The definition of recovery in psychiatry has evolved from that of an outcome, or return to a previous level of functioning (Whitley, 2014), to the contemporary meaning of the journey toward autonomy, achieving individual potential, development of coping and improved quality of life whilst living with a mental health problem. (Cavanaugh, 2014; Turton et al., 2011; Whitley, 2014)

• Engage service users at the outset and develop your recovery approach with them.
• Services should encourage and support co-production between staff and service users to facilitate hope and a belief that things are possible.
• Take time to learn about people’s recovery aspirations and work together to redesign services.
(Mental Health Foundation, 2009)

Paradigms of recovery in psychiatry hypothesise that outcomes for service users can be improved through functional advancement across domains which promote self efficacy, such as those related to treatment, insight and daily living skills. (Elbogen, Tiegreen, Vaughan, & Bradford, 2011)

Implementing a Recovery Focussed Group in a Secondary Care Community Mental Health Service


Referrals for the service are encouraged from care co-ordinators of secondary care mental health service users who are receiving support within the CMHT. Implementing the service by way of closed group sessions is hoped to enable reflection on service user’s personal descriptions of recovery, provide a vehicle for peer support and be an effective use of limited resources available within the community setting, each of which follow from key recommendations with regard to the provision of recovery services within mental health care.
(Gould 2012; Mental Health Providers Forum 2009)

The nursing team in Bridgend South Community Mental Health Team are implementing a recovery intervention for secondary care mental health service users which will take the form of weekly closed group sessions covering broad themes relating to recovery within the context of mental illness.

The service provided is evaluated after each run of group sessions by seeking feedback from staff, such as facilitators, co facilitators and care coordinators, and service user participants involved.

• “It’s been easy going and I have felt no pressure in the group”
• “Close to the bus station and easy to get to”
• “I found this very useful to talk in a group building my self esteem and trust”
• “I found the group positive and made me focus on my life and the future”
• “Group size of 10 people (4-6 participants on average) a nice size and not intimidating”
• “Recovery Model / Plan explained well and useful to look back on when you’re not well and what triggers are to manage your mental health”
• “Staff friendly, informative and supportive”
• “I found the social aspect of the group helpful”
• “Comfortable in group but felt scared in first few sessions”
• “Leaflets and info helpful”
• “It was nice for the people in the group to demonstrate their hobbies and skills within the group”
• “Helpful for Care Coordinator to understand and to work with my goals”
• “I’ve learned a lot and hope to put some of it to good use”
• “I enjoyed the group thoroughly and was very interesting and informative which gave me insight into a lot of my problems and how to deal with them”
• “Don’t be afraid. Try to be your own person and don’t try to do something you are not”

Recovery in the Community

Mental Health

Implementing a Recovery Focussed Group in a Secondary Care Community Mental Health Service