The concept of recovery has been receiving significant attention for several years, but there is still a lack of consensus about the term “recovery.” Clinical definitions focus either on absence or reduction of symptoms (=remission).

“...a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness” (Anthony, 1991)

La Recovery

- Significa non considerarsi più prevalentemente un paziente psichiatrico
- Comporta atteggiamenti attivi piuttosto che passivi adattamenti
- Si manifesta attraverso il coinvolgimento e la partecipazione nella vita sociale, superando forme di ritiro e isolamento

Recovery vs. Empowerment

- **Recovery**
  Sfera intrapersonale, influenza la soddisfazione, fa accettare le proprie limitazioni, recupero di aspettative positive

- **Empowerment**
  Oltre che da cambiamenti interni, dipende dalla disponibilità di risorse esterne e dal supporto ricevuto

Le dimensioni che influiscono sulla Recovery

1. Risorse materiali di base
2. Interesse di sé e percezione di essere una persona
3. Speranza, significato esistenziale e prospettiva
4. Possibilità di compiere scelte
5. Indipendenza
6. Relazioni sociali
7. Attività significative
8. Supporto dei pari
9. Personale dei servizi di salute mentale
10. Sistema dei servizi di salute mentale

Le basi della Recovery

Dimensioni interpersonali indicate come cruciali per la recovery dagli utenti

- Area della comunicazione
- Area dell’esame di realtà
- Area della accettazione e dell’integrazione sociale
- Area della continuità dei rapporti
- Area della motivazione
- Area della identificazione con modelli positivi
- Area del supporto nel monitoraggio dei sintomi
- Area del problem solving
- Area del sostegno nella comprensione
- Area della reciprocità
- Area dell’insight

Onken et al., 2002

Breier & Strauss, 1984
Le fasi della Recovery

- Shock
- Diniego
- Depressione, disperazione
- Rabbia
- Accettazione e recupero
- Coping
- Empowerment

Gli strumenti

RAS – Recovery Assessment Scale

<table>
<thead>
<tr>
<th>Dimensioni</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiducia in se stessi e speranza</td>
</tr>
<tr>
<td>Disponibilità a chiedere aiuto</td>
</tr>
<tr>
<td>Essere orientati a obiettivi e al successo</td>
</tr>
<tr>
<td>Fiducia negli altri</td>
</tr>
<tr>
<td>Non sentirsi dominati dai sintomi</td>
</tr>
</tbody>
</table>

This review identifies instruments of mental health recovery and evaluates the appropriateness of their use including their psychometric properties, ease of administration, and user-service involvement in development.

- A literature search using the Medline and Psych INFO databases was conducted, identifying 21 instruments for potential inclusion in this review, of which thirteen met inclusion criteria.
- Results suggest only three instruments (25%) have had their psychometric properties assessed in three or more unique samples of participants.
- Ease of administration varied between instruments, and for the majority of instruments, development included service user involvement.

STORI

(Stages of Recovery Instrument)

Moratorium
(a time of withdrawal characterised by a profound sense of loss and hopelessness);

Awareness
(realisation that all is not lost, and that a fulfilling life is possible);

Preparation
(taking stock of strengths and weaknesses regarding recovery, and starting to work on developing recovery skills);

Rebuilding
(actively working towards a positive identity, setting meaningful goals and taking control of one’s life);

Growth
(living a full and meaningful life, characterised by self-management of the illness, resilience and a positive sense of self)

<table>
<thead>
<tr>
<th>Moratorium</th>
<th>Awareness</th>
<th>Preparation</th>
<th>Rebuilding</th>
<th>Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson 2010</td>
<td>Australia</td>
<td>222 pts</td>
<td>14%</td>
<td>17%</td>
</tr>
<tr>
<td>Weeks 2011</td>
<td>UK</td>
<td>50 pts</td>
<td>8%</td>
<td>22%</td>
</tr>
<tr>
<td>Wcórka 2015</td>
<td>Poland</td>
<td>110 pts</td>
<td>27%</td>
<td>32%</td>
</tr>
</tbody>
</table>
**Gli studi**

**Scale**
- SESM (Straticb) – Scala per l’Empowerment
- MANSA - Scala di Quality of Life
- RSE (Rosemberg) – Scala per l’autostima

**Supported employment – “place them train approach”** focuses on getting individuals into employment first and then training them for successful performance in their respective positions. **Individual Placement and Support (IPS)** is a unique approach to employment. IPS was developed from the idea that employment specialists should work closely with clients, and also develop relationships with employers to support their clients most effectively.

**Competitive employment**

**Quality of life, psychopathology and well being** were the most frequently investigated outcomes and only 2 studies utilized a global concept of recovery as a measure.

- **Supported employment programs**
  - Six studies have shown positive outcome of supported employment programs
  - Individual Placement and Support programs (IPS)
  - They provide the strongest evidence for their effectiveness in terms of non-vocational outcomes. IPS reported positive findings which showed lower risk of hospitalization, enhanced mental health status, and life satisfaction in IPS participants.

- **Competitive employment**
  - Consistent results of 3 studies revealed higher scores in total psychopathology, negative symptoms, bizarre behavior, blunted affect, and depression compared to employed subjects.
The convergent validity of psychological recovery is supported, with total scores on the recovery measures and most subscales correlating.

Correlations between the summary recovery measures and the conventional clinical measures were universally poor, with the exception of the client-rated K-10.

Traditional clinical measures, while providing important information to clinicians, do not assess constructs important to consumer defined psychological recovery, supporting the drive by consumers for a move towards a "recovery model" in mental health services, and to include assessment of those aspects consumers identify as indicative of recovery.

Recovery measures promise to complement clinical measurement in a way that is meaningful to consumers.

The progress of recovery is fostered by remission phase, and delayed by active phase of the disease. The severity of depression does not influence the recovery process, while the overall severity of any psychotic symptoms, including the intensity of productive and dysphoric symptoms, and withdrawal significantly delay recovery.

- Limitations in social capacities are a relevant outcome in patients with severe mental illness.
- The aims of this study are to assess the effectiveness of a one-year community-based treatment on the social capacities of patients with schizophrenia and bipolar I disorder and the predictors of changes in social capacities and changes in symptomatology.

- We recruited 100 consecutive patients with schizophrenia or bipolar I disorder.
- The assessment instruments included the Mini-ICF-APP, the Brief Psychiatric Rating Scale (BPRS), and the Clinical Global Impression Scale (CGI).

**Studi condotti a Udine**


Matteo Balestrieri, Jacopo Lenzi, Alessia Lestani, Flavio Taboga, Renzo Bonn, Paola Rucci, Elisa Maso (2015). Effectiveness of one-year community-based treatment of patients with schizophrenia or bipolar disorder on activity and participation restrictions, as measured by Mini-ICF-APP. Submitted.

**Aree di abilità valutate dal Mini-ICF-APP**

1. Adesione alle regole
2. Organizzazione dei compiti
3. Flexibilità
4. Competenza
5. Giudizio
6. Persistenza
7. Assertività
8. Contatti con gli altri
9. Integrazione nel gruppo
10. Relazioni intime
11. Attività spontanee
12. Curia di se stessi
13. Mobilità

**PUNTEGGI:**

0 nessuna disabilità
1 disabilità lieve, senza conseguenze negative
2 disabilità, con conseguenze negative, senza bisogno di assistenza
3 disabilità con necessità di assistenza parziale
4 disabilità che necessitano di ampia assistenza o anche del sollevamento parziale dalle responsabilità

**Effectiveness of one-year community-based treatment of patients with schizophrenia or bipolar disorder on activity and participation restrictions, as measured by Mini-ICF-APP**

Matteo Balestrieri1, Jacopo Lenzi2, Alessia Lestani1, Flavio Taboga2, Renzo Bonn1, Paola Rucci2, Elisa Maso1,2
• To our knowledge, this is the first study to evaluate the clinical effectiveness of community-based treatment in patients with schizophrenia or bipolar I disorder treated in a real-word community setting using a specific instruments built up according to ICF classification to measure in a standardized and operationalized way ability and participation of patients.

| Table 1: Substantive findings based on VA and Mini-ICF measures and ICF classification. |
|---------------------------------|----------------|----------------|----------------|----------------|----------------|
| ICF-DUI | \text{Sopravvivenza del soggetto} | \text{Partecipazione} | \text{Indipendenza} | \text{Realizzazione} | \text{Risorse} |
| ICF-DUI | CAPACITY | capacity | capacity | capacity | capacity |
| ICF-DUI | \text{Sopravvivenza del soggetto} | \text{Partecipazione} | \text{Indipendenza} | \text{Realizzazione} | \text{Risorse} |
| ICF-DUI | \text{Sopravvivenza del soggetto} | \text{Partecipazione} | \text{Indipendenza} | \text{Realizzazione} | \text{Risorse} |

*Correlation significant at the 0.05 level (2-sided).
*Correlation significant at the 0.01 level (2-sided).

• Our results indicate a general improvement in psychopathology and A/P abilities in both bipolar and schizophrenic patients.
• Among potential predictors of changes in A/P at one year, only the DUI and the existing limitations in A/P at baseline proved to be relevant.
• Patients with most severe limitations and lower DUI were those who benefitted most from community treatment.

Le basi della Recovery

• Non sempre le misure cliniche oggettive riescono a dare la misura della trasformazione del soggetto con psicosi
• La recovery è al contrario un concetto che prende in considerazione la soggettività della persona
• La recovery è sia un processo che un obiettivo della gestione della psicosi
• Diverse aree di funzionamento sono implicate nella recovery, dalla soddisfazione, alla stima di sé, all’empowerment, alla qualità di vita
• Il funzionamento sociale è un parametro importante di misura della recovery
• Gli studi che stiamo conducendo vogliono analizzare l’efficacia del trattamento integrato dei Servizi di Salute Mentale nel produrre un miglioramento dell’autonomia personale e il raggirigamento di una sufficiente recovery degli utenti sofferenti di episodi psicotici