ISOPH 2017

Surabaya, Indonesia
November 11-12, 2017

PROCEEDINGS OF THE 2ND INTERNATIONAL SYMPOSIUM OF PUBLIC HEALTH

Achieving SDGs in South East Asia: Challenging and Tackling of Tropical Health Problems

Editors:
I Wayan Gede Artawan Eka Putra
Agung Dwi Laksono
Yulis Setiya Dewi
Nikmatur Rohmah and
Darrimiya Hidayati

Editor on Board: Febi Dwirahmadi

Organized by
Faculty of Public Health, Universitas Airlangga

Community Resilience as a Recovery Method for Psychiatric Patients: A Meta-Study

Retno Lestari[1] and Ah Yusuf[2]
[1]*Student of Doctoral Program of Health Science, Faculty of Public Health, Universitas Airlangga, Mulyorejo, Surabaya, Indonesia*
[2]*Faculty of Nursing, Universitas Airlangga, Mulyorejo, Surabaya, Indonesia*
retno.lestari98@gmail.com, ah-yusuf@fkp.unair.ac.id

Keywords: Community resilience, mental health, recovery, psychiatric patients, meta-study.

Abstract: Community resilience is the adaptive capacity of a community to respond to and recover from adversities. Through communities, psychiatric patients can recover and improve their emotional, social and thinking skills needed in everyday life. The purpose of this study is to describe the results of a meta-study of community resilience as a method for recovery process in psychiatric patients. The method in this study used several approaches of meta-study and was guided by Thorne (2006). Meta-analysis was used to compare the studies, based on 125 data sources: Science Direct, Google Scholar, Proquest Health and Medical Complete, Proquest Nursing and Allied Health Source, Proquest Psychology Journals and Proquest Science Journals from 2007 to 2017. Subsequently three common themes emerged: 'vulnerability in the community', 'protecting each other' and 'high spirituality within community'. The first of these comprised several subthemes including feeling sad, isolated and going through hardship in life. The second theme included social resilience, economic reliance and resilience of all dimensions. The latter theme included self-protection, self-reliance and spirituality growth. Resilient communities could support a recovery process among psychiatric patients. It is recommended that health professionals in a community could promote the development of community resilience to increase wellbeing.

1 INTRODUCTION

Studies about the recovery process of psychiatric patients in a community have been well researched. However, there is a lack of research explained about the recovery experiences in a community. Building community resilience is as important as investigating individual resilience because it also builds connections with each other. Resilience is not just about individual abilities, but also the systems surrounding which are affected (Sumskis *et al*., 2016).

A recovery-oriented approach for patients is needed in the community. Routine activities are engaging in social relationships and could promote a recovery process for the patients. However, this routine could not be implemented if the communities could not provide a resilient model for the individual (Drake and Whitley, 2014).

Every individual has problems, challenges and difficulties, and therefore everyone needs to be resilient to face these challenges. Untreated chronic stress could influence health conditions (Sumskis *et al*., 2016). Chan (2017) recommended evidence-based practice in treating psychiatric patients. Social and occupational recovery is needed to improve daily routines among patients which included family therapy, resilience therapy and engaging in social activities in a community.

Community resilience is the adaptive capacity of a community to respond to and recover from adversities. Through communities, psychiatric patients can recover and improve their emotional, social and thinking skills needed in everyday life. Psychosocial stressors need to be adapted with support from family and communities (Somasundaram and Sivayokan, 2013).

Community resilience is neighborhood resilience; it provides social support and promotes a resilient model for individuals. However, previous studies could not explain the theory regarding how to be resilient communities in detail. Community resilience is more than about developing communities with regard to providing support for

Lestari, R. and Yusuf, A.
Community Resilience as a Recovery Method for Psychiatric Patients: A Meta-Study.
In *2nd International Symposium of Public Health (ISOPH 2017) - Achieving SDGs in South East Asia: Challenging and Tackling of Tropical Health Problems*, pages 403-408
ISBN: 978-989-758-338-4

communities; it is a capability approach to achieve wellbeing and resilience (Allmark *et al*., 2014).

Sayers *et al*. (2017) stated that service and infrastructure are two vital aspects that have to be considered in supporting a recovery process for patients in the community. Health care professionals should improve their knowledge about how to build relationships with patients and provide therapies. In addition, policies and equity programmes should improve the recovery goals for patients. Therefore, the purpose of this study is to describe results of a meta-study of community resilience as a method for the recovery process in psychiatric patients.

2 METHODS

The method in this study used several approaches of meta-study and was guided by Thorne (2006). Meta-analysis was used to compare the studies, based on 125 data sources: Science Direct, Google Scholar, Proquest Health and Medical Complete, Proquest Nursing and Allied Health Source, Proquest Psychology Journals and Proquest Science Journals from 2007 to 2017. The following inclusion criteria were used:

- Research published in a referred publication in nursing and health care, from 2007 to 2017. The sample consisted of 10 articles.
- A qualitative study in which the subjective experiences of psychiatric patients' recoveries in a community from their own perspectives were investigated.
- Studies provided sufficient data about psychiatric patients' recoveries in a community and being resilient in the community.

According to Thorne (2017), qualitative metasynthesis aims to reveal a new knowledge by broadening the conceptual theories, methodologies and interpreting the main findings, instead of conducting a conventional literature review. Qualitative metasynthesis is a research method which produces a more comprehensive, systematic and well-established outcome (Thorne, 2015). Studying human experiences is challenging and they are difficult to generalize into a singular meaning. In addition, studying qualitative metasynthesis could develop the value of qualitative health studies into more evidence-based practice (Thorne, 2006; Thorne, 2013).

A meta-study has been used extensively in health care to form a new interpretation (Ring *et al*., 2011), and it brought a connection among meta-themes. There are three analytical phases included in meta-study (Thorne, 2006):

- *Meta-theory*: revealing the bases of theories as the frameworks which are grounded in the study results;
- *Meta-method*: reviewing the rigor, epistemological rationale for the study methods used;
- *Meta-data analysis*: analyzing the data in previous qualitative studies.

We identified 125 articles from the literature searches to be screened for the study. 110 articles were excluded based on the inclusion criteria. The abstracts of 35 articles were investigated to determine if the study explained about recovery in a community which was needed to treat psychiatric patients. 25 articles that did not meet the criteria for qualitative research of methodological rigor were rejected. 10 qualitative articles were selected as the most applicable qualitative research on recovery for psychiatric patients in community.

3 RESULTS

Ten qualitative studies were included. Some of the insights were obtained from 10 extensive qualitative studies of community resilience. Subsequently, three common themes emerged: 'vulnerability in the community', 'protecting each other' and 'high spirituality within the community'. The former of these comprised several subthemes including feeling sad, isolated and going through hardship in life. The second theme included social resilience, economic reliance and resilience of all dimensions. The latter theme included self-protection, self-reliance and spirituality growth. Metasynthesis studies, which can be seen in Table 1, explained the needs for community resilience as a recovery method for psychiatric patients, 2007 to November 2017.

Table 1: Metasynthesis studies from 2007 to November 2017.

Researcher(s), year, country and background	Research focus	Method(s) and findings
Mazor & Doron, 2011, Israel, School of Social Work	Community rehabilitation for schizophrenia patients	Phenomenology, 15 participants. Analysis to categories-themes. Recovery from

		mental illness means as full recovery, social recovery
Peterson *et al*., 2015, Denmark, Public Health	Recovery from mental illness	Phenomenology, 12 participants, Giorgi's analysis. The recovery process is affected by learning, social relations and willpower.
Shepherd *et al*., 2017, UK, Psychiatrist	Recovery in personality disorder in the community	Qualitative, 41 participants, thematic analysis. Recovery means as developing a sense of self, feeling connected and identity, needs a social space to develop in the community.
Nourian*et al*., 2016, Iran, Phd Candidate	Resilience in adolescents	Phenomenology, 8 adolescents, Van Manen analysis. Going through hardship in life, feeling upset. Governmental communities develop their resilience, and spirituality growth.
Pressley and Smith, 2017, USA, Trauma Center	Resilience in under-resourced communities	Grounded theory, 20 participants, Interpretive analysis. Community supports for participants to continue the life.
Gillard *et al*., 2015, UK, Population Health Research Institute	Recovery in personality disorders	Qualitative, 6 participants. Complementary thematic and framework analysis. Feeling isolated, Key concepts of recovery included in social relationships and broader interaction with others in community.
Bredski*et al*., 2015, UK, Psychiatrist	What in-patients want in their recovery	A cross sectional study, 31 patients, thematic analysis. Recovery process needs hope, good social relations with friends, families and good environments in the community.
Bromley *et al*., 2013, CA, PhD	Experiencing Community: serious mental illness	Grounded theory, 30 participants. Thematic data analysis was used. Living in community means having meaningful help, reducing stigma, and offering help to others.
Moxham *et al*., 2017, Australia, PhD	Living in recovery camp	Qualitative, 27 participants. Content analysis was used. Participants felt a connection with each other, improve positive habits, accept challenge and recover in the community.
Soygur *et al*., 2017, Turkey, Assoc. Prof.	Qualitative analysis of factors contributing to recovery from the perspective of schizophrenia patients	Phenomenology, 24 participants, NVivo analysis. Recovery process needs a warm environment which gives hope, encouragement, ability to support and purposeful life. Recovery-oriented approach requires a genuine and informal environment.

Meta-data analysis was applied to review the themes which emerged in previous studies as seen in Table 2. The research findings reveal the complexities of the phenomenon and the characteristics of community resilience. The three common themes which emerged were as follows:

Table 2: Codes, categories and themes.

Codes	Categories	Themes
Avoiding problems	Feeling hard	Vulnerability in the community (Nourian *et al*., 2016; Pressley and Smith, 2017; Gillard *et al*., 2015)
Isolate their self	Feeling isolated	
Extremely difficult	Going through hardship in life	
Social relations	social resilience	Protecting each other (Mazor and Doron, 2011; Peterson *et al*., 2015; Shepherd *et al*., 2017; Bredski*et al*., 2015)
Financial independence	economic reliance	
Full recovery	resilience of all dimensions	
Bonding with God	self-protection	High spirituality within community (Nourian *et al*., 2016; Pressley and Smith, 2017; Gillard *et al*., 2015; Bromley *et al*., 2013; Moxham *et al*., 2017; Soygur*et al*., 2017)
Being resilient	self-reliance	
Having positive goals	spirituality growth	

4 DISCUSSION

The meta-method and the meta-theory reflected the theoretical underpinnings of this research. Three common themes emerged: 'vulnerability in the community', 'protecting each other' and 'high spirituality within the community'.

Vulnerability is not about individuals' failures, but it happens as the system could not understand the exact problems surrounding the patients (Sumskis *et al*., 2016). Iacoviello and Charney (2014) explained that psychosocial factors could also affect the range of individual resilience. Traumatic experiences could prevent psychiatric patients from becoming resilient. Resilience means facing challenges and dealing with difficult situations. Therefore, it is health care where professionals should provide support for patients to develop adaptive coping strategies.

Protecting each other means having a continuous social support from families and communities. Social resilience, economic resilience and overall resilience are three component factors needed in recovery. Steiner and Markantoni (2014) investigated that social resilience had a better score compared to economic resilience. This means that social resilience could affect all dimensions of resilience. A lower score for economic resilience means that there were difficulties in finding employment.

Chung *et al*. (2014) stated that almost half of the participants believe in God as the source for resilience. Participants felt that they could seek help from God to reduce their stress. It was found that most respondents became resilient through enhancing spiritual activities and cultivating relationships with close relatives.

According to Iacoviello and Charney (2014), there are several psychotherapy techniques that can be used to be a resilient person which included being optimistic, having active coping skills, building social networks and engaging in routine activities.

Iacoviello and Charney (2014) stated that there are five psychosocial factors which relate to individual resiliency:

- observing a good resilient role model;
- building support through social networks;
- having an adequate coping strategy;
- doing physical exercise;
- providing self-actualization.

Fostering individual resilience could stimulate the development of community resilience. In addition, resilient communities could support mental health among individuals.

5 CONCLUSIONS

The review concludes that resilient communities could support a recovery process among psychiatric patients. It is recommended that health professionals in a community could promote the development of the community's resilience to increase wellbeing.

ACKNOWLEDGEMENTS

We would like to express our special thanks to the Head of the Doctoral Program of Health Science and the Dean of Faculty of Public Health, University of Airlangga.We also received support from the University of Brawijaya to conduct this study.

REFERENCES

Allmark, P., Bhanbhro. S., Chrisp, T., 2014. An Argument Against The Focus on Community Resilience in Public Health. *BMC Public Health*, Vo.14, No.62, [Accessed 29 November 2017], Available from: URL: http://www.biomedcentral.com/1471-2458/14/62.

Bredski, J., Forsyth, K., Mountain, D., Harrison, M., Irvine, L., Maciver, D., 2015. What In-patients Want: A Qualitative Study of What's Important to Mental Health Service Users in Their Recovery (Wayfinder Partnership).*Mental Health Review Journal*, Vol.20, No.1, pp.1-12.

Bromley, E., Gabrielian, S., Brekke, B., Pahwa, R., Daly, K.A., Brekke, J.S., Braslow, J.T., 2013. Experiencing Community: Perspectives of Individuals Diagnosed as Having Serious Mental Illness. *Psychiatric Services*, Vol.64, No.7, 672-679.

Chan, S., 2017. Schizophrenia and Psychosis: Diagnosis, Current Research Trends, and Model Treatment Approaches with Implications for Transitional Age Youth. *Child AdolescPsychiatric Clin N Am*, 26, 341-366.

Chung, B., Meldrum, M., Jones, F., Brown, A., Jones, L., 2014. Perceived Sources of Stress and Resilience in Men in an African American Community. *Progress in Community Health Partnerships: Research, Education, and Action*, Vol. 8, No. 4, 441-451.

Davidson, L., Shaw, J., Welborn, S., Mahon, B., Sirota, M., Gilbo, P., McDermid, M., Fazio, J., Gilbert, C., Breetz, S., Pelletier, J.F., 2010. "I don't know how to find my way in the world": Contributions of User-Led Research to Transforming Mental Health Practice. *Psychiatry*, Vol. 73, No. 2, pp. 101-11.

Drake, R.E., Whitley, R., 2014. Recovery and Severe Mental Illness: Description and Analysis. *CanJPsychiatry*, 59(5), 236-242.

Gillard, S., Turner, K., Neffgen, M., 2015. Understanding Recovery in The Context of Lived Experience Personality Disorders: A Collaborative, Qualitative Research Study, *BMC Psychiatry*, 15, 183, [Accessed 29 November 2017], Available from: URL: http://10.1186/s12888-015-0572-0.

Iacoviello, B.M., Charney, D.S., 2014. Psychosocial Facets of Resilience: Implications for Preventing Posttrauma Psychopathology, Treating Trauma Survivors, and Enhancing Community Resilience, *European Journal of Psychotraumatology*, 5, 23970, [Accessed 29 November 2017], Available from: URL: http://dx.doi.org/10.3402/ejpt.v5.23970.

Mazor, U., Doron, I., 2011. The Meaning of Community Rehabilitation for Schizophrenia Patients in Israel. *Community Ment Health J*, 47, 351-360.

Moxham, L., Taylor, E.K., Perlman, D., 2017. Goal Setting among People Living with Mental Illness: A Qualitative Analysis of Recovery Camp,*Issues in Mental Health Nursing*, [Accessed 29 November 2017], Available from: URL: http://DOI: 10.1080/01612840.2016.1271067

Nourian, M., Shahbolaghi, F.M., Tabrizi, K.N., Rassouli, M., Biglarrian, A., 2016. The lived experiences of resilience in Iranian adolescents living in residential care facilities: A hermeneutic phenomenological study. *Int J Qualitative Stud Health Well-being* Vol. 11, No. 30485, pp. 1-11.

Petersen, K.S., Friis, V.S., Haxholm. B.L., Nilesen, C.V., Wind, G., 2015. Recovery from Mental Illness: A Service User Perspective on Facilitators and Barriers. *Community Ment Health J*, 51, 1-13.

Pressley, J., Smith, R., 2017. No Ordinary Life: Complex Narratives of Trauma and Resilience in Under-Resourced Communities. *Journal of Aggression, Maltreatment and Trauma*, Vol.26, No.2, 137-154, [Accessed 29 November 2017], Available from: URL: http://dx.doi.org/10.1080/10926771.2016.1246500.

Reddy, S.K., Thirtalli, J., Channaveerachari, N.K., Reddy, K.N., Ramareddy, R.N., Rawat, V.S., Narayana, M., Ramkhrisna, J., Gangadhar, B.N., 2014. Factors influencing access to psychiatric treatment in persons with schizophrenia: A qualitative study in a rural community. *J Psychiatry*, Vol. 56, No. 1, pp. 54-60.

Ring, N., Ritchie K., Mandava L., Jepson R., 2011. *A Guide to Synthesising Qualitative Research for Researchers Undertaking Health Technology Assessments and Systematic Reviews, NHS Quality Improvement Standard*. [Accessed 29 November 2017], Available from: URL: http://www.nhshealthquality.org/nhsqis/8837.html.

Sayers, J.M., Cleary, M., Hunt, G.E., Burmeister, O.K., 2017. Service and Infrastucture Needs to Support recovery Programmes for Indigenous Community Mental Health Consumers. *International Journal of Mental Health Nursing*, 26, 142-150.

Shepherd, A., Sanders, C., Shaw, J., 2017. Seeking to Understand Lived Experiences of Personal recovery in Personality Disorder in Community and Forensic Settings-A Qualitative Methods Investigation. *BMC Psychiatry*, 17, 282.

Somasundaram, D., Sivayokan, S., 2013. Rebuilding community resilience in a post-war context: developing insight and recommendations - a qualitative study in Northern Sri Lanka. *International Journal of Mental Health Systems*, Vol. 7, No. 3, pp. 1-24.

Soygur, H., Avcioglu, M.M.Y., TekinEraslan, P., AttepeOzden, S., 2017. Lessons Learned from Experiencing Mavi AT Café (Blue Horse Café) During Six Years: A Qualitative Analysis of Factors Contributing to Recovery from The Perspective of Schizophrenia Patients. *Tourkish Journal of Psychiatry*, [Accessed 29 November 2017], Available from: URL: http://doi: 10.5080/u18141.

Steiner, A., Markantoni, M., 2013. Unpacking Community Resilience through Capacity for Change. *Community Development Journal*, Vol.48, No.3, pp. 407-425, [Accessed 29 November 2017], Available from: URL: http://doi:10.1093/cdj/bst042.

Sumskis, S., Moxham, L., Caputi, P., 2016. Meaning of Resilience as Described by People with Schizophrenia.

International Journal of Mental Health Nursing, [Accessed 29 November 2017], Available from: URL: http://doi: 10.1111/inm.12268.

Thorne, S., 2006. *Can Qualitative Metasynthesis Make a Contribution to Evidence-Based Practice? Issues and Challenges in an Era of Research Integration. Panel Presentation for: Advances in Qualitative Methods*. University of British Columbia.

Thorne, S., 2013. The Promise and Pragmatics of Qualitative Metasynthesis. *Physical Therapy Reviews*, 18(3), 217-218.

Thorne, S., 2017. Metasynthetic Madness: What Kind of Monster Have We Created? *Qualitative Health Research*, Vo. 27(1), 3-12.

Thorne, S., 2015. Qualitative Metasynthesis: a Technical Exercise or a Source of New Knowledge? *Psycho-Oncology*, 24, 1347-1348.