A Literature Review Examining Recovery and Adolescents Living with a Mental Health Illness
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Abstract

“Recovery” has a variety of meanings depending on an individual’s use and perspective. This focused literature review examines recovery in a mental health context as a means of allowing an individual with a mental health diagnosis to recognize that their life has purpose and meaning. As recovery-oriented practices have been created for the adult mental health population, it appears that no such approach was found within the literature review that matches the needs and values of the adolescent mental health population. The findings from this focused literature review revealed that even though adults and adolescents share some similar concerns, overall, there are differences in their identity development including how the role of family and peers impact their overall well-being and recovery. In addition, this paper examines the current state of recovery-oriented practices, which includes the CHIME model (connectedness, hope and optimism, identity, meaning and purpose, empowerment). The findings from the literature review can be linked to the CHIME model, specifically the principles of connection and identity which appeared to be most relevant to the lives of adolescents. To further inquire the needs and wants of adolescents, this paper explores two possible methods, photovoice and journey mapping, that appear to be beneficial and practical to use amongst the adolescent mental health population.

Key words: recovery, mental health, adolescent, CHIME, photovoice, journey mapping
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**Chapter I: Introduction**

In any given year, one in five Canadians experience at least one mental health crisis or they are diagnosed with a mental illness (Mental Health Commission of Canada, 2013). A mental health diagnosis may represent a range of different behaviours, emotions, and thoughts that impair or cause distress in an individual regarding their work, school and/or their personal relationships (Mental Health Commission of Canada, 2013). Mental health disorders can include a range of conditions including depression, anxiety, schizophrenia, and personality disorders among others. Type, severity, symptoms, repetition, and intensity of mental health disorders vary from individual to individual (Mental Health Commission of Canada, 2013).

According to the Centre for Addiction and Mental Health (CAMH; 2012), the most susceptible group of individuals affected by mental health and/or a substance use disorder are individuals 15 to 24 years of age. In Canada, 70% of individuals’ experiences with mental health issues begin during childhood or adolescence (Centre for Addiction and Mental Health, 2012). Carroll et al. (2016) state that some adolescents may engage in certain activities that could include high risk behaviours, such as alcohol consumption, experimental drug use, and sexual encounters, to try to fit in or feel “normal”. This high-risk behaviour can occur because adolescence is a significant period for social development, forming an identity, and there is an increase in vulnerability for loneliness (Carroll et al., 2016). Adolescents may experience a variety of stressors as they are often still in the process of discovering who they are. An estimated 10 to 20 percent of adolescents worldwide are facing mental health concerns (World Health Organization, 2017); therefore, access to treatment is vital. However, only one out of five Canadian youth with a mental illness receive treatment (Mental Health Commission of Canada, 2013).

In general, treatment for mental illnesses may be very beneficial for certain individuals as it can decrease symptoms, create the ability to return to daily activities, and improve overall function. Adolescents who undergo treatment may engage in self stigma, even if they are managing their health. In most situations, society does not behave towards individuals with a mental health diagnosis the same as they would towards individuals without a mental health diagnosis or disability. The Centre for Addiction and Mental Health reported that research by Dewa (2014) discovered that in Ontario 64% of workers expressed their concerns about how the workplace environment would be negatively influenced by a colleague with a mental health diagnosis (CAMH, 2012). Dewa (2014) also found that 39% of workers would not express to their employers that they are experiencing concerns in regard to their own mental health. With a stigma associated with mental illness, it can discourage an adolescent from learning to cope, accept themselves, feel accepted in society; and, overall the stigma can diminish their well-being. Improving adolescent mental health requires action on multiple fronts including a continuum of ongoing support, mental health promotion, and specialized treatment (Mental Health Commission of Canada, 2018).

It is reasonable to say that the word “recovery” is commonly associated with recuperating from a medical situation or staying abstinent in regard to an addiction. Recovery is also the concept of living a satisfying, hopeful, and meaningful life, even when there are ongoing limitations caused by a mental health diagnosis (Mental Health Commission of Canada, 2013). The concept of recovery allows individuals to regain their hope, view their lives more positively, and learn that their mental health does not define them.

Information on adult related recovery theory has progressed in the last few decades; on the other hand, the literature on adolescent mental health recovery is limited. Adolescence is an
important period as it is an essential time for adolescents to optimize their abilities and satisfy their needs in order to reduce the risk of developing any further mental health concerns as they grow into adulthood. Understanding the needs, desires, and other developmental aspects that surface during adolescence is important as these factors can influence how we comprehend and explore adolescent recovery in relation to mental health. A recovery-oriented philosophy has begun to permeate the mental healthcare landscape which is grounded by the views of the adult mental health population. It becomes readily apparent that there seems to be a lack of application and acknowledgement of recovery-based approaches to the adolescent mental health population as this approach has not been applied or adapted to the needs of adolescents. The purpose of the focused literature review is to examine the current state of adult recovery theory and integrate these models with the concept of resiliency and well-being to inform a possible model of recovery for adolescents with a mental illness. In addition, this paper will outline, discuss, and recommend tools that may be beneficial in developing and defining the model of adolescent recovery.

Several other chapters will be included in this paper. A methods section will explain how the literature was collected and reviewed and the results section will present a brief, yet detailed summary of the key findings acquired from the literature review. The discussion section will cover any implications of the results and outline and give emphasis to any strengths and limitations. Any recommendations and suggestions for future research in relation to the topic will be mentioned within the discussion section.
Chapter II: Literature Review

The concept of recovery and a recovery-oriented approach was the focus of the literature search and its relation to resilience and well-being. In particular, the concept of recovery was reviewed in regard to its relevance and application to the adolescent population. The methods photovoice and journey mapping are reviewed as plausible tools to be used within an adolescent recovery model.

Recovery

**Definition and History.** Recovery from a mental illness is about building upon strengths and supporting an individual’s journey towards a balanced meaningful life, even if that individual continues to grapple with the symptoms of his or her mental health diagnosis (Mental Health Commission of Canada, 2012). The recovery concept began after the era of deinstitutionalization which began in 1955 when Thorazine was introduced as an effective antipsychotic medication (Torrey, 2011). It was noticed that individuals with a mental illness do not just want relief of symptoms, but they have social, vocational, educational, and residential needs and wants (Anthony, 1993). In the 1990s, as reported by Anthony (1993), a new way of thinking emerged which involved recognizing the needs and wants of individuals seeking services that have a mental health diagnosis. This influenced the development of the new vision of recovery that was distinctive from clinical improvement which focused on alleviating symptoms rather than addressing other consequences that occur due to the mental health diagnosis (Anthony, 1993). The current framework of recovery comprises of three interlinked concepts: characteristics of the recovery journey, recovery processes, and recovery stages (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011). A systematic review conducted by Leamy and colleagues (2011) identified characteristics of the recovery journey (e.g., recovery is a struggle, recovery is an active process, individual and unique process) as they were frequently presented in the 87 articles that they reviewed. The categories of the recovery process are connectedness, hope and optimism about the future, identity, meaning in life, and empowerment (Leamy et al., 2011). The systematic review conducted by Leamy et al. (2011) used 15 studies as references to develop the recovery stages which are precontemplation, contemplation, preparation, action, and maintenance and growth. The recovery framework could act as a guide for the medical model which involves clinical interventions or evaluations (Leamy et al., 2011). As the use of the recovery model is becoming more recognized by mental health professionals, it has emerged as an established norm in many mental health care systems internationally, predominantly in the United Kingdom (Slade et al., 2014).

**Current State of the Recovery Model.** Recovery encompasses the values of empowerment, responsibility, and self-determination (Mental Health Commission of Canada, 2012). Much has been synthetized from lived experienced narratives and the five common themes that emerged related to recovery are connectedness, hope and optimism, identity, meaning and purpose, and empowerment (Mental Health Coordinating Council [MHCC], 2014). Mental health professionals that engage in a recovery-oriented approach use the acronym CHIME to reflect the five recovery processes (MHCC, 2014).

The CHIME model describes how connectedness to peers, community, and family members is important to individuals (MHCC, 2014). These social connections can help individuals be able to define their identities, seek experiences, and enhance their sense of self
(Robinson, 2006). Resnick et al. (1997) state that adolescents who are more connected to their families and schools have a lower prevalence of a mental illness.

Hope and optimism is a consistent area of the recovery philosophy (MHCC, 2014). Both resiliency and strength-based models are based on the premise that hardship is necessary to build strength and the belief that there is hope even in difficult situations (MHCC, 2014).

Identity can be very fluid; therefore, building a consistent sense of self can be challenging or impossible at certain stages of development (MHCC, 2014). Identity formation is likely to be complicated by an individual who is subjected to trauma or triggers related to a previous trauma (Kezelman & Starvropolous, 2012). Due to these factors, the importance of forming a positive sense of self is likely to be important during the recovery process for an adolescent (MHCC, 2014).

Developing meaning and purpose is an important aspect of the recovery process but it is a process that develops gradually over time and it is not to be rushed (MHCC, 2014). The CHIME model describes meaning and purpose as having a good quality of life by means of managing emotions and managing the impacts caused by both mental and physical issues such as unwanted side effects of medication (MHCC, 2014).

Empowerment is taking responsibility over one’s life including their mental health (MHCC, 2014). The recovery process emphasizes the value of individual empowerment and self-management of well-being (Davidson, Tondora, Staeheli Lawless, O’Connell, & Rowe, 2009; Honey, Fraser, Llewellyn, Hazell, & Clarke, 2013; Leamy et al, 2011). Due to the normative development of adolescents involving increased levels of autonomy and responsibility (Robinson, 2006; Honey et al., 2013), empowerment may be an important aspect in adolescent mental health recovery.

Recovery-oriented philosophy consists of acknowledging that each individual is their own expert and recovery involves working in partnership to ensure support is provided in a way that makes sense to that individual (The Department of Health, 2010). When incorporating recovery into practices, the Mental Health Commission of Canada (2015) set out guidelines, which stemmed from the CHIME framework and consisted of six key dimensions. Those dimensions are: (a) creating a culture and language of hope, (b) recovery is personal, (c) recovery occurs in the context of one’s life, (d) responding to the diverse needs of everyone living in Canada, (e) working with First Nations, Inuit, and Metis, and (f) recovery is about transforming services and systems (Mental Health Commission of Canada, 2015). The dimensions offer reference points to help guide recovery-oriented practices and these aspects can assist in further dialogue, reflection, and recovery research (Mental Health Commission of Canada, 2015).

Application. Mancini (2008) stated that the process of recovery is unique to each individual with the basic goals of stabilizing the mental illness, to reduce symptoms, and to encourage autonomy and community integration. Instilling recovery methods can give individuals back a sense of self, encourage their healing and treatment, and many other aspects. As the mental health care system is moving towards a recovery-oriented philosophy, there appears to be a gap in the literature in regard to a lack of populations represented, namely adolescents.

Using semi-structured interviews with adolescents and their mothers, Simonds, Pons, Stone, Warren, and John (2014) found that adolescents are more likely than adults to identify as “the mentally ill individual” and are more likely to have difficulty distinguishing and reconciling
two identities; that of someone who is experiencing mental health symptoms and that of a competent individual. Identity for adolescents is very fluid and establishing a sense of self may be very challenging at certain developmental stages (Mental Health Coordinating Council, 2014). However, an adolescent’s identity is typically formed around their social relationships with family and peers, their hobbies, achievements, and interests (Mental Health Coordinating Council, 2014). As the CHIME model highlights the need for connection, adolescence is the developmental stage that consists of defining and redefining themselves via social relationships (Mental Health Coordinating Council, 2014). Therefore, incorporating the aspects of the CHIME model into an adolescent recovery model could be beneficial. In order to create a recovery model for adolescents, certain aspects that are not instilled in the CHIME framework need to be taken into consideration, such as resiliency and well-being.

Resilience
Resilience is a multidimensional paradigm based on both interpersonal and intrapersonal resources (Warren, Agtarap, & deRoon-Cassini, 2017). Psychological resilience is the ability to adapt well to unfavourable situations which can include traumas, stressors, and medical illnesses while maintaining a steady physical and psychological state (Warren et al., 2017). From reviewing recent theories and research, Warren et al. (2017) state that individuals who are resilient may hold particular thoughts and exhibit certain behaviours that allow them to sustain equilibrium. In addition, resiliency strengthens an individual’s ability to recover following a distressing event.

The recovery-oriented approach incorporates the background and personal perspective of the individual seeking a mental health service. A study using digital storytelling conducted by Hall, McKinstry, and Hyett (2016) explored the perception of positive mental health from adolescents who received services for a mental illness. Hall, McKinstry, and Hyett (2016) pinpointed five main themes: (a) aspects of spirituality, (b) occupational factors, (c) ambitions, (d) social stimuli, and (e) challenges and barriers. They reported that positive mental health was established through experiences and the ability to adequately increase coping strategies and resiliency. As well, there was a connection between positive mental health and acceptance and embracing one’s sense of self. These findings are compatible and relate back to the CHIME model, specifically the identity aspect, as embracing and accepting one’s true self is linked to positive mental health (Hall, McKinstry, & Hyett, 2016).

A study was created to assess if social connectedness contributes to an increase in resilience. Scarf et al. (2017) examined whether adolescents participating in an Adventure Education [Program] (AEP) had increased resilience. AEP is a design in which learning is promoted through adventure related experiences (e.g., outdoor activities, rock climbing, backpacking) and it has been demonstrated to have a positive impact on resilience amongst adolescents (Scarf et al., 2017). This study took place on a 10-day boat cruise and the tasks were designed to only be completed by working as a team and each day a different participant was assigned to be the leader. Resilience, social support, and a sense of belonging were measured twice amongst the sample of 180 adolescents; those within the control group and those within the AEP group. 90 participants with a mean age of 16.67 took part in the 10-day voyage while a group of 90 local high school students with a mean age of 16.42 acted as the control group (Scarf et al., 2017). Scarf and colleagues concluded, using a variety of measures (i.e., Resilience Scale, Social Support Scale), that an adolescent’s resilience was connected to a sense of belonging and approval from peers is a key predictor of resilience. In relation to CHIME, this study
demonstrated the importance of connection, specifically social connection, and how it links to an adolescent’s resilience. It shows social connections can empower an adolescent’s sense of belonging, which is an important aspect during this period of development. Investigating resiliency and character strengths during adolescence could create specific intervention tactics directed at helping to manage the unstable nature at this stage of development (Hutchinson, Stuart, & Pretorius, 2011).

The Role of Identity Development in Well-being for Recovery

Adolescence is an essential period for identity formation and social development (Carroll et al., 2016). Harter and Ullman (as cited in Thomaes, Sedikides, Van den Bos, Hutterman, & Reijntjes, 2017), stated that adolescents yearn to stay loyal to their values, emotions, and desires but they often worry about being secluded or feeling different socially. According to Carroll et al. (2016), positively boosting mental well-being can be achieved by the expansion of social identities and social relationships; thus, promoting a sense of self and diminish loneliness (Carroll et al., 2016).

Adolescence is the period of exploring and searching for oneself and as defined by Thomaes et al. (2017), authenticity is the sense of being one’s true self. Thomaes et al. (2017) conducted a study using Self-Determination Theory (SDT) to test how authenticity is connected in an adolescent’s subjective-well-being (SWB). They were assessing the theory that adolescents are more likely to be faithful to their true selves when their basic psychological needs are met and it is a strong sense of self that influences a higher SWB. SDT was used because it is a useful structure for comprehending positive adolescent growth as it assumes humans have a natural tendency for psychological development and modification (Thomaes et al., 2017). This theory suggests individuals have three basic psychological needs: autonomy, relatedness, and competence; and, when these needs are met the individual is more likely to acknowledge and articulate their values, desires, and emotions (Thomaes et al., 2017). The study consisted of over 700 adolescent participants and a between-subjects design was used. The participants self-perceived level of authenticity were measured with the use of surveys and daily. Thomaes et al. (2017) concluded that authenticity (i.e., true to one’s character or personality) boosts well-being and is linked to psychological needs being met. The study conducted by Thomaes and colleagues outlined the importance of being aware of the needs, desires, and development aspects that occur during adolescence in order to help better understand adolescent recovery and life satisfaction. In conclusion, when an adolescent has their basic psychological needs met, in turn, it reduces their chances on distancing themselves from their true identity. Moreover, having a sense of one’s true self promotes positive feelings and subjective well-being (Thomaes et al., 2017).

Shek and Liang (2017) studied 3328 adolescents with regard to their SWB in relation to life satisfaction and hopelessness. They examined socio-demographic characteristics (i.e., age, gender, economic drawback, family togetherness), individual characteristics (i.e., resilience, spirituality, social competence, and positive identity), and familial characteristics (i.e., family functioning and parent-child relationship). This study concluded, initially, that resilience, competence, family function, social, and father-child relational qualities were significant predictors of life satisfaction. As the study conducted by Shek and Liang (2017) was a longitudinal study that took place over six years, they reported that, over time, additional predictors included mother-child relational qualities, spirituality, gender, and positive identity. Shek and Liang (2017) also concluded that family functioning and spirituality were the long-term predictors of hopelessness over adolescence.
Repetti, Taylor, and Seeman (2002) reported that family environments are linked with mental health. Research has suggested that identity development is closely linked to the family of origin as on-going negotiations between parent and adolescent child help the adolescent develop independence and autonomy (Benson & Johnson, 2009). In addition, incorporating family within mental health treatment plans has other benefits such as family members may act as a key source of knowledge in the case that an individual is unable to communicate their needs or desires. Whether the individual lives with their family or not, their relatives are involved in their care in a daily and ongoing supportive role (Family Mental Health Alliance, 2006). Incorporating family members, and their family values, may be an important variable to consider in regard to adolescent recovery.

The CHIME model references important factors in adolescent recovery that has been linked to a variety of studies. However, aspects could be missing from the CHIME model; therefore, tools such as photovoice and journey mapping will be examined based on their relevancy and plausibility to be used in an adolescent recovery-oriented practice.

**Photovoice**

Eliciting the adolescent perspective may be challenging as little is known about the views and expectations adolescents have in regard to their treatment (Palmquist, Patterson, O'Donovan, & Bradley, 2017). As the adolescent view on “recovery” remains uncertain, it is unknown if adolescents use or understand the meaning of the word recovery, and their ability to verbally express their experiences may be difficult or limiting (Palmquist et al., 2017). In order to create a recovery-oriented model, one must use the knowledge and expertise of that population; therefore, it is imperative to engage with adolescents and illicit and incorporate their responses. A beneficial way to incorporate the adolescent perspective is through visual representations such as using the method of photovoice.

Photovoice was developed by Caroline C. Wang and Mary Ann Burris in 1992 as a way to enable the women of China to influence the policies that affected them (Photovoice Worldwide, 2015). Photovoice is a Participatory Action Research (PAR) method that facilitates individuals to document and reflect on their communities’ strengths and concerns and encourage dialogue and understanding of important issues through photographs and discussion (Cabassa, Nicasio, & Whitley, 2013; Wand & Burris, as cited in Han & Oliffe, 2015). PAR is a research strategy that is based on reflection, data collection, and actions that are aimed to improve the health of the individuals involved (Baum, MacDougall, & Smith, 2006). The purpose of PAR is to understand and improve the world by taking an active role in changing it by reflecting on situations that the participants are involved in (Baum et al., 2006). Baum and colleagues state that the overall goal of PAR is to have the participants feel empowered and have an increased feeling of control in their lives.

Cabassa et al. (2013) conducted a study with individuals with a mental health diagnosis, a substance use issue, or individuals who are homeless and used photovoice as a way to envision their recovery. The 16 participants photographed scenes in their lives that they believed signified wellness and recovery. The participants then shared their photos and the meaning behind them in both individual and group sessions. Photovoice is a useful and well-suited tool for adolescents to voice their opinion and concerns and exercise autonomy while creating a visual representation of their lives (Wang, 2006).

According to Wang (2006), a variety of research studies that used photovoice with adolescents have been conducted such as the *Youth Against Violence Photovoice* study, the
Photovoice Youth Empowerment Program, and the Teen Photovoice: An Educational Empowerment Program for Los Angeles Area Adolescent High School Students. These studies allowed adolescents to feel empowered when they created a visual representation that exhibited their perspective. According to Gutierrez (as cited in Wang, 2006), photovoice provides the ability for adolescents who may be underrepresented, labeled, or stigmatized to advocate their concerns while using their own experiences.

Bayer and Alburqueque (2014) researched, using photovoice, how adolescents view and understand factors that affect their sexuality, health, and well-being. With 13 adolescent participants, they held sessions that included learning the basics of photography, ethics, and held discussion groups using the SHOWed method (e.g., What do you see here? What is really happening? How does this relate to our lives? Why does this problem or strength exist? What can we do about it?) (Bayer & Alburqueque, 2014). Part of the study included having the participants make photo stories with captions that answered SHOWed. Bayer and Alburqueque (2014) found that common messages were “lack of opportunities to live a better life,” “health and well-being in danger of extinction” and “some signs of hope.” The results of the study reported that there is value in including adolescents in program planning. Photovoice provided a concrete way for the adolescent participants to express their concerns through visual representation (Bayer & Alburqueque, 2014).

Promoting progressive behaviours could be influenced by engaging and empowering adolescents to promote their mental health (Leung et al., 2017). Han and Oliffe (2015) reviewed the literature on photovoice and mental health and they established that research projects enhancing well-being benefited from the input of lived experience stakeholders, as well as the collaboration from the agencies. Photovoice research can introduce and convey views from a mental health perspective and this knowledge can influence clinical practices, public awareness, and policies for the greater good (Han & Oliffe, 2015). The studies showed that photovoice encompasses the values of CHIME as it can offer a sense of hope, empowerment, and meaning. Photovoice is an age-appropriate tool for adolescents and provides them with the chance of self-expression through images. Overall, photovoice can be a beneficial tool in adolescent recovery.

Journey Mapping

As research on adolescent recovery is limited, types of methods are restricted as well. However, there are a variety of methods that are used in other populations that could be incorporated to use within an adolescent recovery-oriented model such as journey mapping. Journey mapping uses a participatory action research (PAR) approach. Journey mapping is used to help organizations improve their quality and efficiency by identifying ways to improve the services offered (Koski et al., 2017). Journey maps show a series of continuous “touch points” exhibiting where individuals who are seeking a service, such as mental health treatment, express where their experiences were thoroughly shaped by the service provider (McCarthy et al., 2016).

Koski et al. (2017) conducted a study to use journey mapping to create a palliative care program within the Naotkamegwanning First Nations community while using highly engaging and interactive journey mapping workshops. The workshops consisted of introducing the participants to journey maps, having the participants create and implement a journey map, finalizing a palliative care pathway, and the inclusion of cultural aspects to the care pathway (Koski et al., 2017). Surveys and discussions revealed that journey mapping increased communication, created partnerships, and it was indicated as a tool to create care pathways (Koski et al., 2017). Although this study did not have an adolescent population, it is still a
research study that can provide beneficial information in the creation of a recovery-oriented philosophy for the adolescent mental health population. This study incorporated the specific needs and values of the First Nations community, which demonstrates the importance of utilizing the knowledge of the population that is seeking a service in order to provide the best care. Thus, journey mapping could be used as a useful tool in an adolescent recovery-oriented practice.

Journey mapping is a useful tool as it illustrates the relationship between service provider and user (McCarthy et al., 2016). Roarty et al. (2012) stated that journey maps provide a visual representation that empowers and motivates adolescents who are involved in the creation process as it reflects the voice of themselves and their peers. Journey maps are easy to administer and with the possibility of having the maps reflect other clients or peers, they become more familiar and entertaining, which can promote the possibility of an adolescent expressing their own progress (Roarty et al., 2012). In reference to the CHIME model, adolescents can feel a sense of connectedness as they are able to visualize their progress and potentially their peers progress. A study conducted by Crunkilton (2009) found that journey mapping was user-friendly, saved time, stimulated positive thinking, encouraged communication, improved learning, and it created a voice for the client using it. There are several benefits of journey mapping; therefore, it could be a valuable tool to incorporate into recovery-oriented practices with the adolescent population.
Chapter III: Method

A literature search and review was conducted using the databases that were available and accessible through the Ontario Shores Centre for Mental Health Sciences (Ontario Shores) intranet and through Kingston’s St. Lawrence College. The online databases that were used were EBSCO host (CINAHL with full-text, Health Business with full-text, Psychology and Behavioral Sciences full text journal collection) and Ovid (all Medline databases).

To search for relevant articles, key search terms included: “mental health,” “wellness,” “well-being,” “recovery,” “resilience,” “photo/photovoice,” “journey map/mapping,” and “adolescent(s)/adolescence”. In order to have enough sufficient and comparable information to use within the literature review, a target was set to obtain a minimum of 10 empirical articles and two theoretical articles.

Based on relevant titles or abstracts, articles that were found were viewed in a full-text version, if available. Efforts were made to locate any articles that were referenced in the obtained articles in order to have the primary source. Since recovery is an upcoming concept, especially in North America, articles that were on recovery related to addiction were excluded because addiction recovery generally holds a different definition. As this literature review is examining recovery in regard to reaching a meaningful life, addiction recovery is associated more with the 12-step recovery process and staying abstinent. Therefore, articles on substance use were limited within this literature review.

As the purpose of this paper was to look at adolescents and mental health recovery, articles were limited to that specific population. Therefore, articles were accepted regardless of the population that is used for the sample, as long as the information was relevant and could be connected to adolescents and recovery.
Chapter IV: Results

The following chapter section will summarize the key findings that were presented as a result of the review of literature in reference to establishing a recovery-oriented philosophy. In total, 35 resources were used to gain a better understanding of recovery practices and what aspects are important to the adolescent population. Out of the 43 resources, 36 were articles, discussion papers, or book chapters and seven of the resources were websites. Due to the lack of literature on recovery and adolescents, only 15 of the articles had adolescents as the targeted population.

Key findings and themes that were found from the literature review were that unconditional relationships, purpose, boundaries, and self-efficacy are the key protective factors that enhance an adolescent’s well-being (Shean, Cohen, & de Jong, 2016). In reference to the CHIME model, these findings can be linked to the principles connectedness, meaning, and empowerment. The creation of the CHIME model has been identified as having the ability to improve an adolescent’s well-being, in turn, it can help influence and model new methods to promote recovery. Due to the findings from the literature review, two methods, photovoice and journey mapping, were recommended to be used in conjunction with the CHIME model to further investigate the needs of adolescents. Both methods have been reported to be great ways to illicit conversation and create voices; however, the pros and cons of each method will be discussed further in the discussion chapter.

As a recovery-oriented philosophy appears not to be well established, if at all established for the adolescent population, the results from the literature review are only summaries of common themes that were found. Further inquiries and discussion will be mentioned in the next chapter.
Chapter V: Discussion

The following chapter examines and discusses the implications of the results from the focused literature review. An overall conclusion will be presented relevant to establishing an adolescent recovery-oriented model. Strengths and limitations of this literature review are discussed in the form of a multilevel challenges report, which includes perspectives from client, program, organization, and society levels. Contributions to the field of behavioural psychology field and recommendations for future projects will also be offered within this chapter.

Implications of Results

The current literature review focused on adolescent recovery that addresses the needs of this specific population. Instilling a recovery-oriented philosophy is driven by the CHIME model. To review, CHIME stands for connectedness, hope and optimism, identity, meaning and purpose, and empowerment. Throughout the literature, the CHIME model can be linked back to the findings from a variety of different research studies and a common theme that emerged was identity formation and social connection. For example, when discussing resiliency, it was stated that an adolescent’s ability to be resilient was linked to their sense of belonging and their spiritual beliefs (Hall, McKinstry, & Hyett, 2016; Jabreel, 2017; Scarf et al., 2017), which relate back to the CHIME principles: connectedness, identity, and meaning and purpose. It was mentioned frequently, for example in both Thomaes et al. (2017) and Carroll et al. (2016), that adolescence is an imperative stage for identity formation by a means of social interactions. Therefore, social aspects (e.g., group therapy, peer interactions) should be considered when developing recovery-based care plans for adolescents.

Another theme that was mentioned that connects to both social and identity is family. Family relationships, and in particular parent-child relationships, are important to identity development and independence (Benson & Johnson, 2009). In addition, these family relationships can help build healthy values that are beneficial to an adolescent during the recovery process.

In order to gain a better understanding and perspective of the adolescent population, this literature review discovered two potential methods. Photovoice and journey mapping are both participatory action research methods that facilitate discussion between researchers and participants by having the participants create visuals of a said topic from their perspective. Photovoice has been used in several research studies (e.g., Youth Against Violence Photovoice study, the Photovoice Youth Empowerment Program) with the adolescent population. However, the literature review showed that journey mapping has had very little use with the adolescent population. Both methods have benefits as they provide an opportunity for adolescents to self-express. However, photovoice is mentioned as more of an age-appropriate tool for the adolescent population than the adult population.

What an adolescent wants or needs will vary from individual to individual. However, creating a general recovery-oriented model that incorporates common factors that most adolescents associate with would be recommended. As research explores and develops new options, the model can be altered to adapt to the growing and changing mental health field and be adapted to the expressed opinions of the adolescent population.

Although this focused literature revealed many common themes and two potentially beneficial methods, this paper only mentions theories and hypotheticals in the sense that they have not yet been applied to create recovery-based care for adolescents. This paper can offer guidance, references, and background knowledge when it comes time to create and apply a
recovery-oriented philosophy within an agency that provides services to the adolescent mental health population. In time, a research study involving adolescents and incorporating the findings from this literature review will show what aspects are beneficial and impactful and what aspects need to be changed or improved in order to provide a better recovery-based care plan.

**Strengths**

This literature review is not an exhaustive review of all articles on the topic of recovery in reference to adolescents. However, one strength that appears is the repeated references to other articles which established consistency with regard to recovery approaches and/or models to be used with adolescents. This literature review offers an introduction to a relatively new concept in North America. Another strength demonstrated was that two methods were found and highlighted as examples to be used with the recovery process. This offers a potential tool to help mental health professionals and researchers in implementing a recovery-oriented process. It also offers the opportunity and starting point to further expand the research on photovoice and journey mapping and how they can be beneficial in the recovery process.

**Limitations**

The literature review is limited as it does not express all views and opinions on recovery as it is written by one author taking on the role of the recovery expert. The literature review was limited to the themes resiliency and identity formation in regard to well-being, as they were most prominent in the articles found. Only two methods, photovoice, and journey mapping, were mentioned due to a lack of other methods presented during the literature review research.

**Multilevel Challenges View**

From a multilevel challenges view, the creation of a recovery-model can help the adolescent mental health population adapt to having a mental illness and/or to learn how to live a meaningful life in the wake of a diagnosis. A recovery-oriented model may not be seen as a beneficial tool by mental health professionals or an organization; therefore, it may not be used properly or not be implemented by all professionals across a mental health field. However, literature reviews on the topic of mental health recovery can help educate and bring awareness to practitioners, researchers, and communities. There is no doubt that there is a stigma associated with mental health issues. As the barriers to mental health are slowly being lifted by the efforts of multiple advocates in society, the chance of an adolescent seeking mental health services or coming out as having a mental health diagnosis is still hindered. Acknowledging mental health and understanding that a mental health diagnosis does not need to impede your quality of life is an important step in changing societal views. The focused literature review can help form or guide the creation of a recovery model due to the presented references that come from a variety of credible sources. Using a recovery model can assist with tracking the individual’s progress; thus, providing a greater sense of autonomy and empowerment.

**Suggestions and Recommendations**

This thesis contributes to the field of behavioural psychology as it provides another perspective and philosophy that is different than the typical medical model. The recovery-oriented model focuses on the needs, wants, and desires of the individual living with a mental health diagnosis. This shift in focus away from the medical model allows mental health
professionals to address concerns articulated by individuals as they are the expert in their own lives.

In order to properly implement a recovery-oriented philosophy, the concept of recovery needs to be understood by all mental health professionals implementing the model. A suggestion would be to hold voluntary workshops within the organization that are open to any mental health professional who wants to learn about recovery.

As this literature review focuses on a few themes and two methods, it is recommended that future research be conducted to expand on this research or focus on other best practices. Mental health professionals interested in a recovery-oriented philosophy should research the concept of recovery with the recommendation of looking at work conducted in the United Kingdom, where recovery is a well-known concept instilled in the mental health field.
References


