Refocus on Recovery

2025

About the conference

On 4th and 5th September 2025, co-organisers Fiona Ng and Stefan Rennick-Egglestone invited attendees to “Reimagine Recovery” at the 2025 Refocus on Recovery conference. This was attended by more than 200 people from 21 countries, with more than 160 people joining us in person at the Crowne Plaza Hotel in Nottingham. The conference was a collaboration between the Recovery Research Team and the Institute of Mental Health. It was delivered in partnership with the McPin Foundation, Imroc, Nottinghamshire Healthcare NHS Foundation Trust, and the Global Mental Health Peer Network.

Through this two-day conference, we hosted four keynote presentations, 17 presentations of abstracts, and 44 lightning talks. This meant that 65 people had a voice at our conference. Our conference themes were 1) The role of lived experience in embedding and supporting recovery; 2) New perspectives around mental health and recovery; and 3) Extending recovery beyond mental health. Lighting talks were an innovation for this iteration of the conference. Each lighting talk presenter was given one minute to talk about their work, and their microphone turned off after exactly 60 seconds!

In this booklet, you will find the conference programme, the text of all abstracts submitted to our conference, and personal biographies contributed by our speakers.

Acknowledgments

The co-organisers are extremely grateful to the local organising committee, who did much of the work needed to make our conference a success. The local organising committee were Fiona Carr, Kara Rimmer, Lou Rudkin, and Darren Wright. Thank you to the volunteers from Nottinghamshire Healthcare NHS Foundation Trust and the Recovery Research Team who helped keep things running smoothly on the day.

The co-organisers would also like to thank the scientific advisory board, who contributed to the intellectual content of the conference, and who selected abstracts for presentation. The scientific advisory board was Sandra Ferreira (Global Mental Health Peer Network), Emma Watson (Imroc), Alex Russell (Harvard Medical School), and Catherine Conchar (Nottinghamshire Healthcare NHS Foundation Trust).

Refocus on Recovery 2025 was the seventh in this series of international conferences, the first five of which were organised by Mike Slade from 2010 to 2019. We will be returning in 2027 for the 8th conference in this series. See you in Nottingham in 2027!

Refocus on Recovery 2025

Thursday 4th September 2025, 08:00 – 19:30
Crowne Plaza Hotel, Nottingham, UK

08:00	**Registration & refreshments**
	Chair: Stefan Rennick-Egglestone
09:00	**Welcome speech** - Vanessa Pinfold & Julie Repper **Keynote 1: Refocusing on Recovery: reclaiming purpose and possibility** - Claudia Sartor **Measuring personal recovery in mental health services: Opportunities and challenges** - Stine Bjerrum Møller
10:30	**Morning break**
	Chair: Julie Repper
11:00	**Recovery College Panel** **Evaluating the impact of Recovery College Bern on health care professionals, relatives, and interested individuals** - Nora Ambord **"Who chose these measures anyway?": The process of co-producing an evaluation plan for a Recovery College** - Jordana Rovet & Kayle Donner **Our communities, our outcomes: The co-production of pan-Canadian Recovery College metrics** - Holly Harris & Christine Ellery **The Recovery Colleges characterisation and testing (RECOLLECT) programme: building the evidence** - Mariam Namasaba **Public interviewers collecting research data from NHS patients** - Rebecca McNaughton & Sarah Trickett **A qualitative exploration of organisational factors influencing Recovery Colleges implementation** - Simran Kaur Takhi **How culture shapes Recovery Colleges: Lessons from 28 Countries** - Yasuhiro Kotera
12:30	**Lunch**
	Chair: Stefan Rennick-Egglestone
14:00	**Lightning talks** Stefan Rennick-Egglestone Estefania Guerrero Michael John Norton Toni King Amy Ronaldson Bryher Bowness Dinne Skjaerlund Christensen Kate Quinn Katja Milner Laura Asher Laura Hankey Lotte Dich Kring Nikita Nalawade Sheharyar Hussain Simran Sahiba Kaur Takhi Stine Bjerrum Moeller Yuki Miyamoto Shrankhla Pandey Imogen Wells Henry Whittle Elisabetta Scanferla Sofia Anna Altisent Bisola Oladele Catrin Street-Mattox Natalie Dean

14:45	**The dilemma of PPI: Just because we're asked, does it mean we should agree to be involved?** - Sam Robertson
15:15	**Afternoon break**
	Chair: Mark Pearson
15:45	**Keynote 2: Seeking the social cure in mental health care** - Brynmor Lloyd-Evans **The social drama of mental health professionals who are also former mental health service users** - Karina Stjernegaard **'What did you have to do to survive? The impact of digital story telling on recovery'** - Stephanie Hess
17:15	**Event close**
Until 19:30	**Post-event reception in the Royal Bar** (soft drinks and canapés will be provided)

Refocus on Recovery 2025

Friday 5th September 2025, 08:30 – 15:30
Crowne Plaza Hotel, Nottingham, UK

08:30	**Registration & refreshments**
	Chair: Laura Asher
09:00	**Keynote 3: Standing on the shoulders of giants: Influencing policy around recovery from addiction in England** - Ed Day **"We don't just ink skin": A qualitative exploration of the experiences of tattoo artists responding to their clients' mental health disclosures** - Mark Pearson **Harnessing transformation through 'madness'** - Katie Mottram
10:30	**Morning break**
	Chair: Stefan Rennick-Egglestone
11:00	**Lightning Talks** Katy Jones Cecilie Høgh Egmose Michael John Norton Toni King Amy Ronaldson Estefania Guerrero Christian Burr Esther van Loon Holly Harris Kelvin Tan Kristin Berre Ørjasæter Flora Henderson Ramona Hiltensperger Simon Felix Siw Tønnessen Xandra Miguel-Lorenzo Chris Griffiths Marte Ustrup Stefan Rennick-Egglestone Dan Robotham
11:30	**SUCCEED Project: Advancing community-based approaches to mental health and psychosis rehabilitation in Malawi** - Bessie Tiyanjane Nkhwazi **Maintaining the fidelity of peer support and its radical roots** - Lisa Archibald
12:30	**Lunch**
	Chair: Yasuhiro Kotera
14:00	**Enhancing recovery: Trauma-informed care among allied health professionals working with children and adolescents** - Adi Stern **A personal experience of scientific collapse** - Helene Speyer **Keynote 4: Recovering recovery: new challenges, new advances** - Mike Slade
15:30	**Event close**

Plenary speakers

All speakers at Refocus on Recovery spoke to the entire conference hall, as we only had one track. Some of our speakers contributed photographs and biographies, which are included below.

Claudia Sartor (Deputy CEO of Global Mental Health Peer Network, keynote speaker for theme 1: The role of lived experience in embedding and supporting recovery)

Claudia is Deputy CEO at the Global Mental Health Peer Network and a global mental health lived experience advocacy leader, based in Johannesburg, South Africa. Her area of interest is in holistic wellness and recovery and promoting betterment in workplace mental health processes. However, over the past few years, her focus has moved to lived experience and research in global mental health. She runs GMHPN's Experts by Experience Consultancy Services Unit- a unit that involves only persons with lived experience in the delivery of services and ensures diverse perspectives within required contexts. In addition to the consultancy services, she provides guest lecturing at universities for students and faculty members, worldwide. Lastly, she has contributed to various articles emphasising the importance and value of lived experience expertise across all sectors in global mental health.

Ed Day (Keynote speaker from theme 3: Extending recovery beyond mental health)

Ed Day is a Psychiatrist who combines clinical work in the NHS with research and teaching. He specializes in the treatment of drug and alcohol use disorders, and his research focuses on testing novel pharmacological and psychosocial interventions. He was appointed the National Recovery Champion by the Home Office in May 2019.

Brynmor Lloyd-Evans (keynote speaker for theme 2: New perspectives around mental health and recovery)

Bryn is Professor of Mental Health and Social Inclusion in the Division of Psychiatry at University College London. Much of Bryn's research involves the development and evaluation of social interventions in mental health care or mental health crisis care and the role of community alternatives to hospital admission and detention. Bryn is the co-Director of the NIHR Policy Research Unit in Mental Health, and co-Director of the BRC Loneliness and Social isolation in Mental Health Research Network. He is the Chief investigator for the Community Navigator study, an NIHR HTA-funded randomised controlled trial of a novel intervention to reduce loneliness and improve health outcomes for people with treatment resistant depression in secondary care.

Bryn is a registered social worker who has practiced in Community Mental Health Teams and forensic mental health supported accommodation.

Mike Slade (Professor of Mental Health Recovery & Social Inclusion, University of Nottingham, keynote speaker)

Mike 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 400 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 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), The Business Case for Recovery (2017) and Coaching Conversations for Recovery, 2nd edition (2023), all downloadable at researchintorecovery.com.

Stephanie Hess (Head of Oxfordshire Recovery College)

Stephanie is Head of Oxfordshire Recovery College, which is part of the charity Restore. Stephanie tutors on a variety of Recovery College courses including personality disorders, trauma and healthy relationships. She is especially interested in the power of storytelling and creative arts to help us make sense of the past and open up new perspectives on the future. Alongside colleagues and students she was part of setting up Oxfordshire Recovery College's Library of Life, a collection of video stories about surviving difficult experiences, which is available to anyone to view online . Stephanie is proud to be co presenting at this Conference alongside one of ORC's Lived Experience Storytellers.

Bessie Tiyanjane Nkhwazi (SUCCEED project)

Bessie, an expert by lived experience in mental health, is a Registered Nurse with over 15 years of experience in international non-profit health settings, specializing in HIV, maternal, neonatal, and mental health. Since 2024, she has been actively involved in implementing research on psychosis, focusing on community-based mental health rehabilitation through the SUCCEED project in Malawi, Led by the London School of Hygiene and Tropical Medicine. Her work explores on mental health recovery that focus on quality of lives improvement, empowerment, and social inclusion. Passionate about transforming lives, Bessie has earned recognition at community level and continues to mentor people with lived experience through research, coaching, and community engagement.

Katie Mottram (Co-Founder of The Elephant Collective)

Katie Mottram has over 25 years' experience in the mental health field and is passionate about bridging Western mental health paradigms with spirituality. A founding director of the International Spiritual Emergence Network (ISEN), she advocates for reframing mental health crises as potential opportunities for transformation.

In 2017, Katie launched the global 'Emerging Proud' campaign to amplify stories of personal growth through crisis, inspired by her own journey through suicidality and perceived awakening.

Her 2024 heuristic research, Is There Meaning in Madness?, explores integrating transpersonal, transcultural approaches into mainstream care to reduce pathologisation and promote holistic healing.

Katie currently consults for the UK charity Imroc, and is part of the Community Research Team for an NIHR study exploring the Soteria model as an alternative to psychiatric inpatient care in the UK.

Helene Speyer (Associate Professor, University of Copenhagen, Denmark)

I am a consultant psychiatrist and Clinical Associate Professor at the University of Copenhagen's Department of Clinical Medicine. As a senior researcher, I focus on shared decision-making, antipsychotic medication, and safe dose reduction strategies. My work is deeply informed by both clinical practice and personal lived experience, which fuels my commitment to patient autonomy and epistemic justice in psychiatry. I advocate for a shift in how we value different forms of knowledge, emphasizing the importance of conceptual competence to foster epistemic humility among clinicians. By recognizing the limitations of our own perspectives and embracing the insights of those with lived experience, we can build more respectful, collaborative relationships in mental health care. Through research, teaching, and public discourse, my goal is to support a paradigm shift toward systems that empower patients as credible partners in their healing journeys.

Sam Robertson

I am the Lead for Patient and Public Involvement in Research (PPI) at Sussex Partnership NHS Foundation Trust (SPFT). I am also a Peer Research Fellow and Theme Lead for Lived Experience Research. Wherever appropriate, I draw on my lived experience of mental health recovery and using mental health services. The subject of my PhD was the development of personal narratives around mental health experiences, and how this process contributes to mental health recovery. As a qualitative researcher, I have a broad base of interest, including: co-production; 'insider' perspectives; focus group facilitation; autoethnography and narrative development – methodologies that offer a voice to underrepresented people in research and challenge existing research paradigms. In addition to leading on my own research (e.g. Awarded an Individual Development Award by ARCKSS in 2022 for a study exploring Peer Emotional Labour (PEL)). I have growing experience as a PPI and/or peer researcher co-applicant.

Lucy Walsh

I am a Patient Public and Involvement Coordinator at Sussex Partnership Foundation Trust, with extensive experience in mental health and recovery. I was a founding member of the Lived Experience Advisory Panel (LEAP), established over 15 years ago, and have been involved in numerous user-led initiatives. I am passionate about research and committed to embedding lived experience throughout the research process. As a lived experience peer researcher, I am currently undertaking a Master's in Research (MRes), with a focus on qualitative methods. My research explores the development of the peer support worker role within the NHS. I have co-authored several papers on mental health, lived experience, Patient and Public Involvement (PPI), and Recovery Colleges. Following my MRes, I aim to pursue a PhD to further contribute to the evidence base for the peer workforce and continue exploring ways to integrate lived experience into mental health research and care.

Stine Bjerrum Møller

Stine is a clinical psychologist and Associate Professor at the University of Southern Denmark and Head of Research at the Department of Multidisciplinary Traumatreatment in the Mental Health Services of the Region of Southern Denmark. Her research is driven by a strong commitment to integrating the patient perspective in both clinical care and mental health research.

Stine's work focuses on how individuals recover from trauma and depression, and how psychological interventions can better support this process. She is particularly interested in anger, rumination, and emotional regulation as essential aspects of mental health. Central to her approach is the development of methods and tools that are meaningful for patients and relevant for real-world practice.

She collaborates closely with clinicians, service users, and researchers to bridge the gap between evidence-based treatments and everyday mental health care with the aim of promoting agency, and lives worth living.

Karina Stjernegaard (Ph.D. student with lived experiences & senior consultant)

Karina is a lived experience researcher currently pursuing a Ph.D. at the University of Southern Denmark and PsykInfo, Psychiatric Services Region Zealand. In addition, she works as a senior consultant, specializing in peer support and recovery, and is a member of the GMHPN. Karina takes a critical stance toward the biomedical model of mental distress. She emphasizes the value and deep learning potential inherent in lived experiences and advocates for a shift in focus—from individual labeling and problem-solving to broader structural and relational issues. Her doctoral research explores the experiences of mental health professionals who have lived experience as service users, but who do not work in designated peer support roles. In her presentation, she will examine the social drama that emerges when these professionals possess lived experiences—raising the question: what unfolds when the dichotomy between those labeled "mad" and those considered "normal" begins to dissolve?

Adi Stern

Adi is an occupational therapist and mental health researcher, currently a lecturer in the Occupational Therapy Department at Ben-Gurion University of the Negev, Israel. Her research focuses on the functional aspects of mental health, with the goal of empowering individuals with neurodevelopmental disorders and mental health challenges through innovative, evidence-based interventions. She is also engaged in trauma-informed care research, exploring its potential to support both professionals and service users—by promoting recovery, enhancing resilience, and reducing secondary traumatic stress. Alongside her academic work, Adi currently practices as an occupational therapist in a youth mental health and substance use clinic, providing care for adolescents with complex needs.

Yasuhiro (Yasu) Kotera (Associate Professor of Cross-cultural Mental Health, University of Nottingham and Collaborative Researcher at University of Osaka, Japan)

Yasu is an Associate Professor of Cross-cultural Mental Health at the University of Nottingham, and Collaborative Researcher at University of Osaka, Japan. He has authored over 260 peer-reviewed publications exploring how people experience wellbeing across cultures. His work has been widely featured, including appearances on Derren Brown's Emotional Boot Camp, BBC Radio, Voice of Islam, ABC Radio National-Australia, and China Global Television Network-Europe.

Yasu coordinates the RECOLLECT International Research Consortium, a network of 40 researchers from 35 countries, advancing the cross-cultural understanding of Recovery Colleges as part of the Recovery Research Team. He also leads REACH (Research Ensemble for Advancement in Cross-cultural Healthcare), which supports 46 healthcare and education professionals from 21 countries in conducting innovative research on cross-cultural healthcare.

Currently, Yasu is leading a global study on mental health recovery priorities and forest bathing. His research continues to bridge cultures, fostering global mental health inclusivity and innovation.

Rebecca McNaughton

I have a diagnosis of Treatment Resistant Recurrent Depressive Disorder and describe my experience as living, rather than lived. I have been involved, as a Patient Contributor, with several mental health research studies associated with The Institute of Mental Health, Nottingham, and particularly value the ways in which PPI at the Institute: consistently ensures PPI throughout the research process; a culture of inclusivity; equality ‘in the room’; reasonable recognition of the work undertaken; care and compassion. As someone in the 16th month of a severe relapse (as I write this in the Spring of 2025), I have, as I put it, been “tapped, zapped and drugged” over the last year (experiencing TMS, ECT and countless medications). I am therefore excited to learn more, at the conference, about the role of lived experience in embedding and supporting recovery, new perspectives around recovery and extending recovery beyond mental health.

Nora Ambord

Nora is a trained nurse with a MSc in Health Sciences from Switzerland. She works at the Bern University of Applied Sciences in psychiatric nursing research, concentrating on outpatient psychiatric services. Her research explores the integration of peer support workers in outpatient nursing and the promotion of recovery-oriented care. For the past four years, Nora has also been actively involved with the Recovery College Bern, where she is responsible for course evaluations, moderates courses, and coordinates the college’s social media presence in co-production.

Sarah Trickett

I have been involved with Recollect 2 since 2020 and this is my first-time being part of a research project. I have a diagnosis of a personality disorder and after spending many years navigating my way through the mental health system I decided to start using my experiences for something positive. This started out as teaching mental health nursing students with a peer support organisation. As my confidence built and I saw that I was making a difference to the next generation of healthcare professionals I took up more opportunities, from service redesign projects in the NHS to being on a patient and public involvement group at Exeter university. I strongly believe in recovery being a personal journey along a sometimes bumpy road, but these experiences are what now feed my passion.

Mariam Namasaba

Dr. Mariam Namasaba is a Research Associate at the Institute of Psychology, Psychiatry and Neuroscience, King's College London. Her research focuses on recovery-oriented mental health research and co-production of services and studies. She has contributed to projects including the Recovery Colleges Characterisation and Testing (RECOLLECT) and Advance Choice Documents Implementation (ACDI) study, both of which emphasise collaborative approaches to improving mental health services and enhancing research impact.

Mariam holds a PhD. In International Health from the University of Tokyo, where she specialised in mental health research and community engagement.

Jordana Rovet

Jordana Rovet (she/her) is a registered social worker with a Master's degree in Social Work who specializes in supporting organizations, programs, and healthcare professionals to meaningfully engage individuals with lived and living experience of mental health and substance use challenges. She is a Coordinator at the Collaborative Learning College (CLC), a recovery college at the Centre for Addiction and Mental Health (CAMH) in Toronto, Canada. Jordana co-chairs the CLC Evaluation Subcommittee, where recovery college students are equal partners in leading the development, design, and implementation of evaluation initiatives. She has co-authored several academic publications focused on the involvement of people with lived experience and co-production. Jordana is deeply committed to advancing systemic change by promoting accessibility, health equity, and the integration of lived experience in all aspects of decision-making.

Holly Harris

Holly Harris is a research professional specializing in co-production, Recovery Colleges, peer support, and participatory-action research. Holly leverages her lived experiences of mental health system encounters and Master's in Critical Disability Studies to ensure that many perspectives, including lived-experience perspectives, are meaningfully engaged in mental health education, research, and programming. Holly is a Recovery College Research Coordinator at the Centre for Addiction and Mental Health and is pursuing a PhD in Gender, Feminist, and Women's Studies at York University.

Sophie Soklaridis

Dr. Sophie Soklaridis is a Senior Scientist and Scientific Director at the Centre for Addiction and Mental Health. She is the Research Chair, Recovery and Equity-focused Mental Health Education Research. She is an Associate Professor at the Department of Psychiatry and Department of Family & Community Medicine at the University of Toronto and the Vice-Chair of Mental Health and Addictions Equity and EDIIA at the Department of Psychiatry. Her scholarly foci include patients as partners in research and mental health education and the influence of power on academic medicine.

Simran Takhi

Simran is an early career researcher based at the Institute of Mental Health Nottingham, currently working on RECOLLECT 2 – The world's largest programme studying the effectiveness of Recovery Colleges. Prior to her first research post, Simran held several of clinical roles, including working as an assistant psychologist within CAMHS. Her step into research was driven by a desire to work toward shaping policy and impacting lives on a wider scale. She is passionate about connecting with stigmatised communities and is an avid writer, having contributed to various online platforms such as National Survivors Network and Brown Girl Magazine.

Christine Ellery

Christine Ellery is the Manager of Community Education and Training at CMHA Edmonton, Alberta, and is a facilitator with the Recovery College. She brings years of frontline experience from working on the distress line and loves creating spaces where people feel heard, supported, and empowered to grow.

Kayle Donner

Kayle Donner is a research methodologist and program evaluator at the Centre for Addiction and Mental Health (CAMH) in Toronto, Canada. Kayle's work focuses on the measurement and evaluation of mental health education programs, specializing both in advanced quantitative methods and in participatory approaches. Kayle is a co-chair of the Evaluation Subcommittee at the Collaborative Learning College, a recovery college operated at CAMH, where students, facilitators, and CAMH staff come together to collaboratively decide how best to monitor and communicate the college's activities and impacts in ways that will be authentically meaningful to students.

Oral Presentations

Day 1 – Thursday 4th September 2025

Morning – session one, 9am-10.30am

Measuring Personal Recovery in Mental Health Services: Opportunities and Challenges

Stine Bjerrum Moeller (University of Southern Denmark)

Personal recovery in mental health goes beyond symptom reduction, emphasizing identity, autonomy, and social connectedness. Many countries now integrate this perspective into service provision, yet meaningful ways to measure personal recovery remain a challenge.

Measuring personal recovery presents both opportunities and risks. Understanding what service users find valuable is essential for service development, but standardized measures risk imposing definitions that may not fully reflect lived experience. This keynote explores the role of Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs) in assessing personal recovery and the tensions between clinical and personal recovery.

Key Challenges in Measuring Personal Recovery:

• Personal recovery is an evolving and deeply individual process. Measurement tools must balance consistency with the ability to capture diverse lived experiences. Patient-reported data should be prioritized in clinical decision-making, while clinician-rated assessments serve as complementary inputs. Overly rigid measures risk reducing recovery to a fixed framework, while excessive flexibility may undermine comparability across services.

• While traditional mental health services prioritize symptom reduction and functional improvement, personal recovery focuses on self-determination, empowerment, and life satisfaction. Effective measurement must integrate both perspectives to ensure that services align with user-defined recovery goals rather than solely clinical outcomes.

• Outcome measures should reflect what service users find meaningful rather than being dictated by institutional priorities. If developed primarily to meet administrative or operational needs, they may fail to capture the aspects of recovery that genuinely support well-being and autonomy.

Practical Considerations:

• Use short, validated PROMs to improve engagement and comparability.

• Balance quantitative (PROM/PREM) and qualitative data to provide depth and context.

Conclusion: Measuring personal recovery is complex but essential for shaping services that truly support recovery. While challenges remain, carefully designed PROMs and PREMs, informed by user input, can provide valuable insights. Meaningful measurement strategies can help services decisions and priorities.

Morning – session two, 11am-12.30pm, Recovery College Panel

Evaluating the Impact of Recovery College Bern on Health Care Professionals, Relatives, and Interested Individuals

Nora Ambord (University of Applied Sciences Bern / Recovery College Bern), Christian Burr (University of Applied Sciences Bern / Recovery College Bern), Gianfranco Zuaboni (Recovery College Bern)

Background: Recovery Colleges (RCs) are educational centres fostering dialogue on mental health and navigating daily living. Based on a collaborative approach, RCs are open to individuals with lived experience, health care providers (HCP), relatives, and all those interested in mental health topics. The RC Bern, Switzerland, was established in 2019 offering up to 40 courses per semester. While RC evaluations often focus on students with lived experience, assessing their impact on other student groups is equally important.

Objective: After having evaluated the impact of the RC Bern on students with lived experience of mental health issues, this study's aims to assess its impact on HCP, relatives, and individuals interested in mental health topics.

Methods: A pre-post evaluation was conducted between April 2021 and December 2022 using a German translation of the standardized questionnaires Recovery Knowledge Inventory (RKI) for all participants of the included student groups and the Opening Minds Scale for Health Care Providers (OMS-HC) additionally for HCP. Inclusion required completion of the baseline and follow-up questionnaire, ensuring data matching through participant codes. Data analysis is performed descriptively using IBM SPSS Statistics. Wherever the data allows, the appropriate mean difference test is carried out.

Results: A total of 30 participants met the inclusion criteria. While final analysis is ongoing, preliminary results indicate a positive trend in the desired direction, suggesting increased recovery-oriented knowledge and a potential reduction in stigmatizing attitudes among HCP. The full results will be presented at the congress, including differences between student groups.

Conclusion: Initial findings highlight the positive impact of RC Bern on participants' recovery-related knowledge and attitudes. This suggests that RCs may contribute to shifting the perspectives of HCP and society toward a more recovery-oriented and inclusive approach to mental health.

“Who Chose These Measures Anyway?”: The Process of Co-Producing an Evaluation Plan for a Recovery College

Jordana Rovet Centre for Addiction and Mental Health (CAMH), Kayle Donner (Centre for Addiction and Mental Health (CAMH), Elizabeth Rosell, Taryn Lee, Gail Bellissimo (CAMH), Jacob Wolframe (CAMH), Renata She-Lee Husbands, Sunny De Wong, Nicole Leung, Holly Harris (CAMH)

The Collaborative Learning College (CLC), established in 2019 at the Centre for Addiction and Mental Health (CAMH) in Toronto, Canada is a Recovery College (RC) that provides co-produced, low-barrier, recovery-oriented education and training for people with lived/living experience (PWLLE) of mental health and/or substance use challenges.

Despite co-production being central to the RC model, only 14% of RCs worldwide report co-producing their evaluations, revealing a critical gap. To address this gap, we launched the CLC Evaluation Subcommittee. Our subcommittee, composed of CLC students and staff, meets every two weeks for two hours to design, plan, and implement program evaluation activities. From co-producing a logic model to developing an evaluation plan, every step reflects collaboration, ensuring our evaluation initiatives are rooted in the needs and priorities of the CLC community.

As part of our reflexive practice, we conducted a principles-focused evaluation (P-FE) of our co-production process. This entailed collectively defining shared principles, assessing our adherence to them, and examining their impact. The findings were shared through a co-authored paper published in the Journal of Research Engagement. The P-FE was successful for several reasons, particularly the active participation of all subcommittee members, along with dedicated time for thoughtful reflection and discussion. This approach allowed us to navigate complex conversations about our methods, processes, power dynamics and goals while fostering mutual respect and understanding. The evaluation results led to meaningful changes in our co-production process and provided valuable insights for effectively co-producing evaluations with PWLLE.

By sharing our experiences and lessons learned, we will highlight the importance of co-producing evaluations to increase their relevance and effectiveness. We will also emphasize how reflexive practice strengthens co-production and provide tangible takeaways for those interested in co-producing evaluations or integrating co-production principles into their work.

Our communities, our outcomes: The co-production of pan-Canadian Recovery College metrics

Holly Harris (Centre for Addiction and Mental Health), Sophie Soklarides (Centre for Addiction and Mental Health and University of Toronto), Denise Silverstone (Canadian Mental Health Association)

In 2023, the Canadian Recovery College (RC) Community of Practice (CoP), with 150 members representing 50 organizations, began to reflect on the current state of RC evaluations across the country. While all Canadian RCs did some form of evaluation there was no alignment, and many RCs identified not having what they need to support evaluation. Specifically, Canadian RCs shared that they need staffing, external evaluators, mentorship, education about evaluation, and standardized tools and procedures. To address these needs, the CoP began exploring evaluation alignment across Canadian RCs. The CoP decided to pilot two national metrics to catalyse this vision of alignment. Given that co-production is central to RCs, it was central to this process as well.

Over the past year and a half, RC staff, students, researchers, and evaluators across the country came together to co-produce a national RC mission statement, objectives, and associated metrics. A two-day federally funded symposium was held to bring together the Canadian RC community to co-produce an implementation plan for the national metrics. The metrics were successfully piloted in September 2024.

Canada is the first country to co-produce national RC metrics. In this presentation, we will highlight the immense value of this co-production process in building capacity, strengthening our national voice, fostering collaboration and buy-in, and generating insights for quality improvement and advocacy to sustain and secure ongoing funding for the Canadian RC movement. We will share the key principles and practices that guided our approach, along with lessons learned, opportunities identified, and tensions navigated. Participants will be invited to reflect on the value of co-producing RC evaluations at both local and national levels. By co-producing evaluations, RCs can deepen their commitment to co-production and take ownership of defining what success means to them.

The Recovery Colleges Characterisation and Testing (RECOLLECT) Programme: Building the Evidence

Claire Henderson (King’s College London), Vanessa Kellermann (King's College London), Riddhi Daryanani (King's College London), Mariam Namasaba (King's College London), Mike Slade (University of Nottingham), Vanessa Lawrence (King's College London)

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 RECOLLECT Programme will provide the first rigorous evidence on 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.

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.

The presentation will summarise the progress on RECOLLECT so far and provide headline results from i) England-wide and international surveys of Recovery Colleges and interviews with Recovery College Managers; and v) organisational case studies to establish the contextual and organisational factors influencing fidelity and outcomes.

Public interviewers collecting research data from NHS patients

Rebecca McNaughton (LEAP, King's College London), Sarah Trickett (LEAP, King's College London)

We are members of the Lived Experience Advisory Panel (LEAP) and have been involved in almost every stage of the research process. This has included receiving training and then acting alongside an academic researcher to collect data from NHS patients via Focus Groups comprising students attending a Recovery College. Several focus Groups have been facilitated in this way, both in person and online, using different combinations of skills and experiences within our facilitation teams. Such cofacilitated Focus Groups have the potential to (i) enhance acceptability for study participants; (ii) improve data quality; (iii) enrich the sensemaking process whereby data are analysed and interpreted; (iv) create new opportunities for LEAP members; and (v) boost the impact of the research by driving service improvement. Two LEAP members (RM and ST) will report on their perceptions of this work, including (i) the value of the preparatory training, (ii) challenging the coproduction hesitancy of R&D teams in the Trust, (iii) doing the cofacilitation – how did it go? (iv) implications for national guidance. A concluding reflection on the paucity of this kind of work in the NHS will show why change is needed to create a research environment where Public Interviewers are commonplace.

A qualitative exploration of organisational factors influencing Recovery Colleges implementation

Tesnime Jebara (King's College London), Simran Kaur Takhi (University of Nottingham), Claire Henderson (King's College London), Mike Slade (University of Nottingham), Simon Bishop (University of Nottingham), Vanessa Lawrence (King's College, London)

Background: Recovery Colleges (RCs) are adult learning settings which equip people with the skills and knowledge to self-manage one's wellbeing. However, limited research was conducted to examine the variation, divergence in practice and operation across RCs.

Aim: To understand how organisational variation has arisen, and to investigate how contextual factors shape the operation of RCs in England.

Methods: Qualitative interviews with 31 RC managers in England were conducted in collaboration with members of a lived experience panel. Thematic framework analysis was used to analyse the interview transcripts.

Results: Four themes characterised the development and contextual variation in RCs: 'Instigator background', 'Contextual translation', 'Autonomy and integration' and 'Organisational work'.

The early development of the RC was reported to be linked to the instigators themselves, their existing position in terms of professional and organisational background, as well as level of seniority. In addition, how the RC model was translated to the local context specifically how the principles and values of recovery could work in relation to the local needs were also reported as important source of variation between RCs. Interviewees also highlighted that the extent to which RCs are integrated or comparatively independent from the mainstream NHS could be a possible factor. In some instances, RCs were established as new departments or divisions within large and established NHS mental health Trusts, while others were embedded within third sector organisations. Another factor reported was the ongoing organisational work undertaken by RC leaders and members to keep the RC thriving in changing circumstances, especially considering how relatively novel RCs are and the limited existing templates for action available.

Conclusion: Whilst RCs are run in accordance with varying organisational structures, they constantly work to ensure that core recovery principles and values remain central to the delivery of services to its students.

How Culture Shapes Recovery Colleges: Lessons from 28 Countries

Yasuhiro Kotera (University of Nottingham), Amy Ronaldson (King's College London), Claire Henderson (King's College London), Mike Slade (University of Nottingham)

Background: Recovery Colleges (RCs) help people with mental health problems, their carers, and staff by offering educational courses, skill-building, and social support. Guided by co-production and adult learning principles, RCs are recognised as a mental health innovation. Since the first RC opened in England in 2009, they have spread to 28 countries. However, most research has focused on Western countries, so we know little about how RCs can be adapted to different cultures. The RECOLLECT Fidelity Measure (RFM) is a tool to understand how well RCs follow important points ("components"), but cultural impacts on RFM are unknown.

Aim: This study explored how different cultural characteristics influence RC operation, aiming to help make RCs more effective and inclusive worldwide.

Methods: We asked managers from all 221 RCs about how their RC works. We compared their answers with four cultural characteristics from Hofstede's model: Individualism (focus on personal needs); Indulgence (focus on enjoyment); Uncertainty Avoidance (preference for clear rules); and Long-Term Orientation (focus on future goals).

Results: A total of 169 RC managers (76%) responded. We found that seven components of 12 were impacted by cultural characteristics. Equality was stronger in cultures that focus on the present (Short-Term Orientation). Learning was better supported in cultures valuing independence (Individualism) and clear rules (Uncertainty Avoidance). Co-production and Community Focus were more common in cultures that value independence and enjoyment (Individualism and Indulgence). Commitment to Recovery was influenced by all four cultural characteristics, especially Individualism and Indulgence. Strengths-based Practice was stronger in more individualistic cultures. Finally, Course Distinctiveness was shaped by cultures preferring clear rules.

Conclusion: Cultural characteristics play a large role in how RCs operate. Understanding and including different cultural characteristics could make RCs more welcoming for everyone. Future research should continue to involve people from diverse backgrounds to improve RCs around the world.

Day 1 – Thursday 4th September 2025

Afternoon – session one, 2pm-3.15pm

For lightning talk abstracts, please see the section on poster presentations

The dilemma of PPI: Just because we're asked, does it mean we should agree to be involved?

Sam Robertson (Sussex Partnership NHS Foundation Trust (SPFT), Lucy Walsh - PPI Co-ordinator, (SPFT)

Patient and Public Involvement (PPI) is a term used for the involvement of people with lived experience in the design, conduct and dissemination of research studies; and has become a well-established part of health and social care research. Within the mental health field, the drive to 'begin with people's lived experience of services and mental health difficulties' is aimed at reducing the paternalism and tokenism and hence moving towards 'being done with, rather than done to' (INVOLVE). As a result, meaningful and effective PPI goes some way to ensuring that research is more relevant and hence has better impact when translated into practice.

Guidance around PPI encourages researchers to work with PPI from the earliest opportunity. However, this seldom occurs at the very initial stage of deciding the focus of a study. Therefore, if PPI advisors have ethical concerns about the study, they are left with a decision between becoming involved (and trying to influence from within) or refusing to endorse the study by association - but then having negligible influence on the design and conduct of the study.

Building on recent research on the experience of peer workers, including PPI advisors (Robertson et al, 2024) and critiquing the experience and impact on PPI advisors (and facilitators) of involvement in a recently completed study, we will explore and reflect on:

• The impact of PPI involvement on advisors, including potential contribution to personal recovery.

• Does PPI involvement imply complicity with a researcher's agenda (i.e. poacher turned gamekeeper)?

• When research challenges our ethical positions and core values, should PPI advisors work at changing the study from within the study team or maintain independence?

• How do we challenge the existing status quo and research culture?

Afternoon – session two, 3.45pm-5.15pm

The Social Drama of Mental Health Professionals Who are also Former Mental Health Service Users

Karina Stjernegaard (University of Southern Denmark), Professor Niels Buus (Aarhus University) Professor Lene Lauge Berring (Psychiatric Research Unit Psychiatry Region Zealand, University College Absalon & University of Southern Denmark), Professor Sidse Arnfred, (Psychiatric Research Unit Psychiatry Region Zealand & University of Copenhagen), Dr. David Crepaz-Keay (Head of Research and Applied Learning, Mental Health Foundation)

Studies indicate that lived experiences of mental health challenges are common among mental health professionals, and that having lived experiences of mental health challenges and trauma can be a motivational factor for working within mental health services—not only within the profession of peer support workers. The lived experiences that peer support workers are hired to share are also to be found among other professionals within mental health services.

This presentation explores how fourteen non-peer worker professionals try to integrate their lived experiences as service users into their daily practices working in mental health services as psychiatrists, nurses, social educators, occupational therapists, and enrolled nurses. Empirical data consists of interviews and diary notes. Using an abductive approach to analysis and data collection, the theory of social drama and liminality by anthropologist Victor Turner is incorporated as a framework that allows for a deeper understanding of how these professionals challenge the social order of mental health services. A preliminary conceptual model will be presented, illustrating how these mental health professionals insist on the relevance of subjective experiential knowledge, violating the social order—or how they camouflage their lived experiences in fear of stigma and exclusion, and as a way of not disturbing the social order significantly.

These findings suggest that there is little room for these mental health professionals to explicitly share their lived experiences. For some of the participants, their social drama therefore concludes as a breakdown, while others are trapped in a liminal state. Our conceptual model raises critical questions about madness versus normality and the dichotomy between being a service user and a professional.

The presenter, Karina Stjernegaard, is a lived experience researcher who has experiences both as a mental health service user and as a mental health professional.

‘What did you have to do to survive?’ The impact of digital storytelling on recovery

Stephanie Hess (Oxfordshire Recovery College), Lived Experience Storytellers (names tbc by Stephanie Hess)

Oxfordshire Recovery College hosts a collection of digital stories on our website which anyone can access. This is our Library of Life. The stories are all made by individuals and are about surviving difficult experiences and finding ways towards recovery- not making everything better, but finding ways to cope.

Our original aims were to break down stigma and offer hope and inspiration to those who are struggling now. During the process of coproducing stories with Recovery College students, we noticed profound positive impacts on the storytellers themselves. Evaluation has shown that creating recovery stories helps people make sense of and process their past experiences, identify their own strengths and grow in confidence to go forwards with more resilience. Thematic analysis has identified the value of focussing on recovery as an ongoing journey rather than as something completed.

We regularly offer an innovative 4-part online course Telling Your Story, which supports students to make their own digital stories with encouragement and constructive feedback from their tutors and peer group. If students choose to, their stories are subsequently uploaded to the Library of Life and shown at our annual Film Presentation, where storytellers are invited to talk about their story making experiences.

In co-producing our course we have been inspired by ideas from narrative therapy and the NEON collection, including the LEAP guide to sharing recovery stories. Our Annual Film Presentations have been held at a local cinema, museum and arts festival, and storytellers have conquered their initial anxieties to present with pride and courage.

We would like to introduce a Lived Experience Storyteller to the Conference and support them to present their own story. Our presentation will be co-produced and co delivered and aim to inspire other organisations to create their own Library of Life.

Day 2 – Friday 5th September 2025

Morning – session one, 9am-10.30am

“We don't just ink skin” – A qualitative exploration of the experiences of tattoo artists responding to their clients’ mental health disclosures

Mark Pearson (University of Nottingham), Katharine Whittingham (University of Nottingham), Dan Doran (University of Nottingham)

Aims: The research aimed to understand the experiences of tattoo artists in responding to their clients’ disclosures relating to mental health. The research examined the frequency and nature of disclosures, and the experiences of the tattoo artists in responding to these disclosures.

Methods: Narrative interviews were undertaken with participants, inviting them to tell their stories of working as a tattoo artist and responding to disclosures about mental health from their clients. Fifteen participants were successfully recruited and interviewed. All interviews were audio recorded, transcribed, and were subjected to thematic analysis.

Findings: Five themes were generated from the data: Tattoo therapy, Tattoo artist and client relationship, Tattoo studio environment, Impact on tattoo artists, and Training opportunities.

Conclusions: The findings indicate that tattoo artists are spending large amounts of time and emotional labour talking about mental health with their clients, and potentially serving as an under-appreciated public mental health resource. The findings suggest that there is a unique relationship between tattoo artists and their clients that facilitates conversations in relation to mental health, including factors such as duration of contact, and the meaningfulness of the artwork being created. Despite the ubiquity of mental health disclosures, tattoo artists report lacking training and support to manage these disclosures and their own emotional responses.

Harnessing transformation through 'madness'

Katie Mottram (Soteria Network / Imroc)

This qualitative inquiry sought to explore how some people find and harness transformative meaning in experiences conceptualised as psychosis by clinical psychiatry. It considered the validity of conceptualising altered states through a lens of psychopathology by inquiring into the ways in which eight people diagnosed with ‘psychosis’ hermeneutically liberated themselves from their diagnosis.

Factors which led to this liberation included: (1) awakening to the fact that humans are more than physical beings, and are deeply interconnected with each other and the world via Exceptional Human Experiences, (2) the acknowledgement of sub-

personalities, and becoming Self-led, (3) improved inter-relational attachments through peer support, and (4) connecting with a meaningful life purpose by offering peer support to others going through similar experiences. The freedom of reframing their experience away from illness to being a deeply meaningful process hermeneutically liberated co-researchers.

The research concluded that a transcultural, trans-disciplinary approach could provide a multi-perspectival lexicon for extreme states, interweaving indigenous wisdom, decolonised language and perspectives, and trauma-informed clinical practices.

I will conclude the presentation with developments that are happening as a result of this research in relation to offering peer-led alternatives for supporting people in distress.

Morning – session two, 11am-12.30pm

SUCCEED Project: Advancing Community Based Approaches for Mental Health and Psychosis Rehabilitation in Malawi.

Bessie Tiyanjane Nkhwazi (Kamuzu University of Health Sciences, London School of Hygiene and Tropical Medicine)

Background: The SUCCEED project (Support, Comprehensive Care and Empowerment for people living with psychosocial disabilities) challenges traditional biomedical approaches to mental health recovery by introducing a community-based rehabilitation (CBR) model. CBR emphasizes holistic, inclusive support, focusing not just on clinical treatment but also on enhancing individual participation, self-advocacy, and social integration. The project aligns with emerging shift toward a broader understanding of mental health recovery, one that includes human flourishing, empowerment, and social inclusion.

Objectives: The primary objective of the SUCCEED project is to assess the effectiveness of community-based rehabilitation in improving the quality of life and recovery outcomes for individuals living with psychosocial disabilities.

Methods: A pilot intervention was conducted by the SUCCEED project in Mulanje district, utilizing Focus Group Discussions to collect qualitative data from participants who experienced CBR intervention. These discussions aimed at assessing the intervention’s effectiveness in alleviating stigma and improving participants' overall quality of life.

Results: The results of the pilot study demonstrated significant positive outcomes for participants. Key findings include: Reduced stigma and discrimination related to psychosocial disabilities, improved self-esteem and social status within the family and community, increased adherence to medication and better healthcare supervision and enhanced social inclusion, with greater access to community services and increased peer support. Participants also reported improved

relationships with healthcare providers and more opportunities for small-scale business ventures, contributing to better livelihoods.

Conclusion: The SUCCEED project's CBR intervention highlights a shift toward more inclusive and empowering approaches to mental health recovery. The findings suggest that community-based rehabilitation can significantly improve the quality of life and empowerment of individuals with psychosocial disabilities. By focusing on social inclusion, self-advocacy, and human flourishing, this approach offers a promising model for supporting individuals' recovery beyond the traditional biomedical framework.

Maintaining the fidelity of peer support and its radical roots

Presented by: Lisa Archibald (Intentional Peer Support), Amanda Francis (Intentional Peer Support)

Peer support has made huge growth in the mental health sector over the past decade and has moved into a new era. More and more people and services are realising and utilising the transformative healing power of peer support and lived experience in their organisations. Yet, uncomfortable division and debates are prominent in the peer world, with people questioning its authenticity when integrated into hierarchical and harmful systems. The challenges are rife and seemingly unaddressed which is causing great harm to the peer support role and the peer workers themselves.

How do we maintain the fidelity of peer support and honour its radical history when it is being implemented within large, coercive systems? Peer support in mental health grew out of the user/ survivor/ ex-patient/ mad movements but peer workers are increasingly disconnected from this history with many unaware of it at all.

Can peer workers be truly valued by systems that were designed to manage, contain and control people with similar life experiences and diagnoses? Are there other possibilities for peer support to autonomously work alongside, rather than, within systems?

Afternoon – 2pm-3.30pm

Enhancing Recovery: Trauma-Informed Care Among Allied Health Professionals Working with Children and Adolescents

Adi Stern (Ben-Gurion University of the Negev),

Introduction: Trauma experienced during childhood and adolescence can significantly impact development, hindering cognitive, emotional, and social growth. Allied health professionals regularly encounter children and adolescents in their clinical practice. However, they may not recognize the behaviours of traumatised children and adolescents as connected to trauma. Trauma-informed care (TIC) is a framework for minimizing the effects of trauma to facilitate resilience and recovery. It

involves creating a safe, supportive environment that empowers individuals to engage in their own healing process rather than retraumatizing them. Moreover, secondary traumatic stress (STS) is a significant concern for professionals who treat traumatized children and adolescents.

Objectives: The current study mapped the knowledge of trauma, the perceived relevance of TIC, and its implementation among allied health professionals working with children and adolescents. It also examined their relationships to resilience, self-compassion, and empathy.

Methods: 176 allied health professionals (nutritionists and occupational, speech, and physical therapists) completed an online survey including a demographic questionnaire, Trauma-Informed Approach Questionnaire, Connor-Davidson Resilience Scale, Self-Compassion Scale, and Interpersonal Reactivity Index. Descriptive statistics and ANOVA were used to describe the sample and assess differences between knowledge, perception, and implementation. Pearson correlations were used to assess relationships with personal factors.

Results: Significant differences were found between trauma knowledge, TIC relevance perception, and implementation, $F(2, 352) = 127.5$, $p<.001$, $\eta^2= 0.43$. TIC relevance perception was higher than trauma knowledge and implementation ($p<.001$). Resilience, self-compassion, and empathy showed positive correlations with trauma knowledge, TIC relevance perception, and implementation ($p<.05$).

Conclusions: The findings highlight the need for TIC training among allied health professionals to enhance recovery-oriented care of traumatized children and adolescents. Strengthening resilience, self-compassion, and empathy can support professionals in treating this population while mitigating the potential effects STS.

A personal experience of scientific collapse

Helene Speyer (Copenhagen Research Center for Mental Health – CORE)

This presentation explores the ethical and epistemic value of integrating lived experience into mental health practice and research, drawing on my own journey as both a psychiatrist and a person with a history of mental health struggles. Initially, concealed out of fear of professional judgment, my lived experience eventually became a source of insight and a driver of epistemic humility, challenging the dominance of the biomedical model in psychiatry.

The presentation underscores the transformative potential of co-production, where lived and professional expertise converge to challenge entrenched assumptions and power dynamics. Drawing on Homi Bhabha's concept of a "Third Space," I advocate for creating hybrid epistemic spaces where divergent perspectives can negotiate meaning and representation. However, systemic barriers, including tokenistic inclusion of lived experience and epistemic injustice, often prevent the full realization of such spaces.

Encounters with mental health services at different life stages highlight the limitations of diagnostic frameworks, particularly when imposed without consideration of

individual meaning-making. I reflect on the internal conflict of reconciling professional training with personal experience, ultimately embracing a pluralistic approach to mental health that values diverse epistemic perspectives.

This pluralism nurtures empowerment, authenticity, and innovation, but it also demands epistemic humility - a willingness to question professional hierarchies and acknowledge the validity of alternative frameworks. The presentation concludes by urging mental health professionals to embrace co-production and engage with lived experience not merely as an inclusionary gesture but as a catalyst for paradigm shifts. By embracing dissensus and negotiating meaning collaboratively, the field of mental health can move toward a more inclusive and effective practice.

Poster Presentations (including Lightning Talks)

ID 1 poster and lightning talk – day 1

Compassion, Empathy, and Altruism in the Context of Borderline Personality Disorder

Catrin Street-Mattox (Institute for Mental Health, School of Psychology, University of Birmingham), Professor Matthew R. Broome (Institute for Mental Health, School of Psychology, University of Birmingham & Birmingham Women's and Children's NHS Foundation Trust), Dr. Sian Lowri Griffiths (Institute for Mental Health, School of Psychology, University of Birmingham), Dr Sucharita Maji (Department of Humanities and Social Sciences, Indian Institute of Technology, Dhanbad, India), Dr Fiona Ng (Institute of Mental Health, School of Health Sciences, University of Nottingham, United Kingdom), Dr. Gerald Jordan (Institute for Mental Health, School of Psychology, University of Birmingham & Centre for Urban Wellbeing, University of Birmingham, United Kingdom)

Background: Individuals with Borderline Personality Disorder (BPD) often experience significant barriers to compassion, empathy, and altruism due to social stigma, adverse childhood experiences, and emotional dysregulation. These challenges hinder recovery, yet heightened emotional sensitivity offers a unique potential for deeper empathetic connection.

Aims: This review explores how these prosocial qualities may be challenging to engage with for individuals with BPD, and reframes them as adaptive responses to trauma and adversity. It aims to identify pathways for fostering recovery through compassion-focused interventions and systemic change.

Methods: A conceptual narrative review methodology was employed to synthesise literature on BPD, compassion, empathy, and altruism. This approach integrates empirical findings and theoretical perspectives to examine the interplay of individual, social, and systemic factors shaping these constructs.

Results: Fear of compassion and internalised stigma often impede self-directed and relational kindness, perpetuating social isolation. However, heightened emotional sensitivity in individuals with BPD may enable greater empathetic resonance when nurtured in supportive environments. Compassion-focused approaches are identified as particularly promising for recovery, promoting emotional regulation, self-acceptance, and post-traumatic growth.

Conclusions: Reframing difficulties with compassion, empathy, and altruism as adaptive responses to hostile environments highlights the need for person-centred, recovery-oriented interventions. By addressing systemic stigma and fostering inclusive communities, individuals with BPD can realise their potential for meaningful connection and personal growth, advancing recovery beyond deficit-based paradigms.

ID 2 poster and lightning talk – day 2

‘Flow’ transcranial direct current stimulation (tDCS) and wellbeing healthy lifestyle training used at home for community mental health team (CMHT) patients with symptoms of depression: recovery outcomes

Presented by: Dr Chris Griffiths (Northamptonshire Healthcare NHS Foundation Trust), William McIlhiney (Northamptonshire Healthcare NHS Foundation Trust), Amy Evans (Northamptonshire Healthcare NHS Foundation Trust), Dr Kate Walker (Northamptonshire Healthcare NHS Foundation Trust), Andy Willis (Northamptonshire Healthcare NHS Foundation Trust), Dr Alex O'Neill-Kerr (Northamptonshire Healthcare NHS Foundation Trust)

Background: People who experience severe mental illness (SMI) have a high prevalence of depression symptoms, which is linked to worse functioning and quality of life. Research evidence shows that transcranial direct current stimulation (tDCS) can reduce symptoms of depression. Flow FL-100 is a transcranial direct current stimulation (tDCS) device self-administered by a patient at home in combination with a software application delivered wellbeing healthy lifestyle training.

Purpose/aim: The study investigated if Flow tDCS can reduce depressive symptoms and improve real world functioning (every-day, social and occupational functioning) and health-related quality of life. Through interviews it explored participants’ experiences and views on acceptability, useability, and value of Flow.

Methods: An open-label patient cohort design with no control group. Pre-intervention and 6-week follow-up intervention assessments using the participant self-report measures: Patient Health Questionnaire (PHQ-9), Work and Social Adjustment Scale (WSAS), and EuroQol five-dimension (EQ-5D-5L). Participants were 31 CMHT patients, 15 males and 16 females, age range of 21 to 64 years (mean 42 years). Fourteen participants, seven females and seven males consented to be interviewed, the age range was 21 to 63 years (M = 40).

Results: PHQ-9 reliable improvement and remission rates were 51.61% and 12.9%, respectively. PHQ-9, and WSAS scores significantly improved with a large effect sizes. Significant improvement in EQ-5D-5L health index score and three EQ-5D-5L dimensions (‘mobility’, ‘self-care’, and ‘pain’). Most participants used Flow as per standard protocol and described a positive impact on depressive symptoms, mood, motivation, and functioning.

Conclusion: Flow tDCS treatment was integrated into a CMHT service and was found to be beneficial in terms of improving functioning and quality of life and reducing depression symptoms. Flow FL100 tDCS and wellbeing healthy lifestyle training could be offered through all CMHT services to people with SMI to treat depression, enable better functioning, and improve quality of life.

ID 7 poster only

The Art of Living with Co-occurring Mental Health and Substance Use Conditions

Sidsel Busch (Department for Social Work, University College Absalon, Denmark)

The purpose of this study is to explore and describe experiences of recovery among people with co-occurring mental health and substance use conditions in Denmark. What supports recovery when living with co-occurring conditions? What does recovery mean when substances are involved? Is recovery defined by abstinence from substances, or does it take different forms for different people? The question of recovery experiences among people with co-occurring mental health and substance use conditions is important for several reasons. Firstly, the concept of recovery has different backgrounds and meanings in psychiatry and in the field of substance use (Recke 2015). Secondly, narratives of people living with co-occurring conditions who – in line with the definition of personal recovery – experience recovery in relation to the challenges they face in life, but continue to live good lives with substances, do not seem to be represented in the recovery literature. Are these narratives simply difficult to hear due to a dominant cultural model of 'addiction'? In the Art of Living study, interviews were conducted with 12 individuals with mental health and substance use conditions through long-term interview processes. Additionally, a pilot study was carried out with a writing group of 10 people with co-occurring conditions. The participants wrote texts in various literary genres, including non-stop writing, poems, letters, lists, and imagined dreamscapes. In practice, the process evolved into a co-creation process, where we collaboratively generated data and initial analytical insights about the importance of service workers' hopefulness, kindness, and a deep yearning for the fundamental right to exist while living with co-occurring conditions. The study suggests that harm reduction is a crucial complementary approach to the recovery-oriented model within services, supporting recovery processes for individuals with co-occurring mental health and substance use conditions.

ID 12 poster only

Adam Benkwitz (Birmingham Newman University)

Introduction: Traditionally, mental health services and policy are guided by a clinical recovery approach, but there is an increasing appreciation of adopting person-centred approaches to support positive mental health, often known as personal recovery. Physical activity (PA) is one approach suggested to contribute to personal recovery. However, PA remains scarcely adopted as routine practice and engagement levels remain low. Research is limited in understanding precise mechanisms underlying processes of PA engagement, and how, why, and who can benefit from PA.

Methods: This realist evaluation focused on a PA project for service-users within two community mental health teams. Data was collected using repertory grids and semi-structured interviews, involving 24 service-users and 12 staff members. Interpretative Phenomenological Analysis was used to analyse the data, within the broader realist evaluation framework.

Results: Findings are best understood as four stages of the participants' journey through the project. Firstly, it was found that mental health professionals were vital gatekeepers to the PA sessions, either enabling or prohibiting service-user involvement. Secondly, service-users required their priority needs to be met before they could be interested and involved in PA sessions. Thirdly, service-users needed to be both physically and mentally able to access sessions, including considerations of practicalities, emotional support, culture of the sessions, and expectations being managed and met. Finally, once participants were able to access sessions, it was found that PA was beneficial in facilitating service-users' personal recovery in a positive manner.

Discussion: Exploring and valuing the lived experiences of the service-users was vital to understand underlying mechanisms that contributed to the accessibility and outcomes of PA for personal recovery. Key recommendations include considering how PA is offered within services, especially in terms of facilitating access and support before, during and after sessions for service-users to participate and aid their personal recovery.

ID 13 poster and lightning talk – day 1

Supporting Recovery with BREF-ED: A Family-Centered, Peer-Supported Intervention for Informal Caregivers in Eating Disorders

Elisabetta Scanferla (Université Paris Cité), Juliette de Salle, (GHU Paris psychiatrie et neurosciences)

Aims: Family caregivers are essential partners in supporting the recovery of individuals with mental health disorders. However, there is an urgent need to improve early access to evidence-based interventions that prioritize caregivers' mental health and well-being. This study highlights the effectiveness of the BREF-ED program—a brief, single-family psychoeducational intervention co-facilitated by a peer support worker, designed specifically for the context of eating disorders (BREF-ED). We hypothesized that BREF-ED would be both acceptable and effective in reducing caregivers' self-reported burden and depressive symptoms, contributing to a more holistic and recovery-oriented support system for families.

Methods: Caregivers of individuals with EDs were offered participation in the BREF-ED programme. Feasibility was assessed through adherence, satisfaction, and perceived usefulness of the intervention. Changes in caregivers' self-reported depression and burden were measured at baseline, immediately post-intervention, and three months post-intervention using the Center for Epidemiologic Studies Depression Scale (CES-D) and the Zarit Burden Interview (ZBI), respectively.

Results: All 52 participating caregivers completed the BREF-ED programme. Compared to baseline, CES-D scores significantly decreased by the end of the third session (Cohen's $d = 0.83$, $p < 0.001$) and were sustained at the three-month follow-up (Cohen's $d = 0.77$, $p < 0.001$). Similarly, ZBI scores showed a significant reduction post-intervention (Cohen's $d = 0.61$, $p < 0.001$), maintained at the three-month assessment (Cohen's $d = 0.62$, $p < 0.001$). Satisfaction ratings were high, with 90.1% of caregivers reporting being "very satisfied" and 9.9% "satisfied."

Conclusions: The BREF-ED programme demonstrates promising results in reducing both depressive symptoms and burden among caregivers of individuals with EDs. By prioritizing time- and resource-efficiency and drawing on the lived experience of peer support workers, it serves as an accessible first step in a broader, recovery-oriented system of support.

ID 14 poster and lightning talk – day 1

DEPRE-ST – the patient perspective: A mixed methods study of treatment outcome in psychotherapy for patients with chronic treatment resistant depression

Lotte Dich Kring (University of Southern Denmark (SDU), Stine Bjerrum Møller (University of Southern Denmark (SDU), Yasuhiro Kotera (University of Nottingham)

Introduction: Chronic treatment-resistant depression (CTRD) is a prevalent and challenging mental health condition, affecting 30-35% of patients with major depressive disorder (MDD) in Denmark. Traditional treatments often fail to achieve full remission, necessitating a shift in focus toward personal recovery. Existing treatment approaches, driven by randomized controlled trials (RCTs) and symptom-based outcomes, may not align with patient and relative expectations. This study, DEPRE-ST: The Patient Perspective, investigates the treatment outcomes of CTRD patients through a personal recovery lens and emphasizes the importance of including patients' and relatives' perspectives in shaping treatment targets.

Method: This mixed-methods study is composed of three sub-studies:

- Sub-study 1 uses reflexive thematic analysis to examine treatment outcome expectations from patients, relatives, and therapists, aiming to identify similarities and differences and assess their impact on patient engagement. Data are collected through 60 interviews with patients, their relatives, and therapists.

- Sub-study 2 employs ethnographic fieldwork and phenomenological analysis to explore how CTRD impacts personal recovery in everyday life. Data are gathered through 40 interviews and participant observations with patients and relatives at three stages: before, during, and after treatment.

- Sub-study 3 focuses on validating the idiosyncratic patient-generated outcome measure PSYCHLOPS. This sub-study includes a scoping review of PSYCHLOPS' current use and an analysis of its content and construct validity based on patient-reported outcomes.

Results: Data collection is ongoing, with patient recruitment taking place from 2024-2026. Full data collection is expected to be completed by the end of 2026.

Discussion: This study highlights the importance of including patient and relative perspectives within psychiatry, particularly in the treatment of chronic treatment-resistant depression (CTRD).

Co-creation workshops and collaborative data analysis will further enhance the research, ensuring that the perspectives of users are integrated into the development of patient-centred treatment strategies for CTRD.

ID 15 poster and lightning talk – day 1

Nurturing Creativity whilst Caring: Participatory Action Research with family carers and a Recovery College

Bryher Bowness (King's College London), Sudhir Shah (King's College London), Samina Begum ((King's College London), Lana Samuels (King's College London), Stephanie Hess (Oxfordshire Recovery College, Debbie Bark (Oxfordshire Recovery College), Karen Martin (Oxfordshire Recovery College)

Introduction: Recovery Colleges are an international innovation delivering free, co-produced recovery education. The benefits of Recovery Colleges for mental and social wellbeing are well-documented, but the experiences of family, friends and carers (roughly 6-11% of students) are less understood. In a recent study, family carers reported that attending courses supported their own recovery journeys, but they called for more recognition and relevant provision in Recovery Colleges for family carers.

Methods: This Participatory Action Research project was co-designed by a Family Carers Advisory Group, a researcher, and staff at a Recovery College. Our aim was to co-create and co-deliver a Recovery College course that promoted self-care, creativity and community amongst family carers. To evaluate the course, we collaboratively analysed data from online feedback forms, researcher and co-trainer observations, and a participatory student reflective session.

Results: Seven family carers attended our three-part online course, Nurturing Creativity whilst Caring. They submitted photographs of their artwork, creativity, mindfulness, and self-care during the course. After the course, students agreed they felt more aware of the importance of creativity, self-care and their own needs. They found discussions with other students, creative activities, and the information provided on the course particularly helpful. Preliminary emerging themes are; the complexities of self-care as a family carer, creativity connects family carers to themselves and others, and nurturing a creative mindset.

Discussion: We provide an example of how Participatory Action Research can be effective in designing courses specifically tailored to a specific group in Recovery Colleges. Reflections also illuminated significant insights into pedagogical approaches that can be used in Recovery College teaching. Student accounts delve deeper into the role of mindfulness and creativity for furthering family carers recovery journeys. We developed some recommendations for Recovery Colleges intending to enhance the reach and relevance of their courses for family carers.

ID 17 poster and lightning talk – day 1

Perspectives on Mental Health and Recovery: Between Tradition, Change, and Unresolved Tensions

Estefania Guerrero (University of Barcelona), Hernán Sampietro (ActivaMent Catalunya Associació), Maite Barrios (University of Barcelona), Juana Gómez-Benito (University of Barcelona), Georgina Guilera (University of Barcelona

Recovery in mental health remains a contested concept, shaped by diverging perspectives and ongoing debate. Traditionally, recovery has been understood from a medical perspective as the reduction of symptoms (clinical recovery). Meanwhile, user movements have pushed for a shift towards personal recovery, emphasizing connection, hope, identity, meaning, and empowerment. Many mental health policies now support personal recovery, yet user movements argue that traditional approaches still shape how mental health services operate. However, other stakeholders argue that different views on recovery—clinical, personal, and others—should coexist. While this stance appears inclusive, it risks maintaining the status quo by allowing biomedical logic to remain dominant.

In this contested landscape, the role of family support is evolving without a clear consensus on which definition of recovery should guide their actions. Should families align with user-led demands for a radical departure from traditional psychiatric models or uphold a hybrid approach that acknowledges clinical perspectives? This ambiguity creates both facilitators and barriers—not only for the recovery process but also for the support mechanisms surrounding it.

This study synthesizes findings from three Delphi studies exploring recovery and support from the perspectives of user and survivor movements, recovery-oriented professionals, and family members. By identifying commonalities and divergences in these perspectives, the study highlights the tensions surrounding recovery. While users and professionals agree on key recovery indicators such as autonomy, personal growth, and social inclusion, their priorities and expectations differ. Family members, positioned in an uncertain space between these perspectives, face challenges in defining their role.

These findings call for deeper critical reflection on recovery, questioning whether current approaches are truly transformative or merely moderated versions of traditional models. They have implications for rethinking recovery-oriented practices, policy development, and the design of mental health interventions that engage with—rather than neutralize—the contradictions between stakeholders' perspectives.

ID 21 poster and lightning talk – day 2

Psychometric Analysis of the Spanish Version of the Facilitators and Obstacles of Recovery Scale (FORS-S): Preliminary results

Estefania Guerrero (University of Barcelona), Hernán Sampietro (ActivaMent Catalunya Associació), Maite Barrios (University of Barcelona), Juana Gómez-Benito (University of Barcelona), Georgina Guilera (University of Barcelona

Public mental health policies increasingly emphasize a recovery-oriented approach that integrates service users' perspectives and promotes a holistic view of recovery, focusing on a meaningful and fulfilling life. Identifying the facilitators and obstacles in the recovery process is essential for addressing the challenges faced by mental health service users.

The Spanish version of the Facilitators and Obstacles of Recovery Scale (FORS-S) was developed based on findings from two Delphi studies involving mental health service users and professionals. These studies identified key facilitators and obstacles in the recovery process. The final scale consists of 30 items, rated on a 5-point Likert scale.

This study preliminarily examines the psychometric properties of the Spanish FORS. Using a sample of 107 participants (66.4% women; M = 45.1 years, SD = 11.5), we assessed item distribution, factor structure, internal consistency, and validity in relation to other recovery measures. The results suggest a three-factor structure and demonstrate satisfactory internal consistency, confirming the scale's reliability. FORS scores showed strong correlations with recovery measures.

Our findings suggest that the Spanish FORS is a promising tool for assessing key facilitators and obstacles in the recovery process. Its application may enhance research and clinical practice by providing a standardized measure for evaluating recovery experiences in Spanish-speaking populations. Further studies with larger and more diverse samples are needed to strengthen its validation and applicability across different contexts.

ID 23 poster and lightning talk – day 2

Lived experience of in-care abuse, inequality, and access to recovery focused support

Flora Henderson (Future Pathways), Louise Hall (Future Pathways)

Future Pathways supports people who experienced childhood abuse or neglect in Scottish care settings. We support people to lead full, healthy, independent lives by working towards their personal outcomes. Many people's outcomes relate to improving their mental health.

Our previous evaluations showed that there is a gap in the data available about the population we support, and that people registered can face significant barriers to services. We aimed to learn more about the relationship between in-care abuse and neglect, people's life experiences, and their access to support.

We analysed data about the ages and prevalence of terminal illness of people registered with Future Pathways. We also used the Scottish Index of Multiple Deprivation to analyse the postcodes of people registered. Additionally, we analysed data about the prevalence of homelessness, criminal convictions and addiction challenges among people we support. We compared our data with publicly available research about the prevalence of abuse and neglect in Scottish care settings, the prevalence of childhood abuse across the UK and in specific populations, and the impacts of childhood abuse and neglect.

Our research showed that people with lived experience of in-care abuse were disproportionately likely to experience inequalities which could impact their mental health and hinder access to support. Many people in our dataset lived in areas of multiple deprivation and were more likely to be disabled or to have a health condition which affected their daily life and presented barriers to accessing services. Many people accessing our support had also experienced homelessness, criminal conviction and addiction challenges.

Our research offers a clear impetus for change. It highlights the need to learn more about this under-served population and to make recovery focused support more accessible. It also shows the importance of extending recovery principles beyond mental health, recognising the impacts of different lived experiences.

ID 25 poster only

Organisational and contextual factors influencing Recovery College fidelity and outcomes: staff perspectives

Agnieszka Kapka (King's College London), Vanessa Kellerman (King's College London), Riddhi Daryanani (King's College London), Simran Takhi (University of Nottingham), Simon Bishop (University of Nottingham), Vanessa Lawrence (King's College London)

Recovery Colleges are a novel and rapidly expanding intervention to support mental health through an adult educational approach, co-produced by topic experts with professional and lived experience. While most Recovery Colleges share the key characteristics of co-production and co-learning, the literature finds a large variation in how they operate and the context within which they are developed. Based on the RECOLLECT programme theory, these contextual and organisational factors influence fidelity and outcomes at the student, staff, service and societal levels.

Objectives: The aim is to establish the contextual and organisational factors influencing fidelity items and outcomes from the perspective of Recovery College staff. This evidence will serve to validate and refine the RECOLLECT programme theory, contribute to future developments and enhance the sustainability of Recovery Colleges across the UK.

Methods: Qualitative semi-structured interviews were conducted as part of an organisational case study approach with staff, managers and commissioners across five Recovery Colleges (N=40), exploring perspectives on the development of their Recovery College, the way it operates and impacts staff, students, services and society. The analysis framework was developed based on the elements of the RECOLLECT programme theory.

Results: The influence of organisational history and operational characteristics of Recovery Colleges on staff, students, services and society will be presented.

ID 26 poster only

Understanding Depression Through Daily Experience: The MOBILE Model and Intervention

Adi Stern (Ben-Gurion University of the Negev)

Major depressive disorder (MDD), or depression, is a leading cause of disability worldwide, significantly impacting daily functioning across various life domains. Mood instability (MI) is a core feature of MDD; however, its relationship with functional impairment remains understudied. Recent perspectives highlight the importance of understanding depression through lived experience. This emphasizes the need to incorporate both mood and functional measures in clinical assessment and treatment. Ecological momentary assessment (EMA) offers a valuable approach to capturing moment-to-moment patterns in daily life.

The MOBILE (Mood-Occupation Balance Reciprocal) model was developed based on a preliminary study that examined the reciprocal relationships between depression, MI and unbalanced daily functioning. This model offers a balance-based clinical perspective on the daily experiences of individuals with MDD. The model draws from three key sources: Occupational therapy and occupational science foundations; mood and emotion regulation frameworks; and findings from a preliminary EMA study exploring the links between MI, functional impairment, quality of life, occupational balance, participation, and resilience. This model provides initial evidence for a balance-based clinical mechanism that explains the daily experience of individuals with MDD, forming the foundation for the novel MOBILE intervention. This intervention addresses both mood and occupational balance to support individuals with MDD in their daily lives.

Our presentation will discuss the theoretical foundations that guided the development of the MOBILE model, including preliminary study results. We will introduce the MOBILE intervention, outlining its core themes, construct and key components. Finally, we will present findings from a single case study evaluating its applicability and effectiveness in improving MI, daily function, occupational balance, resilience, and quality of life.

ID 27 poster and lightning talk – day 1

Evaluating a one-to-one peer support programme for relatives and friends of patients treated under the Mental Health Act: a mixed-methods study

Imogen Wells (University of Warwick), Domenico Giacco (University of Warwick)

Background: Relatives/friends (carers) of people who are treated under the Mental Health Act (MHA) report high levels of stress and isolation. Peer support has become increasingly recognised as a central component in recovery and wellbeing. While peer support has generally focused on patients, preliminary evidence reports that peer support may benefit carers too. A one-to-one peer support programme for carers in England was developed in a previous study by the authors. The aim of the current study was to test the feasibility of this support programme.

Methods: Nineteen peer supporters (PSs) completed four online training sessions in supporting other carers. PSs then offered support to 38 carers for up to three months. This support was offered across sites in Coventry/Warwickshire, Hereford/Worcestershire, Devon and East London. The frequency and delivery of support meetings was flexible, depending on carers' circumstances. Carers completed surveys before and after receiving support to assess any changes in quality of life (QoL), mental wellbeing and caregiver burden. Interviews were also conducted with carers and PSs to assess their experiences on the programme. Survey data were analysing using paired t-tests. Interview data were transcribed and analysed using thematic analysis.

Results: Thirty carers completed pre/post surveys. Carers' caregiver burden significantly reduced after receiving the programme and their mental health-related QoL significantly increased. Twenty-one carers and 15 PSs were interviewed. Carers valued the flexibility and consistency of their PSs and reported having a better understanding of the MHA, leading to increased involvement in their relative/ friends' care. PSs reported feeling valued by helping others who were going through similar experiences.

Conclusion: Carer peer support was beneficial for carers and PSs. To implement this programme more widely to enhance its benefit, it's important that support is offered by a consistent PS and that the programme is flexible to carers' needs/ circumstances.

ID 29 poster and lightning talk – day 1

Observations and Experiences of Neurodiversity in Recovery Colleges in the United Kingdom: The N.I.R.E Study Protocol

Michael John Norton (Royal College of Surgeons in Ireland), William Gallini-Poole (Dorset Mental Health Forum), Lydia Little (FearFree, Oak House), Olga Zilberberg – Devon, Wokingham, Reading and Bracknell Recovery College)

Introduction: Neurodiversity is considered to be an umbrella term, used to demonstrate a variation in brain functioning which can impact a person's thinking and information processing. The literature tells us that there is a close link between neurodivergence and mental health resulting in such individuals being more likely to attend a recovery college. However, there is a lack of data on how such recovery colleges can support neurodivergent individuals in learning about their mental health and wellbeing, leading to the question: can recovery colleges create neuro-inclusive environments conducive of supporting this community in acquiring the knowledge and skills needed to support their mental wellbeing?

Methods and Analysis: To address this, an overarching project: The Neurodiversity In Recovery Education [N.I.R.E] Study was created. It consists of three work packages, each of which involves an iterative process where recovery college staff and students are interviewed in order to support the co-creation of specific guidelines. These guidelines will support these recovery colleges [both within the study sites and beyond] to harness an environment that is neuro-affirming whilst also representative of the wider recovery movement.

Ethics and Dissemination: This study received ethical approval from UCC's Social Research Ethics Committee [SREC] in November 2024. This protocol, and all data created as a result of this study is stored in OSF registries. Almost all outputs will be through publication in high impact peer reviewed journals. The exception of this will be the co-created guidelines which will be stored on a specific website and with the help of ImROC [an organisation in the UK well linked in with recovery colleges] will be circulated to all recovery education services in the UK and internationally.

ID 30 poster and lightning talk – day 2

Exploring Neurodiversity within Recovery Education and Lived Experience Recovery-Based Settings: A Scoping Review Protocol

Michael John Norton (Royal College of Surgeons in Ireland), William Gallini-Poole (Dorset Mental Health Forum) Lydia Little (Mental Health, Alabare), Olga Zilberberg – (Devon, Wokingham, Reading and Bracknell Recovery College)

Introduction: Neurodiversity is an umbrella term used to define variations in brain functioning which can impact on the way individuals think and process information compared to others [neurotypical] individuals. Neurodiversity is closely associated with mental ill health and as such, these individuals often use the same systems built primarily for a neurotypical population. However, the literature base examining neurodiversity and recovery education is unknown currently. As such, this paper lays out a proposal for a scoping review to establish the breadth of literature examining neurodiversity and its impact on recovery colleges.

Methods: This proposed review complies with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for scoping reviews and is further enhanced by Arksey and O'Malley's methodological framework for scoping reviews. This approach consists of five stages. Search terms are stated and a variety of databases (CINAHL, Jstor, Ovid SP, psycINFO, psycARTICLES, PubMed, RCNi, Science Direct, Web of Science, Wiley Online Library) and repositories (Google Scholar, ResearchGate) will be used to gather citations based on a predetermined inclusion/exclusion criteria. The search range is from January 01st 1998 to present (31st December 2024).

Ethics and Dissemination: The paper is a scoping review protocol exploring the breadth of literature into neurodiversity within recovery colleges. As such, no ethical approval is required. The protocol is stored within OSF registries and was uploaded on June 27th 2024 where it is freely available to anyone who wishes to gain access to it. The registry will be updated with the formally published protocol once this paper has been published. The proposed scoping review will be distributed through peer-reviewed publication in a high impact journal. In addition, elements of the proposed review will support the wider Neurodiversity in Recovery Education [N.I.R.E] study through various publications yet to be determined.

Registration ID: https://doi.org/10.17605/OSF.IO/853K2.

ID 32 poster and lightning talk – day 1

What have we learnt about power (until now)? Studying Power in Conversations After Self-harm

Toni King (University of Brighton and Hampshire Isle of Wight Healthcare NHS Foundation Trust (HIOWH NHS), Daniel Elton & Clare Ockwell (Lived Experience Research Network (LERN) Sussex Partnerships NHS Foundation Trust (SPFT NHST))

This co-produced PhD responds to Pūras'* call to the United Nations General Assembly: Human Rights Council in 2017, to address 'power imbalance' rather than 'chemical imbalance'. The research sets out to understand how power is experienced in conversations after self-harm by those who access or work in mental health services in the UK.

Participants created images and then shared their experiences of power through individual interviews and focus groups via video calls. Data gathered was used to consider the applicability of theories of power and whether lived and clinical experience can contribute to our understanding in a mental health context. Analysis is ongoing at the point of this abstract submission.

We will share our approach to centralising coproduction as method, its challenges and the added value to this work. We hope to engage the audience in exploring our focus on power, embodiment and critical realism. In particular, to consider the contribution this work makes to new perspectives around mental health, recovery and wider contexts.

It is recognised this may be a sensitive topic, we would like to clarify our focus on the experience of power rather than self-harm.

ID 33 poster and lightning talk – day 2

Developing and Demonstrating Co-production in PhD Research: Studying Power in Conversations After Self-harm

Toni King (University of Brighton and Hampshire Isle of Wight Healthcare NHS Foundation Trust (HIOWH NHS), Daniel Elton & Clare Ockwell (Lived Experience Research Network (LERN) Sussex Partnerships NHS Foundation Trust (SPFT NHST))

The use of co-production within research frequently lacks clarity and particularly within a PhD is noted as complex and infrequently published. Using the example of a PhD exploring the experience of power in conversations after self-harm, we present novel examples which convey the How, When, What and Why of co-production. This contribution strives for 'visibility as a mark of authenticity' ensuring transparent identification of embedded lived experience in the research process, co-production of knowledge and decision-making.

The poster shares the processes, challenges and learning we have worked through as a team, built on mutual respect and growing friendship. It aims to encourage wider engagement with co-production particularly in doctoral research.

ID 34 poster and lightning talk – day 1

Assessing NHS staff awareness of post-traumatic growth following first episode psychosis

Laura Hankey (University of Birmingham and Birmingham and Solihull Mental Health Foundation Trust), Gerald Jordan (University of Birmingham), Alice Welham (University of Birmingham)

Introduction: Posttraumatic growth refers to the positive psychological changes following trauma. Clinicians may play an important role in supporting posttraumatic growth; however, the extent to which clinicians are aware of posttraumatic growth is unknown. Lacking awareness of posttraumatic growth might undermine service users' experiences of it. Clinician's awareness of service users' posttraumatic growth has yet to be examined, hindering attempts to support growth more broadly within the NHS.

Aim: To understand the level of awareness of posttraumatic growth following psychosis amongst NHS staff working in Early Intervention for Psychosis (EIP) services in England and any predictors of such awareness.

Methods: This mixed methods study will collect quantitative data from staff via an online survey distributed through the Early Intervention for Psychosis Network. In addition to collecting demographic information, we will collect data on clinicians' awareness of posttraumatic growth as well as potential predictors of such knowledge (i.e., clinicians' level of religiosity, spirituality, optimism, adherence to medical models, perceived utility of diagnostic labels, views on recovery orientated services). Follow-up qualitative interviews will be conducted with a sub-set of the sample who represent the highest, lowest and average levels of posttraumatic growth to understand clinicians' subjective awareness of posttraumatic growth following psychosis.

Conclusion: This study will stablish a baseline awareness of posttraumatic growth across NHS staff working in Early Intervention for Psychosis services. By assessing how aware NHS staff are of posttraumatic growth, it can pave the way for better education for clinicians, allowing them to work with psychosis patients in a recovery-orientated way that leads to better outcomes.

ID 36 poster and lightning talk – day 1

Can I Play with Madness? The reclamation of playfulness in peer support

Kate Quinn (Heavy Metal Therapy), Ben Ryan (Heavy Metal Therapy)

Heavy Metal Therapy is a peer support organisation that provides co-produced mental health resources, outreach and peer support to people in the alternative/heavy metal music subculture. As co-directors of Heavy Metal Therapy, we wish to discuss the ways that humour and playfulness have played a role in the development and success of the organisation. This will include a number of examples from our and related work. For example, over the past year we have successfully set up a number of regular in person and online peer support groups around the country, including training and support for volunteer facilitators with lived experience. We also offer a range of online resources including the use of social media to support health promotion. We wish to outline this in the context of mental health services which privilege 'professionalisation' and structure, and how this may not always serve the values of the peer support and recovery movements. Moreover, the dismissal of playfulness results in a 'higher bar' for such approaches to be given appropriate acknowledgement. We will argue that humour and playfulness are approaches that can be reclaimed by the peer support movement as part of a diverse offer of intervention for those in mental distress. This may facilitate engagement for some people, as playfulness can create a human connection that more formal or clinical encounters may not; and support difficult conversations such as around risk or trauma.

ID 37 poster only

'We are brothers and sisters from the war'. Peer support workers role in recovery and employment support

Cathrine Fredriksen Moe (Nord University), Beate Brinchmann (Nordland Hospital Trust and Nord University), Barbara Stenvall (Nordkand Hospital Trust), Unni Kolstad (Nordland Hospital Trust), Kristine Steen (Nordland Hospital Trust), Marit Borg (University of South Eastern Norway and Nordland Hospital Trust)

The knowledge and insights of people with lived experiences of mental health problems can offer alternative and more comprehensive understandings of service users' situations and needs. This can strengthen a person-centred, humanistic, and human rights-based recovery approach. Peer Support Workers (PSWs) are individuals with lived experiences of mental health problems and/or substance use, employed in services to support others at both individual and system levels. There is great potential for developing the PSW role in Norway to support recovery, including their ability to influence employment support for service users.

This study is a preparation for a larger research project, and aims to explore the role of PSWs in welfare services and user-managed organisations, and how PSWs can contribute to recovery through employment support for service users. We used a qualitative research design, including two focus group interviews with 10 PSWs in Northern Norway. Data were analysed using Braun and Clarke's thematic analysis. During analysis, we developed four themes, and the preliminary findings show how PSWs see themselves as professional friends. The role of PSWs is flexible and diverse, and services are well-organised for PSWs to perform their tasks in supporting recovery. PSWs put activities (including employment) on the agenda.

These results will be elaborated at the conference. Our findings have implications for refining the PSW role and are a step towards scaling and integrating the role in a Norwegian context. The study also has implications for PSWs practice in putting employment on the agenda and providing employment support as part of recovery in public services and nonprofit organisations.

ID 40 poster only

What is Recovery in Recovery Colleges? A literature review of the impact of Recovery Colleges practice on people with mental health problems, professionals and communities

Yui Komine (Waseda University), Kano Mizunuma (Waseda University), Chiharu Maeda (Waseda University), Taisuke Katsuraawa (Waseda University)

Objectives: Recovery Colleges (RC) are approaches in which people with mental health problems, professionals and citizens learn and recover together. Participation has been shown to improve mental health and promote recovery (Allard et al., 2024). However, the impact of RC on participants has not been systematically organized. Therefore, this study aims to organize the impact of RC according to the attributes of the participants (people with mental health problems, professionals and communities) through a literature review.

Methods: From the database of academic journals written in English and Japanese, items related the effects of RC. It was then coded with a high degree of similarity.

Results: 14 Japanese papers and 2528 English papers were extracted and 35 were included in the final analysis. The analysis showed that the impacts were classified into four categories and 16 codes: “change in mental health”, “change and growth in awareness”, “change in interpersonal relationships” and “improvement in life functioning”.

Discussion: The results of the literature search suggest that RC is more than just a place of support. All participants function as a learning space where they can influence and grow from each other. For people with mental health problems, RC was shown to increase mental health awareness, improve well-being and reduce anxiety. For professionals, it was an opportunity to recover their own mental health and change attitudes. Furthermore, it was suggested that it also provided an opportunity to deepen awareness of people with mental health problems and co-production. For the community, it was suggested that it was a place to improve the mental health of the public, change attitudes and function as a place for learning.

ID 41 poster and lightning talk – day 2

Exploring the demographic and clinical characteristics of the RECOLLECT 2 study cohort

Amy Ronaldson (King's College London), Thomas Allen (University of Manchester), Tesnime Jebara (King's College London), Mike Slade (University of Nottingham), Claire Henderson (King's College London)

Background: Recovery Colleges (RCs) are adult education initiatives that use a recovery-oriented approach to support individuals with mental health difficulties. Unlike traditional clinical interventions focused on symptom reduction, RCs emphasise peer support, personal strengths, and skill development. Courses are co-produced by individuals with lived mental health experience alongside topic experts. Participation in RCs has been associated with improved quality of life. The Recovery Colleges Characterisation and Testing (RECOLLECT) 2 research programme identified three RC types using cluster analysis: Strengths-oriented (Located within NHS Trusts, emphasising student strengths and structured recovery planning), Community-oriented (operate in non-NHS settings with a greater emphasis on social connection and community integration) and Forensic clusters.

Aims: To characterise a nationwide inception cohort of mental health service user students, and to compare students attending Strengths-oriented versus Community-oriented RCs in relation to sociodemographic and clinical characteristics and service use.

Methods: This longitudinal observational cohort study was carried out as part of the RECOLLECT 2 programme. We present baseline survey data for the RECOLLECT cohort which comprises newly registered adult RC students. We also examined differences between students from each cluster. Self-reported measures included sociodemographic (e.g. gender, ethnicity) and clinical (e.g. mental health diagnosis) factors, self-rated student outcomes (e.g. Manchester Short Assessment of Quality of Life), and health service use (e.g. A&E attendances) over the four months before enrolment at a RC. Cluster differences were assessed using mixed effects regression models.

Results: The RECOLLECT cohort comprised 499 students from 34 Recovery Colleges across England. 77.6% of students came from Cluster 1 RCs (N=387). The mean age of the cohort was 39 (SD=12), and the majority of students were female (72%) and White (83%). The most reported primary mental health diagnoses were mood (31.3%) and anxiety disorders (29.9%).

Conclusions: Further analysis is underway to investigate differences between clusters.

ID 42 poster and lightning talk – day 1

The impact of Recovery College enrolment on health service use

Amy Ronaldson (King's College London), Thomas Allen (University of Manchester), Rachel Elliott (University of Manchester), Tesnime Jebara (King's College London), Mike Slade (University of Nottingham), Claire Henderson (King's College London)

Background: Recovery Colleges support people with mental illness through adult education, coproduction, and inclusivity. As well as having a positive effect on quality of life and wellbeing, there is also some evidence that Recovery College attendance leads to reductions in heath service use. However, more robust evaluations are needed. This study used a retrospective matched cohort design with data from a secondary mental healthcare trust in South London to assess the impact of Recovery College enrolment on health service use and associated costs.

Methods: Service user Recovery College students from a South London Recovery College were matched on several relevant sociodemographic and clinical variables with service user controls from a local secondary mental healthcare trust. Students and controls were followed up for 6 months, 12 months, and 5 years. Outcomes included mental health service use (e.g. inpatient admissions, Community Mental Health Team (CMHT) events) and associated costs. Associations between Recovery College enrolment and service use outcomes were assessed using negative binomial and logistic regression models.

Findings: 1,450 Recovery College students were matched with 4,722 service user controls on age, gender, ethnicity, smoking status, neighbourhood deprivation, mental health diagnoses, and year of first face to face contact with mental health services. Preliminary analysis of the 6-month follow-up period shows that although students use mental health services more than controls, the rate of change in service use over time decreased significantly for students and not for controls (e.g. the rate of inpatient admissions decreased by 39% for students in the 6 months after RC enrolment, but did not change for controls, $p<0.001$).

Conclusions: Recovery College enrolment appears to lead to a reduction in aspects of mental health service use. Further analyses are underway, and we anticipate presenting results for all follow-up periods.

ID 43 poster and lightning talk – day 1

What Types of Courses are Offered by English Recovery Colleges and How Does Course Type Link with Recovery College Characteristics?

Simran Sahiba Kaur Takhi (University of Nottingham), Holly Hunter Brown (King's College London)n Amy Ronaldson (King's College London), Vanessa Lawrence (King's College London), Merly McPhilbin (University of Nottingham), Benji Rose Ingall (University of Nottingham)

Background: Recovery Colleges (RCs) exist in 28 countries, with highest numbers in Canada and England. Each RC may be primarily oriented towards skills and knowledge development ('Strengths-oriented RCs') or towards strengthening community and social connections ('Community-oriented RCs). Research has not investigated what types of courses are offered and how course provision differs depending on RC orientation. The study aimed to develop a typology of RC courses and examine the relationship between type of course and RC orientation.

Methods: A document analysis was conducted using the READ methodology. The websites of all 88 RCs in England were searched to collect online prospectuses. Overall, 2,330 courses described in 551 documents from 71 RCs were collated. Thematic framework analysis was applied to the course titles and content descriptions to develop a typology of the course types offered by RCs.

Results: A typology of 14 superordinate course themes was created. In relation to spread (number of RCs offering at least one course in that theme) and frequency (median courses per RC), the three most common course categories were Self-management of Wellbeing (96% RCs >=1 course, median 10 courses per RC), Creativity (86% RCs >=1 course, 3 courses per RC) and Mental Health Conditions and Symptoms (85% RCs >=1 course, 4 courses per RC). The least common course categories included courses for informal carers. Across the 14 themes, frequency of courses did not differ between Strengths-oriented versus Community-oriented RCs, with the exception of more Practical life skills (Mann-Whitney U p=0.021) and Involvement, co-production and research (Mann-Whitney U p=0.036) courses in Strengths-oriented RCs.

Conclusion: RC courses provided diverse courses supporting mental health recovery. Community-facing and service-facing RCs offer mainly similar courses. Wellbeing is a high priority, as is equipping students with knowledge about living with mental health issues. Further cross-cultural extension of the typology is needed.

ID 45 poster and lightning talk – day 1

Creating Spaces for Voice: Exploring Contexts That Enable People with Lived Experience of Mental Health Service Use to Speak Up in Co-Production

Yuki Miyamoto (University of Tokyo), Motoshi Kitamura (Riguwrap Kochi Association), Nanpuu Kitakawa (Peer supporter in Furano area and illustrator), Hirofumi Aoki (Kurume Deainokai), Hiroshi Yoshioka (Recovery College Fukuoka), Mina Oota (Ringuwrap Kochi Association), Ryota Shimoda (Ringuwrap Kochi Association) Go Tanaka (Tachikawa Orion - Type A Continuous Employment Support Office for Persons with Disabilities), Makoto Ogawa (National Center of Neurology and Psychiatry), Akiko Inagaki (Tokyo Healthcare University), Hiroko Ohkawa (Hokkaido Bunkyo University), Rie Chiba (Kyoto University), Emi Matsumoto (University of Tokyo)

Introduction: The exchange of diverse opinions is the foundation of co-production, yet traditional mental health services often have been a place that made service users hesitate to say their opinions. This study explored the contexts and conditions that facilitate co-production from the perspectives of individuals with lived experience of mental health service use engaged in the operation of recovery colleges.

Methods: We conducted one-on-one interviews with seven individuals who had experience using mental health services and had experience of actively involved in recovery college steering committees. Participants shared their experiences of co-production and the situations that enabled or hindered them from speaking up. A qualitative thematic analysis was performed. The research ethics committee of the University of Tokyo approved this study. Written informed consent was obtained.

Results: Participants reported feeling that their circumstances and opinions were respected, being responded to what they said, and seeing that people with lived experiences had power and roles in that group made them feel comfortable speaking up. These positive experiences contrasted with past experiences in conventional mental health settings, where they felt unheard or undervalued in hierarchical relationships. Getting to know the personalities of other members also contributed to letting them speak up. There were also comments that it was easier to speak up in a meeting if there was time to think, if people could chat, or if moderators invited input from each member. In contrast, the use of inaccessible terminology and fast-paced discussions discouraged participation. When participants noticed some members hesitant to speak, they made efforts to engage them individually outside the meetings.

Conclusion: Feeling valued and respected was crucial for mental health service users to engage in co-production actively. Also, thoughtful facilitation and structural adjustments to meetings may promote co-production.

(This study was supported by JSPS KAKENHI Grant in Japan.)

ID 46 poster and lightning talk – day 1

Exploring Cultural Perspectives on Personal Recovery: Adapting the CHIME Framework for Non-Western Contexts

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Background: While personal recovery is widely acknowledged in mental health systems across Western countries, its conceptualization in non-Western cultures remains underexplored [1]. The CHIME framework, which defines recovery through Connectedness, Hope, Identity, Meaning, and Empowerment, has been widely used to understand personal recovery [2]. However, cultural factors may influence how these components are experienced, prioritized, and achieved.

Objective: This study investigates how cultural contexts shape personal recovery by evaluating how well the CHIME framework fits among individuals from non-Western ethnic backgrounds [3]. It aims to identify cultural adaptations necessary for the effective use of CHIME in diverse mental health settings.

Method: A scoping review with systematic searches was conducted across PsycInfo, ProQuest, EMBASE, MEDLINE, and CINAHL. Inclusion criteria: Studies examining personal recovery in non-Western cultures. Exclusion criteria: Studies on individuals without mental illness or of Western ethnic origin. A best-fit framework synthesis was used to assess how cultural factors impact CHIME. We included 76 studies from an initial pool of 1,641 identified studies.

Results: Findings suggest that CHIME is applicable in non-Western cultures, but key differences emerge:

• Connectedness plays a stronger role, particularly family relationships and community ties.

• Religion is a primary source of hope, meaning, and empowerment.

• Socio-structural factors (e.g., welfare support, economic stability) influence recovery.

Conclusion & Implications: Cultural sensitivity is essential when applying Western recovery models to diverse populations. Mental health services should recognize family and religion as core components of personal recovery. Socio-structural factors must be addressed to support sustainable recovery. To enhance CHIME, the subcategories shared responsibility, and shared control could be integrated in the Empowerment category. Refining CHIME can help create more inclusive, culturally responsive recovery frameworks.

Key Takeaway: Understanding cultural variations in personal recovery can enhance mental health services globally by ensuring frameworks like CHIME are adaptable, relevant, and inclusive.

ID 47 poster and lightning talk – day 1

Can machine learning methods annotate the INCRESE characteristics of mental health recovery narratives?

Shrankhla Pandey (University of Cambridge), Sarah Morgan (King's College London)

Mental health recovery is deeply personal and shaped by lived experiences. Narratives play a crucial role in understanding recovery journeys, yet large-scale annotation remains a challenge. In this study, we establish a computational baseline to annotate mental health recovery narratives with the 67 INCRESE (Inventory of Characteristics of Recovery Stories) characteristics. We explored two machine learning (ML) configurations.

In Experiment 1, we applied five text representation methods—CountVectorizer, Term Frequency-Inverse Document Frequency (TF-IDF), Global Vectors for Word Representation (GloVe) (50d and 300d), and Bidirectional Encoder Representations from Transformers (BERT)—to vectorize narratives. We then compared three classifiers: Logistic Regression, Support Vector Classifier, and Random Forest. In Experiment 2, we implemented a Stacked Generalization ensemble, which improved performance for some of the 67 INCRESE characteristics. Given the small and sensitive nature of the dataset, we opted for a simple ML approach to provide a benchmark for future research. Our results indicate that for 27 INCRESE characteristics, we achieved a balanced accuracy of 0.2 above random chance, demonstrating the potential of ML in identifying recovery story attributes.

While the current performance is not yet sufficient for real-world application, this study offers a foundation for future advancements. Moving forward, we aim to integrate perspectives of people with lived experience to guide AI annotation efforts. We will conduct surveys to gauge public opinion on AI-assisted annotation of recovery narratives and organize smaller interviews for in-depth discussions.

By incorporating lived experiences into the development of AI-based annotation tools, we aim to bridge the gap between computational methods and person-centred recovery research. Our work contributes to discussions on peer research, recovery-oriented interventions, and the ethical use of AI in mental health.

ID 48 poster only

Listening to Recovery: Young People's Understanding and Engagement with Recovery Narratives

Malle Vogelsang (Nord University, Norway)

Mental health challenges among young people in Norway are rising, despite high overall quality of life. Recovery narratives - personal stories of living with mental health struggles—are increasingly recognized as valuable in mental health support in adult mental health. However, little is known about how young people themselves understand and engage with these narratives. As part of the NEON Young Norway study, this study explores young people’s perspectives on recovery narratives, focusing on their meanings, experiences, and potential impact.

Using narrative interviews with 10-15 individuals aged 16-30 and thematic analysis, this study explores how young people understand recovery narratives, what role recovery narratives play in their lives, and how sharing or hearing such stories influences their mental well-being.

This study is currently in progress, with results expected in September 2025.

ID 53 poster only

What Defines a Citizen Science Approach to Mental Health Research? A Delphi Consultation

Joy Llewellyn-Beardsley (University of Nottingham), Olamide Todowede, (University of Birmingham), Stefan Rennick-Egglestone (University of Nottingham), Stuart Moran (University of Nottingham), Liz Dowthwaite (University of Nottingham), Chris Greenhalgh (University of Nottingham), Doreen Boyd (University of Nottingham), Mike Slade (University of Nottingham)

Citizen Science, wherein non-professional scientists actively participate in scientific research, is well-established in fields such as astronomy and ecology. It has grown popular in health research, with high-profile projects such as the Zoe Health Study involving millions of UK participants. The approach is now emerging in mental health-related research, with a recent report highlighting 45 projects. Citizen science could have a vital role to play in terms of democratising and increasing diversity within mental health research. However, it is often unclear how citizen science approaches are distinguished from other participatory methods well-established in the field. An expert consultation was undertaken to gauge areas of consensus and disagreement in mental health citizen science (MHCS).

A 3-round Delphi consultation was conducted. Participants were recruited from five sources: (1) projects included in a 2024 Wellcome Trust report on MHCS; (2) papers included in a 2023 systematic review of MHCS studies; (3) Google scholar search; (4) social media call; (5) research team contacts.

Round 1 contained 58 questions in five areas, comprising: (1) important elements of MHCS projects; (2) approaches to improving quality; (3) relevance of the European Citizen Science Association 10 principles for MHCS; (4) distinguishing citizen science from other participatory methodologies; and (5) creating sustainable communities of citizen scientists. In Round 2 participants were given summaries of Round 1 results and invited to compare their initial opinions with the group results. A final round was conducted to achieve a previously-defined acceptable level of consensus.

The Delphi consultation is expected to involve 100 participants: 50 project leads (experts designing and running MHCS projects) and 50 public contributors (experts providing information or observations to such projects) from over 20 countries in high, middle and low-income settings.

All rounds will be completed and all findings analysed by end of July 2025. Findings will present issues on which there is consensus and areas which remain contentious. They will contribute towards defining more clearly a distinctive citizen science approach to mental health research.

ID 56 poster only

Service user feedback about mental health service experiences can be a source of knowledge about mental health recovery

Stefan Rennick-Egglestone (University of Nottingham), Rebecca Lloyd (University of Nottingham)

Background: Health and care services internationally receive substantial quantities of feedback from their users, frequently collected through online systems. Care Opinion (https://www.careopinion.org.uk/) had collected 709,835 UK service experiences by 26th February 2025, with informed consent and licensing appropriate for research usage. We were funded by the National Health Service (NHS) in England to examine the characteristics of positive service user feedback collected through online systems: https://www.researchintorecovery.com/positive/.

Method: We identified and categorised 200 feedback items with positive content, some from Care Opinion, and others from an NHS trust providing mental health and intellectual disability services. For each category, we summarised representative examples. Our work was published in 2024 [https://doi.org/10.1136/bmjhci-2024-101113].

Findings: Our five selected categories related to feedback Tone (positive-only, mixed), Form (narrative, factual), and Intent (grateful). Narrative feedback was rare in FFT, and frequent in Care Opinion. It often described the cumulative impact on a service user of their interactions with a range of health service units, healthcare providers, healthcare professionals, influential individuals, community organisations, and also inner events (such as changes in thinking that supported depression recovery). Hence, even though this feedback was directed to the NHS, it also provided information about the influence of non-NHS entities and personal factors on health and well-being, including around mental health and recovery. The richness of many narrative feedback items was noteworthy; some items were in excess of 1000 words.

Conclusions: Databases of service user feedback are an underexplored resource for researchers looking to understand the phenomenology of mental health and recovery. Future narrative inquiry work should develop heuristics to identify mental health recovery narratives in feedback databases.

ID 58 poster and lightning talk– day 2

Ethical Dilemmas in Innovative Youth Mental Health Research: Insights from the NEON Young Norway Study

Kristin Berre Ørjasæter (Nord University, Norway), Cathrine Fredriksen Moe (Nord University, Norway) Anna Leiler (Nord University, Norway), Malle Vogelsang (Nord University, Norway), Teddy Nambazira (Nord University, Norway), Helga Dis-Isfold Sigurdardottir Nord University, Norway), Victor Manuel Pèrez Colado (Nord University, Norway), Jone Trovåg (Nord University, Norway), Stefan Rennick-Egglestone (University of Nottingham), Mike Slade (University of Nottigham & Nord University, Norway)

Background: Research ethics is crucial for promoting responsible conduct and maintaining high standards of integrity in scientific practice. Despite its importance, there is a lack of focus on the ethical dilemmas that arise in the early stages of innovative youth mental health research projects.

Methods: This abstract presents a case study on the ethical dilemmas encountered during the design of an interdisciplinary mixed-methods project focused on young people's recovery narratives and their use in online mental health support. The data comprises preparation notes, minutes from phone calls and meetings discussing research ethics, and written correspondence regarding study approvals. A document analysis was conducted of the data, following the principles of reflexive thematic analysis.

Preliminary results: Several ethical dilemmas emerged during the initial phases of the project, including (1) ensuring that young participants fully understand the project's purpose and procedures, and are competent to give informed consent independently; (2) selecting the appropriate legal basis for processing the personal data; (3) balancing anonymity and ownership of personal stories while protecting participants' privacy; (4) weighing the potential benefits of participation against negative impacts on participants' mental health and well-being; (5) balancing anonymity and ownership of personal stories while protecting participants` privacy; and (6) informing participants about future digital health technology resources from collected recovery narratives, despite its final form being unknown.

Conclusions: This project identifies critical ethical dilemmas in youth mental health research. These insights can guide future projects in addressing these dilemmas early in their development to secure effective approvals and project initiation, ensuring ethical dilemmas are discussed throughout the project period, ensuring respectful treatment, fairness, and well-being of young participants.

Keywords: digital mental health support, interdisciplinary research, mental health issues, recovery narratives, research ethics, young individuals

ID 59 poster and lightning talk – day 2

A systematic review and Qualitative Evidence Synthesis of mechanisms of change experienced by people receiving peer support

Cecilie Høgh Egmose (Copenhagen Research Unit for Recovery), Chalotte Heinsvig Poulsen (Copenhagen Research Unit for Recovery) Lene Falgaard Eplov (Copenhagen Research Unit for Recovery), Steve Gillard (University of London), Julie Midtgaard (University of Copenhagen)

Introduction: Peer support interventions are becoming more and more implemented and are seen as an important part of recovery-oriented services in mental health care. RCT studies have found that peer support beneficially impacts the personal recovery of people with severe mental illness. The qualitative studies in the field have focused mainly on peer support workers and their perspectives of providing peer support. Thus, the purpose of this review is to investigate and synthesise the qualitative evidence of mechanisms of change experienced by the recipients of peer support in intentionally provided peer support interventions in different formats.

Methods: Qualitative studies that had evaluated intentionally provided peer support interventions for adults or adolescents with mental illness with a focus on experiences and mechanisms of change from the perspectives of peer recipients were included. One on one, group with peer facilitator and online with facilitator or moderator interventions were included. The search was carried out in the databases PubMed, PsycINFO, CINAHL and Web of Science. The search result was screened independently by two authors in Covidence. The included studies were quality assessed using the Critical Appraisal Skills Program (CASP). Data was extracted using data extraction form and analysed using content analysis in Nvivo 15.

Results: 42 studies with a total of 808 participants were included. The studies were from 12 different counties. The interventions were mainly set in the mental health services, did not use manuals and half of them used paid peer support workers.

Discussion: The perspectives of the recipients of peer support interventions have been under-investigated. This review contributes to this knowledge by elaborating mechanisms of change in intentional peer support.

ID 60 poster only

Embracing dissensus in lived experience research: the power of conflicting experiential knowledge

Marte Ustrup (Copenhagen Research Centre for Mental Health (CORE)), Helene Speyer (Copenhagen Research Centre for Mental Health (CORE))

There is no doubt that the inclusion of lived experience in mental health research broadens and refines the understanding of core concepts, such as diagnoses and recovery, and heightens the relevance and quality of research. However, based on my experience from working in a mental health research group as a researcher with both academic training and lived experience, I have come to realize that challenges can arise due to the diversity of the knowledge that we extract from our lived experiences, which clashes more frequently than it aligns. This can make the process of informing and designing cohesive research projects as well as translating findings into standardized, scalable interventions and services complex.

These fundamental dissents may at first sight pose a risk to the reliability and validity of our contribution. However, as I will discuss, internal dissensus can be a strength rather than a limitation in a mental health research group. I will elaborate on how we navigate in co-creation processes when lived experiences clash and how we have come to value this dissensus as a source of innovation and have gained a deeper understanding of the nature of the interplay between sources of knowledge and power balances.

ID 61 poster and lightning talk – day 1

Endeavour, endurance, entrapment: Recovery narratives of people living with severe mental health conditions in rural Ethiopia

Laura Asher (University of Nottingham)

Background: The focus of personal recovery concepts on individuals' strengths, without considering social and cultural influences, is potentially reductionist. The applicability of the individualistic framing of recovery to collectivist societies has been questioned. This study aimed to understand the diverse recovery narratives of people living with severe mental health conditions (SMHC) in rural Ethiopia.

Methods: We carried out in-depth interviews with 13 individuals with SMHC living in rural Ethiopia at baseline and again after 12 months. We conducted a narrative analysis using an idiographic and inductive approach.1. We read transcripts to create a case history for each participant. 2. We identified text which spoke to the dimensions: (i) Narrative form (genre and tone); (ii) Narrative structure (trajectory and turning points); and (iii) Narrative 'voices' (characters and meta-narratives). 3. We sought patterns of meaning linking these dimensions. 4. We created a typology of narratives by grouping them into genres. 5. We compared findings between participants.

Results: Whilst there were some stories of change and hope (endeavour narratives), the majority were characterised by struggle (endurance narratives) or despair (entrapment narratives). Contextual circumstances- poverty, lack of work opportunities, limited access to mental healthcare, and gender norms- were critically important in shaping individuals' lives. We identified five meta-narratives: service is the priority in life; working itself makes you well; people living with mental illness are less than human; traumatic life events cause or worsen mental illness; and it is God's will that ultimately determines events. The family occupied a major role in narratives. Most featured social isolation. The community had little active role in events, primarily shaping narratives in terms of attitudes and expectations. Starting medication was typically a turning point in our protagonists' stories, after which point individuals experienced fewer symptoms in a way that was often lifechanging.

Discussion: Interactions with the family 'system', rather than the healthcare system, are a key relationship. The lack of community support challenges assumptions about how collectivist societies function. Interventions aiming to support mental health recovery in low-income contexts should address the social adversities and structural factors that impede recovery, such as poverty, poor access to medication and stigma.

ID 64 poster and lightning talk – day 2

Co-producing a strategic Recovery College research agenda: Experiences and lessons learned

Holly Harris (Centre for Addiction and Mental Health (CAMH), Sophie Soklaridis (CAMH and University of Toronto), Shelby McKee (CAMH), Amy Hsieh (CAMH), Maral Sahaguian (CAMH), James Svoboda (CAMH), George James (CAMH), Gail Bellissimo (CAMH), Melissa Hiebert (CAMH), Lisa D. Hawke (CAMH & University of Toronto), Kelly Lawless (CAMH), Jordana Rovet (CAMH), Kayle Donner (CAMH)

Background: Recovery Colleges (RCs) are wellness-focused education programs that offer courses for those seeking support with mental health and substance use challenges. Co-production is central to RCs, whereby people with lived experience of mental health and substance use challenges (PWLE), health professionals, and those with multiple perspectives collaborate to design and implement all aspects of the program. While co-production is central to the RC model, it is often limited to individual projects in RC research, thus limiting its potential for catalyzing system transformation.

Methods: Aligned with community-based participatory research principles, CAMH established a research subcommittee to co-produce a strategic RC research agenda. The first of its kind, our subcommittee consists of PWLE, RC students and staff, researchers, and members with multiple roles. We meet for two hours bi-weekly to co-produce a research agenda consistent with the priorities of those who access and work in RCs. We collaborate through multi-directional learning, which involves all team members being situated as teachers and learners who co-create new knowledge at the intersections of our diverse perspectives through the collaborative process.

Results: We have successfully co-produced a research agenda, which involved creating terms of reference, establishing group expectations, building a work plan, formulating research questions, preparing a grant application, and co-producing a national research project. We are now in the implementation phase. Through reflexive practice, we identified the lessons, opportunities, questions, and tensions that can arise when striving to work equitably within hierarchical systems (e.g. academia and healthcare).

Discussion: Despite the potential value of co-producing strategic RC research agendas, examples are lacking, potentially hindering the adoption of this practice. By sharing our process, we will invite participants to explore how our experiences can inform their collaborative pursuits and encourage them to embrace the value of engaging PWLE beyond individual projects to co-create strategic research agendas.

ID 66 poster and lightning talk – day 2

A pilot study of experienced focussed counselling by nurses for people who hear voices – the evaluation of the study protocol and first results on effectiveness

Christian Burr (Bern University of Applied Sciences), Dirk Richter (Bern University of Applied Sciences), Frank Weidner (University of Koblenz), Joachim Schnackenberg (EFC-Institut, Kropp, Germany)

Background: Hearing voices as well as treatment and support of people who hear voices are defined differently in psychiatry. In contrast to the medical approach to define and treat voices as symptoms of a disease, the EFC approach focuses on non-pathologizing acceptance and a constructive relationship with voices. Mental health nurses with their focus on everyday life seems to be predestined for the application of alternative therapeutic approaches in practice.

Aim: To evaluate the study protocol from a pilot study regarding its suitability for a larger trial in concluding first insights about the effectiveness of the approach.

Method: Single-blind RCT Pilot study. The intervention consisted of EFC counselling by nurses with people who hear voices. The control group received Treatment As Usual (TAU). The suitability of the study design was evaluated in terms of recruitment, burden on study participants, suitability of assessment tools, the application of EFC counselling and the use of study nurses. In terms of effectiveness, voice hearing was measured in different dimensions (PSYRATS) as well as locus of control and personal recovery.

Results: 21 participants could be included in the study within fifteen months across the two study sites. Overall, the participants rated the study as not very burdensome and the intervention as helpful. The application of EFC by the nurses as well as the use of study nurses was assessed as good and suitable respectively. The quantitative data show high degrees of heterogeneity in both groups. In the intervention group, improvements in the desired direction could be identified.

Discussion: The evaluation of the study protocol shows that with minor adjustments it is suitable for conducting a larger study. The EFC approach seems to be well applicable for nursing professionals and to be a helpful intervention for voice hearers.

ID 67 poster and lightning talk – day 2

A Multidimensional Model of Recovery-Oriented Practices: Findings from the RECOR-PRO Survey

Simon Felix (University of Bordeaux)

Background/Justification: Personal recovery has reshaped mental health care, prompting international policies to promote recovery-oriented practices (ROPs) (WHO, 2021). ROPs can be defined as collectively and individually adhering to core values, such as valuing lived experiences or promoting citizenship, and applying these values to care practices (Oades et al., 2005; LeBoutillier et al., 2011). Yet, implementation remains challenging, particularly in hospital settings (Lorien et al., 2020). Barriers include inconsistent definitions and measurement approaches of ROPs, that conflate providers' knowledge, beliefs, attitudes, and practices (Leamy et al., 2023). Moreover, current models are primarily qualitative and lack empirical validation. Educational interventions targeting professionals' dispositions toward recovery have showed limited effects on routine practices (Eiroa-Orosa & García-Mieres, 2019), suggesting that individual characteristics alone do not predict behavioural change. Organizational factors, such as workplace climate, may be crucial for ROP adoption, though their quantitative influence remains understudied (Piat et al., 2021; Fleury et al., 2018).

There is a need for comprehensive and validated ROPs frameworks, to improve consistent implementation in mental health care.

Objective: We aimed to develop a multidimensional model of ROPs that integrates both individual and organizational factors from the perspective of mental health providers.

Methods: An online survey was conducted among French-speaking mental health professionals (N = 400). Standardized instruments were translated and adapted to assess (i) beliefs about recovery, (ii) attitudes toward ROPs, (iii) self-reported ROPs, (iv) perceived recovery orientation of service delivery, and (v) workplace recovery climate. Correlation and multiple regression analyses explored associations, followed by structural equation modelling to compare theoretical models.

Results and Conclusion: Data analysis is ongoing. The anticipated results will yield an empirically validated framework for ROPs, clarifying both individual and organizational determinants. This framework is expected to bridge a gap between theory and practice and to inform the implementation, evaluation, and training of recovery-oriented approaches across diverse settings.

ID 68 poster and lightning talk – day 1

Recovery in Telling Life Stories (RETELL): Development of a manual for a narrative identity intervention supporting personal recovery

Dinne Skjaerlund Christensen (Aarhus University), T Holm (Aarhus University Hospital), R A A Jensen, (University of Southern Denmark), M Lind (Aalborg University), A M Pedersen, A. M. (Aarhus University Hospital) L A Watson (Aarhus University), D K Thomsen (Aarhus University)

Personal recovery is increasingly prioritized in psychiatric services, emphasizing the need for evidence-based interventions actively supporting this process. One promising approach is narrative identity repair, which helps individuals with mental health challenges connect their past, present, and future in a coherent life story. To enhance transparency and support further refinement and testing of this approach, we document the development process of an intervention manual designed to support personal recovery through the facilitation of narrative identity repair.

The development process followed a theory-driven approach combined with stakeholder feedback. The initial prototype, grounded in theoretical and empirical research on narrative identity and personal recovery, underwent iterative feedback from multiple stakeholders, including individuals with lived experience of mental health challenges and recovery (n = 9), mental health professionals (n = 3), and researchers specializing in narrative identity and personal recovery (n = 2). The development process consisted of three stages, with refinements made after each to enhance feasibility, acceptability, and effectiveness of the manual: 1) Initial stakeholder feedback to inform adaptations to content, structure, and delivery. 2) Case studies to assess usability and preliminary feasibility. 3) Iteration of stakeholder feedback to optimize the final manual version before pilot testing.

The development process facilitated continuous refinement of the intervention manual, ensuring stronger alignment with the needs, preferences, and lived experiences of the target population while maintaining theoretical rigor. Stakeholder feedback highlighted the importance of using accessible language and clearly defining intended users. Additionally, adjustments were made to underscore the importance of flexibility in the session structure.

Findings emphasize the value of incorporating lived experience perspectives in the development of recovery-oriented interventions. The resulting manual provides a structured yet flexibly adaptable approach to support of personal recovery, paving the way for further evaluation of narrative identity repair as an approach to recovery support.

ID 69 poster and lightning talk – day 2

Recovering mentally from cancer: the development of experiential expertise in cancer care.

Esther van Loon (University of Applied Sciences Windesheim), Alie Weerman (University of Applied Sciences Windesheim), Lubke van 't Hul (University of Applied Sciences Windesheim)

Cancer diagnosis and its treatment are often accompanied by long-term psychological and physical symptoms, limitations in participation in work and social life, and raise fundamental questions of existence. Yet oncological care focuses mainly on the medical aspects and is less focused on what cancer means for the rest of your life and for psychosocial recovery. Commissioned by KWF Cancer Society, we conducted research into the added value of trained experience experts for oncological practice. Questions to be answered are: are professional experience experts of added value in oncology and what do these professionals encounter when taking up their position in the field.

We are investigating these questions in a two-year study with 50 experiential experts-in-training at six different colleges. KWF, the colleges, the students and the field for which the students are being trained participate in the study. We use questionnaires, interviews and learning meetings with the students to explore these questions. Preliminary results are that recovery stories of cancer have much overlap with mental health recovery stories. There are also differences, such as the importance of maintaining control over treatment progress and choices. Research on recovery in this field brings relevant insights about recovery in different contexts.

ID 70 poster only

How is trauma-informed care conceptualised? A scoping review

Ma. Lourdes Casingcasing (University of Nottingham), Gary Winship (University of Nottingham), Nuria Segarra (University of Cambridge), Sarah Beach (University of Nottingham), Stefan Rennick-Egglestone (University of Nottingham)

Introduction: In the UK, the Health Innovation team in Northeast and North Cumbria has created a platform to promote and advocate for trauma-informed approaches to mental health treatment and support the development of a national trauma-informed community of practice. The current scoping review explored how trauma-informed care (TIC) is conceptualised from the perspective of healthcare providers and professionals. This will foster its acceptance in the English healthcare workforce and internationally.

Methods: Three databases were used to identify relevant journal articles. Web searches were used to determine policy handbooks and national guidelines relevant to healthcare settings. The included documents were published in the last 15 years.

Results: An initial set of 46 documents was identified from 2008 to 2024, including peer-reviewed articles, training material, policy documents, and practice handbooks. Different interpretations of TIC were described. This included networking activities with a shared national vision of integrating the TIC principles at a systemic level. A few expressed that facilitating its implementation by tailoring it contextually to the organisation is significant. Many highlighted re-occurring implementation challenges such as safety, transparency, cultural sensitivity, trustworthiness, collaboration, empowerment, and choice. Barriers to the implementation of TIC at an organisational level were identified. These included having no dedicated strategy, agreed terminology, or framework, and only modest evidence-based findings from the UK healthcare system. This worryingly creates a cohort of professionals lacking the skill to respond with confidence when a patient discloses assault, violence, or abuse within an organisation.

Conclusion: Future research should continuously document and evaluate robust trauma-informed practices across healthcare systems internationally. There are differing views on the future implementation of TIC; some believe it has gained critical momentum, but others are pessimistic, due to insufficient political support, creating a potential barrier to meaningful reforms to healthcare practice.

ID 71 poster only

How is trauma-informed care conceptualised in UK mental health services? Scoping review

Ma. Lourdes Casingcasing (University of Nottingham), Gary Winship (University of Nottingham), Nuria Segarra (University of Cambridge), Sarah Beach (University of Nottingham), Stefan Rennick-Egglestone (University of Nottingham)

Introduction: This study investigates the implementation of Trauma-Informed Care (TIC) across three UK National Health Service Trusts: Cambridgeshire and Peterborough Foundation Trust, Nottinghamshire Healthcare NHS Foundation Trust, and Lincolnshire Partnership NHS Foundation Trust. It evaluates how TIC impacts mental health care delivery and outcomes for professionals and researchers, focusing on challenges, enablers, and practical insights.

Methods: Grey documents, including policy reports, and training materials, were sourced via Freedom of Information requests, manual search and NHS staff collaboration. Sixty documents were screened using a 'Population, Concept, and Context' (PCC) framework, yielding 46 eligible sources. Data were analysed in NVivo using deductive and inductive approaches to identify concepts related to TIC.

Results: The analysis of how TIC is conceptualised across three NHS trusts identified key themes. Cambridgeshire and Peterborough Foundation Trust (CPFT) focused on collaborative trauma-informed training and trauma-informed formulation, emphasising empowerment and personalised care. Nottinghamshire Healthcare NHS Foundation Trust highlighted the limited accessibility of trauma-related resources, evolving implementation of TIC strategies, and partial integration of TIC principles into policies. Lincolnshire Partnership NHS Foundation Trust identified trauma-informed mental health growth, emphasising the biological and psychological impacts of trauma. Across all trusts, gaps in consistent training, resource accessibility, and comprehensive policy alignment with TIC principles were evident.

Conclusion: The review highlights that conceptual clarity in defining trauma and TIC principles is critical for effective implementation, which requires trust-building relationships between service users and providers. However, systemic barriers hinder widespread adoption, including fragmented policies, training gaps, and inconsistent funding. Scaling TIC demands cultural shifts in staff understanding of trauma's impact, standardised practices, including the Substance Abuse and Mental Health Services Administration's Four Rs, and leadership commitment to ensure equitable care and measurable outcomes like reduced self-harm and improved well-being.

ID 73 poster and lightning talk – day 1

Empowering Recovery Through Lived Experience: A Collaborative Approach to Medical Education

Natalie Dean (Derbyshire Healthcare NHS Foundation Trust), Jas Taggar (Derbyshire Healthcare NHS Foundation Trust), Analia Buckley (Derbyshire Healthcare NHS Foundation Trust), Zowie Forwood (Derbyshire Healthcare NHS Foundation Trust)

At the Psychiatry Teaching Unit, we believe that the integration of lived experience plays a vital role in both medical education and personal growth and recovery. Our team is committed to embedding lived experience throughout the curriculum by involving expert patients—individuals who have lived experience of mental ill health and are now sharing their experiences to help teach our doctors of tomorrow. This unique approach not only enriches students' understanding of the human side of medicine but also empowers patients in their own recovery journeys.

By moving beyond traditional teaching methods, our programme provides students with an opportunity to learn directly from those with lived experience of mental ill health. This shift encourages empathy, deeper clinical understanding, and a more holistic approach to patient care. Expert patients, in turn, benefit from the experience in profound ways. Engaging with students allows them to build confidence, develop communication skills, and fosters a sense of community. We also embed co-production throughout our programme, to contribute to the development of new innovative teaching sessions, all designed with lived experience at their heart.

Being involved in our programme, helps to provide purpose, structure and stability, key elements in the recovery process, and fosters individual growth as patients transition from being recipients of care to active contributors. The dual impact of this approach on both students and expert patients, has been enriching and in some cases, life changing. Creating a sense of belonging and achievement, enhancing recovery and improving self-worth. This model exemplifies the potential for collaborative learning environments which not only enhance learning but also support the recovery and empowerment of those who share their experiences.

We are excited to share our work and explore how lived experience can continue to shape the future of both healthcare professionals and in supporting patient recovery.

ID 74 poster and lightning talk – day 2

Anthropology for Recovery: self-understanding and meaning-making thought multi-cultural ethnographies

Xandra Miguel-Lorenzo (North London NHS Foundation Trust)

The effectiveness of reading other people's recovery narratives for recovery was evidenced in a randomised controlled study, 'Narratives Experiences Online' (NEON), having the most positive impact on White British females, yet with no significant change for minority ethnic group participants, thus cultural adaptation for NEON was proposed (Slade et al. 2024). Drawing on the author's trauma recovery lived experience, who is a PhD in Anthropology (LSE); a Camden & Islington Recovery College Senior Peer Tutor (NLFT); and a recovery researcher (NIHR Springboard Awardee)- it is argued that Anthropology and ethnographic publications can be therapeutic for recovery because they can help people to access a diversity of human experiences and give meaning to their lived experiences considering multiple cultural frameworks. Thus, complementing the NEON project. Wright (2009) suggested that auto-ethnography can be therapeutic as a sort of 'writing cure' akin to music, art, or drama therapy (Wright 2009, 629-630); as well as an empowering feminist research methodology (Oakley 1999). 'Recovery narratives' are 'a first-person lived experience account of recovery from mental health problems, which refers to events or actions over a period of time, and which includes elements of both adversity/struggle and self-defined strengths/ successes/survival.' (Hall 2011; Thornhill et al. 2004 In: Llewellyn-Beardsley et al. 2018, 6). Recovery College students learn to tell their recovery story as an effective practice for mental health recovery (Nurser et al. 2017). Recovery narratives and auto-ethnography for recovery are compared, and the author's unique recovery journey through ethnographies is traced through the works of: Ortner (2016); Malinowski (1989c, 1916, 1929); Collier (1998); Davies (2013, 2019, 2022); Winfield (2022); Armstrong (2024); Lester (1997, 2013, 2017); Myers (2015, 2016, 2016b); Luhrmann et al. (2019); and Mol (2008). It defines and demonstrates an applied anthropology methodology for inclusive recovery.

ID 75 poster and lightning talk – day 2

The Care Opinion platform as a digital resource to identify people's narratives of mental health, alcohol use and recovery

Katy Jones (University of Nottingham), Oliver Reed (University of Nottingham), Stefan Rennick-Egglestone (University of Nottingham)

Background: The co-occurrence of mental health problems and alcohol use disorders presents a significant challenge, particularly when delivering appropriate treatment and synchronising services. Gathering people's lived experiences about this complex topic can be challenging. We aimed to a) examine if Care Opinion (https://www.careopinion.org.uk/) could be used as a digital resource to identify individuals' narratives of mental health and alcohol use, and b) gather information about people's satisfaction with different treatment services.

Methods: We developed a search strategy and systematically searched the Care Opinion website using a pre-defined set of keywords related to mental health (e.g., "depression," "anxiety," "PTSD", "sadness"), alcohol, treatment (e.g., "primary care", "A&E", "dual diagnosis"), positive ("positive, improved, supported, empowered, hopeful) or negative experiences ("frustrated", "sad"). Content analysis was conducted on narratives retrieved, focusing on individuals' experiences with mental health conditions and alcohol use. The narratives were examined using content analysis to detect reoccurring themes and patterns.

Results: A total of 126 narratives were identified that included both alcohol and mental health keywords. Additionally, 240 extracts about alcohol and positive treatment experiences were analysed. Six key themes were produced from the narratives identified: self-medication, co-occurrence of depression and anxiety, the harm of waiting lists, the chronic nature of conditions, coping strategies, and positive detoxification experiences. Alcohol was frequently discussed with depression and anxiety. Most services were tagged as addiction or mental health services, with a small number giving feedback on A&E or primary care. Satisfaction with services was generally high, with positive feedback outweighing negative feedback. The most frequently mentioned positively valenced keywords were "supported," "positive," and "hopeful."

Conclusions: We demonstrated Care Opinion can be a useful digital resource to capture people's organic insights into the interplay between mental health conditions and alcohol use. Narratives highlighted the importance of integrated treatment approaches, particularly alcohol use, depression and anxiety.

ID 79 poster and lightning talk – day 1

Lived experience perspectives of the role of spirituality in mental health and recovery

Katja Milner (Imroc & University of Nottingham)

Research has demonstrated that spirituality can be an important component of mental health and recovery and that this dimension should be integral to therapeutic, recovery and mental healthcare contexts. However, a 'spirituality gap' has been highlighted in which people's spiritual needs can often be invalidated, dismissed or pathologised within organisations and practice.

A summary of findings will be presented outlining a PhD study which, utilising a recovery approach, aimed to address the gap in knowledge in two stages. First, exploring the experiences of spirituality among adults with mental health difficulties in published qualitative research through a qualitative systematic review. A thematic synthesis of the study findings identified six key themes: Meaning-making, Identity, Service-provision, Talk about it, Interaction with symptoms and Coping, giving the acronym MISTIC. Second, a narrative methodology was employed to explore meaning making, psychospiritual development and spiritual connection in thirty participants who were interviewed about their experiences of spirituality, mental health and recovery. A salient finding was the articulation of meaning making for some participants as an internalised form of spiritual guidance, and the importance of authenticity within the context of psychospiritual development.

The outcomes of this thesis provide a number of knowledge contributions. These include the production of an original conceptual (MISTIC) framework (Milner, 2020) highlighting pertinent themes in the context of spirituality mental health and recovery. It also provides novel insights into some of the ways meaning making, psychospiritual development and spiritual connection may function within this context. These have the potential to contribute towards the development of evidence, theory and training resources and have gained interest internationally within teaching and practitioner contexts. A paradigm of mental health care understanding and practice is highlighted which validates and integrates the spiritual dimension into an evolving recovery approach.

ID 80 poster and lightning talk – day 2

Exploring supportive others societal discourses on excessive behaviour

Siw Tønnessen (University of South-Eastern Norway), Tandy Mundry (University of Calgary)

I would like to present qualitative research exploring how supportive others are struggling with being next of kin to people with different excessive behaviour such as eating, internet use and gambling.

Methodology: thematic analysis of interviews with seven supportive others who is experiencing that their loved one's has different kinds of excessive behaviour.

Findings: The preliminary findings suggests that the supportive others draw upon different societal discoursers in trying to make meaning of the excessive behaviour, such as: (1) "It`s a mystery": Supportive others need to understand something apparently incomprehensible, (2) "I want to figure it out" Supportive others need for an explanation (of why and the cause of) the excessive behaviour, (3) "Should I stay, or should I go?" Supportive others need for change to the better to stay with their loved ones, 4) Alternating between power/powerlessness. Supportive others way of alternating with regards to control: between trying to control the excessive behaviour (power) and accepting that control is not possible (powerlessness).

Implications: This research suggest that the need for understanding, explaining, controlling, and having change for the better are societal discourses that supportive others draw upon when having a loved one who are over-using internet, food or who is gambling. An insight that might be useful for researchers and practitioners interested in recovery beyond mental health.

ID 84 poster and lightning talk – day 2

Development of LifeCourse in Online Narrative (LION) portal in Singapore bridging multi-generations

Kelvin Tan (Singapore University of Social Sciences)

Narratives are powerful forms of tool to connect people with similar lived experiences and relating to each other. Learning from the accomplishments of the NEON (Narrative Experience Online) programme (2017 to 2023), an adapted version, LION (LifeCourse In Online Narrative) was piloted in Singapore. The NEON platform typology, related process of narrative collection and user-friendly user experience were adopted in LION.

This paper presents the development, evolution, and implementation of LION portal. Being the first-in-Asia, it has a curation of narratives presenting the lived experiences of older persons, family members and carers in Asia. It validated the usability of NEON programme structure and its VOICES typology of curatorial decisions in the development of other narrative collections.

LION is a publicly accessible collection of life course narratives capturing the experiences of older persons and those who engage with them, preserving both their personal anecdotes and cultural legacies as part of their lived experiences. Through the narratives, it aims to promote intergenerational bonding and connection. The older persons' voices heard shall generate a higher awareness on the advocacy for their issues and induce attitudinal change in perceptions of older persons.

The pilot of LION is relevant for educators, researchers, and others interested in understanding the older persons' real-life perspectives that go beyond empirical interpretation. Additionally, LION demonstrated its means as an emotional support tool for users with a sense of belonging, respite, and inspiration.

Finding from the pilot showed that narratives contributed by older persons, family members and friends have the potential effects of influencing other users. Future studies can analyse the emerging themes and compare perspectives of narratives emanating from multi-generations with diverse background and culture.

ID 86 poster and lightning talk – day 2

Advancing Peer Support: Insights from the TuTo3-PAT Project

Ramona Hiltensperger (Ulm University), Stéphane Waha (Peer And Team support ASBL, Namur, Belgium), F Eiroa-Orosa (Peer And Team support ASBL, Namur, Belgium), M Gavrilă-Ardelean (University of Arad), I Hénault-Bernier (Pair-aidance Québec, Montréal), M Mathy (Haute École de la Province de Namur, Belgium), H Pettersen (Inland University, Norway), B Puschner (Ulm University)

Background: Peer support, which integrates lived experience into mental health services, promoted recovery-oriented practices. While it had expanded in English-speaking countries, its development in other regions and its impact on mental health services remained limited. The TuTo3-PAT Erasmus+ project, a collaboration of 10 partners across Europe and Canada, aimed to address this gap by exploring the professionalisation of peer support.

Method: The project took a systemic approach, considering peer support workers, the professional teams they collaborated with, and their associations. Crucially, peer support worker associations were not just consulted but actively involved as project partners, ensuring that lived experience shaped all aspects of the work. The project developed resources to support the integration of peer support across mental health services and beyond.

Results: Key outcomes of the project included: 1) a competence framework and recommendations for peer support training programmes, 2) a guide for employers on recruiting and effectively working with peer support workers, 3) strategies for incorporating recovery-oriented practices into nursing curricula, 4) a model for strengthening peer support worker associations, particularly through intervision-based support, and 5) a Massive Open Online Course (MOOC) featuring testimonies to illustrate key competencies and promote knowledge sharing.

Discussion: While primarily focused on mental health, the project's findings had broader implications. The competency frameworks, training resources, and organisational support strategies developed through TuTo3-PAT were applicable to other sectors employing peer support. By making all outcomes publicly accessible, the project contributed to the sustainable development of peer support practices across different professional environments.

ID 87 poster and lightning talk – day 1

Mental health effects and experiences of self-compassion interventions among people in ethnic minority groups: a systematic review

Sofia Anna Altisent (University of Nottingham), Mike Slade (University of Nottingham), Yasu Kotera (University of Nottingham)

Self-compassion is the ability to respond to life's difficulties with kindness, understanding, and humanity. Self-compassion helps us regulate emotions with non-judgemental and self-caring attitudes towards difficulties instead of self-criticism. Higher self-compassion is associated with improved wellbeing, healthier cortisol levels, and better sleep quality, while also associated with reduced anxiety, depression and other mental health issues. Today self-compassion is a target outcome in many types of therapies.

Despite these benefits, many studies on self-compassion are on white participants, with limited attention given to people in ethnic minority groups. Research suggests that self-compassion is experienced differently across cultural backgrounds. However, little is known about how people in ethnic minority groups experience and benefit from self-compassion interventions, making it harder to improve their effectiveness.

This systematic review aims to shed light on variations in mental health effects and experiences of self-compassion for different ethnic groups. The results will indicate how

interventions can best support self-compassion in people in ethnic minority groups. This work seeks to enrich recovery research and practice by offering insights that facilitate meaningful and effective person-centred care.

ID 89 poster only

How does posttraumatic growth happen in psychosis: A qualitative study

Fiona Ng (University of Nottingham), Felix Lewandowski (University of Nottingham), Matt Geeleher (EPOCH Lived Experience Advisory Panel), Susie Booth (EPOCH Lived Experience Advisory Panel), Julian Harrison (EPOCH Lived Experience Advisory Panel), Mark Holden (EPOCH Lived Experience Advisory Panel), Donna Franklin (EPOCH Lived Experience Advisory Panel and University of Sheffield), David Roe (University of Haifa, Israel), Yael Mazor (University of Haifa, Israel), Mike Slade (University of Nottingham)

Background: Some people with psychosis report experiences of posttraumatic growth (PTG). PTG refers to the positive psychological changes as a result of trauma or adversity. In psychosis, PTG occurs in seven domains: Personal strength and identity, Receiving support, Opportunities and possibilities, Strategies for coping, Perspective shift, Emotional experience, and Relationships, giving the PROSPER acronym. There has been minimal exploration of how PTG occurs in psychosis. This study aims to understand how PTG in psychosis occurs through the identification of moderators, mediators and indicators.

Method: Semi-structured interviews with 25 individuals with lived experience of psychosis was conducted. Inductive thematic analysis was used to identify the moderators and mediators of PTG, whilst deductive thematic analysis was used to identify indicators of PTG.

Results: The EPOCH Process Model of PTG describes the experience of psychosis as a description to an individual's life course. Two factors moderated the experience of psychosis, whilst four factors mediated the psychosis and PTG experience. The PROSPER model was validated as indicators of PTG.

Moderators included personal and trauma factors. Personal factors referred to the behaviours or internal states which influenced the experience of psychosis (e.g. prior wellbeing, social difficulties, sense of self), whilst trauma factors included child/adult experiences of trauma. The mediators of PTG were identified to be on two levels (individual and societal). Individual factors included wellbeing factors and cognitive processes, whilst societal factors included social factors and external factors such as religion and access/experience of healthcare and support services.

Discussion: People with psychosis were able to discuss their experiences of PTG and factors which moderated and mediated the experience. Understanding the process of PTG in psychosis can help identify targets for interventions.

ID 94 poster and lightning talk – day 1

The Co-production Journey through the SUCCEED Africa project: Perspectives from Peer Researchers and Academic Investigators

Bisola Oladele (University of Ibadan, Nigeria), Mayowa Malomo (University of Ibadan, Nigeria), Olayinka Aturu (University of Ibadan, Nigeria), Hilda Chinoko (Kamuzu University of Health Sciences, Blantyre, Malawi), Philani Ama (University of Zimbabwe), Oluwatomisin Ogunmola (University of Ibadan, Nigeria), Rita Tamambang (University of Ibadan, Nigeria), Iyeyinka Kusi-Mensah (University of Ibadan, Nigeria), Feyisara Taiwo (University of Ibadan, Nigeria), Julian Eaton (Liverpool School of Tropical Medicine), Olayinka Omigbodun (University of Ibadan, Nigeria)

Background: People living with psychosis (PLwP) have diverse needs that extend beyond the health sector. In sub-Saharan Africa, limited resources available for mental healthcare are centred within psychiatric hospitals. On the SUCCEED Africa project, peer researchers (experts by lived experience) have worked alongside academic researchers and clinicians to co-produce the design and evaluation of a holistic intervention based on the World Health Organization's community-based rehabilitation (CBR) guidelines intervention for PLwP in Malawi, Nigeria, Sierra Leone, and Zimbabwe. This presentation examines the co-production experience of peer researchers and academic investigators involved in the SUCCEED Africa project. Insights from both groups on how their participation in the project have impacted them both personally and professionally is incorporated.

Methods: This is a co-produced qualitative study analyzing semi-structured interviews with nine (9) peer researchers, and ten (10) academic researchers using thematic analysis. Preliminary findings have been generated through informal consultations.

Preliminary findings: Peer researchers describe their experiences as a journey of self-realization, building up their self-esteem, and providing deeper understanding of their own journey of recovery, opportunities to acquire new skills, and to improve their employment prospects. They see their role on the project as pioneering inclusive research and advocacy through lived experience leadership. They also identify challenges with research terminology, self-doubt and coming to terms with self-disclosure. The researchers describe the impact of co-production as changing their approach to daily living as they recognise the benefits and impact of co-production. They recognise that co-production fosters acceptability, sustainability and builds greater trust and reach among the target population.

Conclusion: Experiences from researchers on SUCCEED highlight the transformative impact of co-production on people with lived experience of psychosis and investigators in developing and evaluating mental health interventions. It enhances the relevance of mental health programmes while simultaneously reducing discrimination in employment.

ID 96 poster only

Beyond wellbeing - the role of peer support in supporting family and friend carers with the challenges of recovery

Donald Robertson (Sussex Partnership NHS Foundation Trust), Kat Pugh (Sussex Partnership NHS Foundation Trust)

Traditionally, carer support has focused on helping carers to look after their own wellbeing as they provide support for a loved one. Whilst this is extremely important, it is our experience that family and friend carers often also want to improve the support that they provide for their loved ones. Peer support from others with lived experience of the caregiving role can provide a supportive environment where carers can explore and challenge their approach to the caregiving role and their interactions with their loved one.

To facilitate this peer support for carers of a family member or friend who has experienced a first episode of psychosis, we have co-developed a support package that combines a co-designed and co-delivered workshop programme and an ongoing co-facilitated peer support group. The workshops provide psychoeducation about psychosis; explore what recovery might mean for both loved one and carer; allow space for carers to think about their own wellbeing; and offer some alternatives for when interactions with their loved one become stuck.

Using this experience, we will reflect on the challenges that recovery can pose for family and friend carers and the unique role that carer peer support can offer. These challenges include:

- Finding the balance between trying to drive a loved one's recovery and letting them find their own way.
- Recovery often involves taking (positive) risks, which can be scary for carers.
- Carers can become hypervigilant, worrying about bad days being the start of a decline, when it might just be a blip.
- Letting go of the carer's own hopes and dreams around their loved one returning to how they were before.
- The caring role can meet needs for the carer that make it hard to accept that their loved one no longer needs that level of support.

ID 97 poster and lightning talk – day 1

Ronaldo on the Clapham omnibus: Complex recoveries in complex psychosis

Henry Whittle (North London NHS Foundation Trust)

Recovery from psychosis is theorised to involve increasing social connection, community integration, identity reclamation, and hope. Drawing on six months of ethnographic fieldwork on a psychiatric rehabilitation ward for ‘complex psychosis’ in London, I consider what we might make of recoveries that appear not to follow this trajectory. I focus on the story of one of my participants, a man diagnosed with treatment-resistant schizoaffective disorder who identifies with/as the famous ex-footballer Ronaldo. My presentation considers the social implications of his attempts to ‘mask’ this identity while on leave from the hospital to avoid “caus[ing] trouble”—strategically embodying, in effect, the fictitious ‘ordinary’ person denoted by the English idiom 'the man on the Clapham omnibus'. I argue that his complex recovery, built on a trial-and-error process of retreat from social connection and caution towards hope, is a pragmatic response to the stigma still haunting people with severe mental illnesses in Western societies. Yet, this complex recovery strategy was also one that allowed him a sense of satisfaction, progress, and peace he may not otherwise have attained. Importantly - and perhaps paradoxically - it needed the time, space, and relative safety of a lengthy involuntary hospital admission, situated within his local community, to figure. Confronting the awkward and perhaps painful social reality of such complex recoveries, which fit less neatly into our established recovery frameworks, is nonetheless essential if our understandings of recovery are to include people living with the most severe and complex psychiatric conditions.

ID 98 poster and lightning talk – day 1

Personal Stories, Public Impact: A Brief Video-Based Intervention to Reduce Stigma Toward Serious Mental Illness in South Asian Americans

Sheharyar Hussain (John Jay College and City University of New York), Philip Yanos (John Jay College and City University of New York)

Objective: There is compelling evidence that shows that mental health stigma decreases help-seeking and treatment adherence for people with serious mental illness (SMI) such as schizophrenia, psychosis, and bipolar disorder. This is particularly concerning since more than 70% of young people and adults with serious mental illness worldwide do not receive mental health treatment, at least partly due to stigma. Furthermore, mental health stigma in the South Asian American community is highly prevalent. This calls for developing evidence-based, community-oriented and culturally relevant interventions aimed at reducing stigmatizing attitudes towards people with SMI. This presentation describes the process of developing a brief video intervention in which a South Asian person with SMI shares their story of their mental health journey. Further, we aim to implement this intervention to target mental health stigma in the South Asian community living in the US. Using a model previously used by Amsalem and colleagues in 2019, we hypothesise that participants in a social-contact-based video intervention group will have reduced stigma compared to written vignette and control groups.

Methods: We aim to recruit about 100 South Asians living in the United States, aged 18–30 using Amazon Mechanical Turk. Participants will be randomly assigned to either (1) a video-based intervention, (2) a written description of the same content (“vignette”), or (3) a control group. In the 90-second video intervention, a South Asian person with serious mental illness will describe their experiences with mental illness and the coping skills they use to navigate everyday life difficulties. We will assess different stigma domains including participants’ attitudes towards people with SMI, social distance, separateness, social restriction, and perceived recovery.

Results and Discussion: The process of implementation of this intervention for South Asian Americans and the results across multiple stigma domains will be discussed.

ID 99 poster only

Integrating Mental Health Recovery Narratives in Social Impact Games (SIGs) and Interactive Media: Experiences of Student Developers

Teddy Nambaziira (Nord University, Norway)

Mental health services are being redesigned to improve access and support for young people. This includes incorporating recovery narratives (real-life stories) into videos, games, and other forms of interactive media. This is because young people are increasingly using technology, which provides an excellent opportunity for engagement.

Integrating mental health recovery narratives into Social Impact Games (SIGs) and interactive media is a promising approach to promoting young people's mental health well-being. However, the experiences of integrating narratives into games and interactive media are understudied. This study explores the question: How do student developers of social impact games and interactive media approach integrating recovery narratives within storytelling and game design?

The study plans to conduct qualitative interviews with 15 game lab development students and 8 observations sessions. 4 groups of game lab development students will be observed thrice during their game design processes to understand the development methodology used. This research aims to uncover the experiences and challenges involved in integrating recovery narratives into SIGs and interactive media. Data will be analyzed using reflexive thematic analysis.

Experiences of integrating recovery narratives within SIGs and interactive media are among the expected findings. The significance of this study lies in its co-creation strategy, which involves using young people to create SIGs and interactive media for other young people to promote their mental well-being. It also has the potential to serve as a framework for best practices in SIG development, providing valuable guidance to game developers, mental health professionals, and policymakers interested in using interactive media to promote mental health. This study adds to the expanding field of game design and mental health by emphasizing the role of SIGs and interactive media in promoting recovery and resilience among young people.

ID 100 poster and lightning talk – day 1

The utility of personal recovery as a framework for guiding service design and delivery for psychosis in the Indian context: a qualitative analysis of perspectives of mental health professionals

Nikita Nalawade (Queen Mary University of London), Tessa Roberts (Queen Mary University of London), Victoria Bird (Queen Mary University of London), Craig Moran (King's College London)

Background: The relevance of a recovery framework in guiding services has been questioned, especially in an Indian context where social and welfare systems despite being key to wellbeing are not intricately connected with the health system. This study responds to the debate about the relevance of the recovery framework to guide mental health services in India.

Aim: To understand what guides community-based service design and delivery for psychosis in India and how this aligns with personal recovery conceptualisations or alternative recovery frameworks for psychosis.

Methods: Online semi-structured qualitative interviews are being conducted with representatives of mental health organisations that are involved in community-based services for psychosis in India. A total of 12-15 interviews will be conducted, with the final sample size determined based on data saturation. Data will be analysed using thematic analysis. Results: This poster will present preliminary results from the analysis of the interviews which will be completed by July. The results will highlight goals of services for people with psychosis in community settings in India from the perspective of service providers, perspectives of mental health professionals on how outcomes for psychosis should be conceptualised, and how concepts such as recovery and alternative frameworks shape service design and delivery in Practice.

Conclusion: Findings of these studies will help answer the broader question on the relevance of personal recovery frameworks in guiding services for psychosis in India. They will also inform future research and policies.

ID 101 poster only

Navigating institutional logics: an ethnography of mental health peer support worker implementation

Ashleigh Charles (University of Nottingham), Alison Edgley (University of Nottingham), Mike Slade (University of Nottingham)

Peer support worker (PSW) roles are increasingly implemented in UK mental health services. While existing studies suggest organisational culture (OC) significantly influences PSW role success, theoretical clarity on what constitutes OC in this context remains lacking.

A qualitative ethnographic approach was used, with data collected over five months through 432 hours of non-participant observation, 13 semi-structured interviews, informal interviews, and 68 documents and artefacts. The study identifies three intersecting and sometimes competing institutional logics shaping PSW implementation: managerial, therapeutic, and professional. Two key mechanisms - time and risk - intersect with these logics, revealing tensions and alignments affecting PSW implementation.

Time emerged as a critical factor influencing role boundaries and interactions. PSWs facilitated swift, meaningful service-user connections, alleviating clinicians' time pressures and allowing them to focus on their expertise and increasing resource constraints. Similarly, PSWs offered an alternative perspective on risk, enhancing overall risk management and supporting clinicians in their roles. Three processes helped navigate competing institutional logics: (1) eliminating, (2) reframing, and (3) reassigning. Despite challenges, such as the limited number of PSWs, findings suggest that PSWs help mitigate systemic constraints, particularly in austerity-impacted environments.

This study is the first to apply institutional logics to PSW implementation, offering an in-depth theoretical understanding of how aspects of OC influence their implementation. Two key recommendations are proposed: (1) organisations should establish clear guidelines defining how PSWs operate differently from other team members to preserve their unique contributions - especially regarding risk and time - and (2) managers should be trained to adapt team processes to support PSWs, fostering a collaborative environment that maximises their impact.