among people with bipolar disorder and how it contributes to their recovery.

**Objectives**:

This study used photovoice methodology to explore the relationship between creativity and recovery among Chinese people with bipolar disorder.

**Methods**:
Twelve participants, with varying degrees of involvement in painting or writing (at least ten hours a month), were recruited to take photos of their creative activities over a 9-month period and share their stories in four focus group meetings.

**Results**:
Thematic analysis showed that mood states influenced creativity, and creative products provided a strong connection with their own feelings and with audiences. Moreover, social media was found to be a new platform for creativity, and interaction with readers or followers promoted empowerment as well as achievement of both creative and personal goals. To conclude the research, the study participants' creative works were exhibited, and a human library was held to share their stories of recovery and creativity journeys.

**Conclusion**:
The findings of the study not only illustrate the relationship between creativity and recovery among Chinese people with bipolar disorder, but also contribute to reducing stigma and informing health workers on how to support clients in pursuing creative goals for their recovery.

| | |
|---|---|
| **Poster number** | **72** |
| **Full name of presenter** | Wouter Vanderplasschen |
| **Job Title** | Professor |
| **Organisation** | Department of Special Needs Education, Ghent University (Belgium) |
| **Names and organisation of any *co-authors*** | Clara De Ruysscher (Department of Special Needs Education, Ghent University, Belgium); David Best (Leeds Trinity University, UK) |
| **Theme** | Theme 3: Re-imagining services |
| **Title of poster** | Re-imagining addiction recovery support: key insights from the international Recovery Pathways study (REC-PATH) |

**Abstract**
Most research on addiction recovery has been conducted in North America. Significant gaps in the literature concern the role of environmental and contextual factors and mechanisms that support and sustain recovery journeys. An international and multidisciplinary team with researchers from Belgium, the Netherlands and the UK set up the multi-method REC-PATH study (Recovery pathways and societal responses). We focused on the impact of different pathways to addiction recovery (mutual aid, peer-based support, outpatient and residential treatment, and 'natural recovery' (without any type of support)) and contextual dynamics influencing recovery processes. The Life in Recovery survey (n=722) was used as a recruitment and screening instrument. A subsample of LiR-respondents was invited to participate in a) a quantitative follow-up study (n=368) to better understand changes in key recovery domains; and b) a qualitative in-depth interview (n=90) to examine the role of contextual dynamics in initiating and maintaining recovery. To engage with the lived experiences of women in addiction recovery, a Photovoice project was set up, identifying facilitating and hindering elements in their recovery stories. Key insights from the REC-PATH study will be presented focusing on contextual factors (e.g. importance of recovery capital, impact of stigma, role of peers) and mechanisms supporting recovery. Further engaging the peer recovery community and building recovery-oriented systems of care was recommended in all three countries. Much can be learned from innovative practices and lived experience recovery organizations to reshape addiction recovery support.

| | |
|---|---|
| **Poster number** | **73** |
| **Full name of presenter** | Xandra Miguel-Lorenzo |
| **Job Title** | NHS C&I Senior Peer Recovery College Tutor & NIHR UCL Fellow |
| **Organisation** | C&I NHS, NIHR-UCL |
| **Names and organisation of any *co-authors*** | |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Intersectional Trauma-informed Recovery at a Recovery College. |

**Abstract**
Recovery colleges are a cornerstone to the implementation of the recovery approach to mental health (Department of Health 2011; Perkins et. al. 2012; Perkins et. al. 2018; Slade et. al. 2020) and the community mental health transformation (NHS England and NHS Improvement and the National Collaborating Central for Mental Health 2019). Recovery colleges' role in implementing the trauma-formed approach to mental health (see Sweeney et al 2018; Kennedy et al 2020; and Emsley et al 2022) to improve mental health recovery rates (Mental Health Taskforce 2016; NHS England 2016) has not been studied. Trauma and mental health recovery popularised during the coronavirus pandemic (Wilton 2020). Mauritz et. al. (2013) found that 47% of patients in mental health services had been physically abused and 37% sexually abused. Dheensa et. al. (2022) identified that up to 31.3% of healthcare staff had lived experience of trauma. Furthermore, the so-called 'psychosis' and 'personality disorders' had been argued to be an expression of trauma. First, I will argue that the recovery approach implemented through recovery college courses is trauma-informed practice and shares many feminists intersectional principles (Mizock & Kaschak 2015), so it offers students the possibility of post-traumatic growth (Slade et. al. 2019). Second, I will substantiate my argument by showing how the recovery college courses' content, or 'collective wisdom' (Perkins et. al. 2018: 18), includes multicultural recovery lived experience informed by trauma, polyvagal, and mindfulness theories and practices. I write from my perspective as a recovery college senior peer tutor and NIHR UCL researcher.

| | |
|---|---|
| **Poster number** | **74** |
| **Full name of presenter** | Yammi Man Yan Yuen |
| **Job Title** | PhD Candidate |
| **Organisation** | Department of Social Work and Social Administration, The University of Hong Kong |
| **Names and organisation of any *co-authors*** | Samson TSE, Professor, Department of Social Work and Social Administration, The University of Hong Kong; Dean, Student Affairs, The University of Hong Kong |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Relationship building between peer support worker and person in recovery in the community-based one-to-one peer support service of mental health setting in Hong Kong |

**Abstract**
There is lack of literature on investigating the relationship building between the peer support workers (PSWs) and the persons in recovery from mental illness (PIRs) in the one-to-one community-based peer support service. This study aims to identify and characterise the relationship in the community-based one-to-one peer support service in Hong Kong from the perspectives of PSWs and PIRs; and to conceptualize the components of relationship building between PSWs and PIRs in the service. The study adopted the constructivist grounded theory approach. 10 pairs of the PSWs and PIRs participated in the study. Data

were collected through multiple qualitative methods, including observations of the interactions between the PSWs and PIRs in the 1st, 3rd and 9th session of the community-based one-to-one peer support service; and semi-structural interviews with the PSWs and PIRs separately after the 3rd and 9th session of the service. The preliminary findings showed that PSWs and PIRs identified their relationship as “life alliance”. Empathy was found to be one of the key components of the relationship between the PSWs and the PIRs. Unlike the empathy as explained by Carl Roger, the intensity of the empathy was much greater in the relationship between PSWs and PIRs because PSWs had the lived experience of mental illness and recovery. The dimensions of the empathy in the relationship between PSWs and PIRs was found to be multiple, not only related to the mental illness, but also related to various aspects in life, like family relationship, employment, interest of life, self-esteem etc.

| | |
|---|---|
| **Poster number** | **75** |
| **Full name of presenter** | Yasmin Ali |
| **Job Title** | Qualitative Researcher |
| **Organisation** | Institute of Mental Health, University of Nottingham |
| **Names and organisation of any *co-authors*** | Stefan Rennick-Egglestone, School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham, UK Fiona Ng, School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham, UK Joy Llewellyn-Beardsley, School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham, UK Caroline Yeo, Department of Architecture and Built Environment, Faculty of Engineering, University of Nottingham, Nottingham, UK Donna Franklin, ScHARR - School of Health and Related Research, University of Sheffield, Sheffield, UK Mike Slade, School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham, UK; Faculty of Nursing and Health Sciences, Health and Community Participation Division, Nord University, Namsos, Norway |
| **Theme** | Theme 2: Digital approaches |
| **Title of poster** | Utilisations of an online mental health recovery narrative intervention (NEON) |


**Abstract**

**Introduction**

The NEON Intervention is a web-based intervention providing access to a collection of mental health recovery narratives, developed to help people manage and recover from mental health difficulties. We evaluated the experience of using the NEON Intervention in two clinical trials: the NEON Trial (experience of psychosis, http://www.isrctn.com/ISRCTN11152837; the NEON-O Trial (experience of non-psychosis mental health problems, http://www.isrctn.com/ISRCTN63197153).

**Objectives**

To assess perceptions of the online NEON Intervention, and how it was appropriated.

**Methods**

Inductive thematic analysis of Interviews with 54 trial participants, who reflected on their year-long experience using the NEON Intervention.

**Results**

NEON was described as a “safe place” to receive recovery narratives. NEON was appropriated when perceived beneficial, assisting distraction from negative thoughts and emotions, and as an emotional boost to attain positive affects such as hope and inspiration. Some users accessed hundreds of narratives using it almost daily. Others described feeling connected to the narrator of the recovery narrative accessed, which led to feeling part of a larger support network. Access to a large and diverse collection of narratives enabled connection for many, though some found the quantity of the collection overwhelming. Most

participants could identify the characteristics of a desired recovery collection, often described as being relatable, “brave”, and authentic.
**Conclusions**
Web-based recovery interventions can be actively integrated into the daily lives of individuals when its content is relevant and relatable. Overall, online recovery interventions can provide beneficial support to users when other formal mental health services are overwhelmed or are avoided.

| | |
|---|---|
| **Poster number** | **76** |
| **Full name of presenter** | Yasmin Ali |
| **Job Title** | Qualitative Researcher |
| **Organisation** | Institute of Mental Health, University of Nottingham |
| **Names and organisation of any *co-authors*** | Stefan Rennick-Egglestone, School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham, UK Fiona Ng, School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham, UK Joy Llewellyn-Beardsley, School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham, UK Caroline Yeo, Department of Architecture and Built Environment, Faculty of Engineering, University of Nottingham, Nottingham, UK Donna Franklin, ScHARR - School of Health and Related Research, University of Sheffield, Sheffield, UK Mike Slade, School of Health Sciences, Institute of Mental Health, University of Nottingham, Nottingham, UK; Faculty of Nursing and Health Sciences, Health and Community Participation Division, Nord University, Namsos, Norway |
| **Theme** | Theme 2: Digital approaches |
| **Title of poster** | Extending the NEON Impact model |


**Abstract**
**Introduction**
The NEON Impact model (NIM) describes how a recovery narrative can impact recipients (https://doi.org/10.2196/24417). It was developed to inform the NEON Intervention, which offers access to an online collection of recovery narratives. It was evaluated in two clinical trials: the NEON Trial (experience of psychosis, http://www.isrctn.com/ISRCTN11152837); the NEON-O Trial (experience of non-psychosis mental health problems, http://www.isrctn.com/ISRCTN63197153).
**Objectives**
To identify forms of impact not included in the NIM.
Methods
Interviews with 54 participants were analysed inductively to identify whether/ how recovery narratives impacted participants during their year-long access to the NEON Intervention. The impact was compared with the NIM.
**Results**
The NIM explained the collective impact acquired from a number of recovery narratives, not only an individual narrative. Current recovery status was added to recipient characteristics, as users identified increased benefits of NEON during earlier stages of their recovery journey. The moderator, Prior mental health service experience was added those who had greater prior knowledge of services were impacted less by recovery narratives. The outcome, Self-compassion was added as recovery narratives shifted how users felt towards themselves, replacing self-criticism, with a friendlier voice. Remote Support network was identified as a form of connectedness, that particularly occurred from accessing the collection. The numerous narratives read, enabled users to feel less alone and connected to narrators who formed a remote and supportive network.
**Conclusions**

| |
|---|
| Novel forms of impact identified through this work can inform intervention development, for example through new interventions using recovery narratives to enable self-compassion. |

| | |
|---|---|
| **Poster number** | **77** |
| **Full name of presenter** | Yasuhiro Kotera |
| **Job Title** | Associate Professor in Mental Health |
| **Organisation** | University of Nottingham |
| **Names and organisation of any *co-authors*** | Amy Ronaldson (King's College London); Tesnime Jebara (KCL); Holly Hunter-Brown (KCL); Merly McPhilbin (UoN); Claire Henderson (KCL); Mike Slade (UoN) |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Recovery College fidelity and WEIRD values |


**Abstract**

Recovery Colleges (RCs) are adult education communities for mental health recovery, providing co-produced skill development and social support for people with mental health conditions, carers, and staff. Today RCs are established in many regions in the world. The evidence base for RCs is under-developed, especially in countries that are not Western, educated, industrialised, rich, and democratic (WEIRD). Examining the relationship between cultural characteristics and RC operation can inform cultural adaptation, which helps maximise the global health impact of RCs. Our study aimed to evaluate associations between cultural characteristics and RC fidelity.

RC fidelity data were collected using a standardised measure (RECOLLECT Fidelity Measure) from 174 (79%) of all 221 RCs in 29 countries currently operating worldwide. Hofstede's cultural dimension scores were entered as predictors in linear mixed effects regression models to assess associations between cultural dimensions and RC fidelity. Control variables were the percentage of GDP spent on healthcare and the Gini coefficient of inequality for each country.

Higher Individualism and Indulgence, and lower Uncertainty Avoidance were associated with higher fidelity scores. Long-Term Orientation was a borderline negative predictor.

Predictors of higher RC fidelity were values in WEIRD countries: individualistic, indulgent, uncertainty tolerant, and short-term orientation. RC values such as co-production and RC outcomes such as self-management are more aligned with WEIRD cultures. Self-enhancement bias might have been present, both (a) when RC managers in more individualistic WEIRD countries responded to the self-report measure, and (b) when RC managers in non-WEIRD countries rated their fidelity lower, as they felt that RCs are more aligned with WEIRD values.


| | |
|---|---|
| **Poster number** | **78** |
| **Full name of presenter** | Yuki Miyamoto |
| **Job Title** | Associate Professor |
| **Organisation** | Department of Psychiatric Nursing, Graduate School of Medicine, The University of Tokyo |
| **Names and organisation of any *co-authors*** | Emi MATSUMOTO, Department of Mental Health, Graduate School of Medicine, The University of Tokyo; Makoto OGAWA, Department of Community Mental Health and Law, National Institute of Mental Health, |

| | |
|---|---|
| | National Center of Neurology and Psychiatry; Yasuko MORITA, Department of Psychiatric Nursing, Graduate School of Medicine, The University of Tokyo; Rie CHIBA, Department of Human Health Sciences, Graduate School of Medicine, Kyoto University; Yousuke KUMAKURA, Department of Neuropsychiatry, The University of Tokyo hospital. |
| **Theme** | Theme 1: Cross-cultural learning |
| **Title of poster** | Participants' Impressions of Japanese Recovery Colleges: A Qualitative Study |

**Abstract**

The Recovery Colleges in Japan are modelled after those in the UK and operated by people with lived experiences and service providers through co-production. The number of Recovery Colleges in Japan has gradually increased since the first one was established in 2013, and as of 2023, 12 Japanese Recovery Colleges are in operation.

This study investigated what participants attending Recovery Colleges in Japan find attractive about them. We conducted a semi-structured group interview with people attending a Japanese recovery college in Tokyo. In the interview, we asked, ""What do you feel about the recovery college?"" and ""What do you think is good about the recovery college?" The institution's Ethics Committee, where the research team member worked, approved this study before data collection.

Nine Recovery College students participated in the interview. Participants said that since the Recovery College is an interactive place, they were exposed to various ideas from different people, which broadened their perspectives. They appreciated the mutual participation in the course, commenting, 'My experience can be fertilizer for someone else' and 'Everyone (not just one person) is the main actor.' They also observed that the staff at the Recovery College welcomed them and listened to their opinions by taking a survey each time they attended. This gave them the sense that Recovery College was created by the staff and the participants, which they found attractive.