

New ways of making sense

Social perspectives on unease, mental distress and recovery



Jerry Tew

Professor of Mental Health and Social Work

University of Birmingham



What we will be exploring today

- Making sense of mental distress
- What leads to mental distress?
- What enables sustained recovery?

What is mental distress?

- Being taken over by feelings, experiences or behaviours that seem to be outside of our control
 - e.g. hearing voices
- Anguish, confusion, numbness, terror...



What is mental distress?

- Disconnection from familiar realities
- Losing our 'place in the world'



What is mental distress?

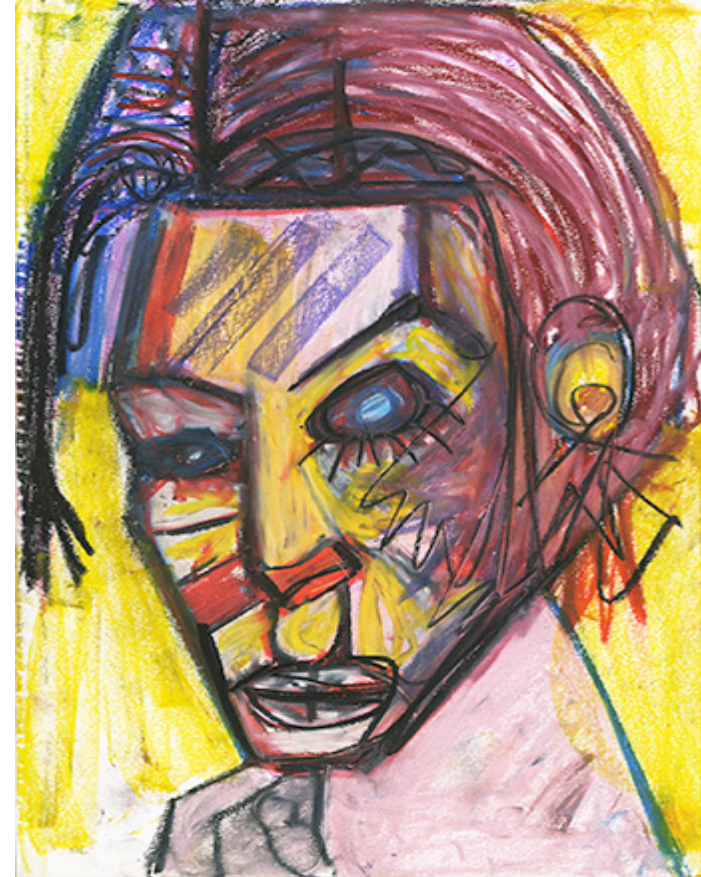
- Dislocation of our subjectivity and identity
 - our ability to construct ourselves as consistent rational unitary subjects
(cf *Roy Porter*,
Michel Foucault)



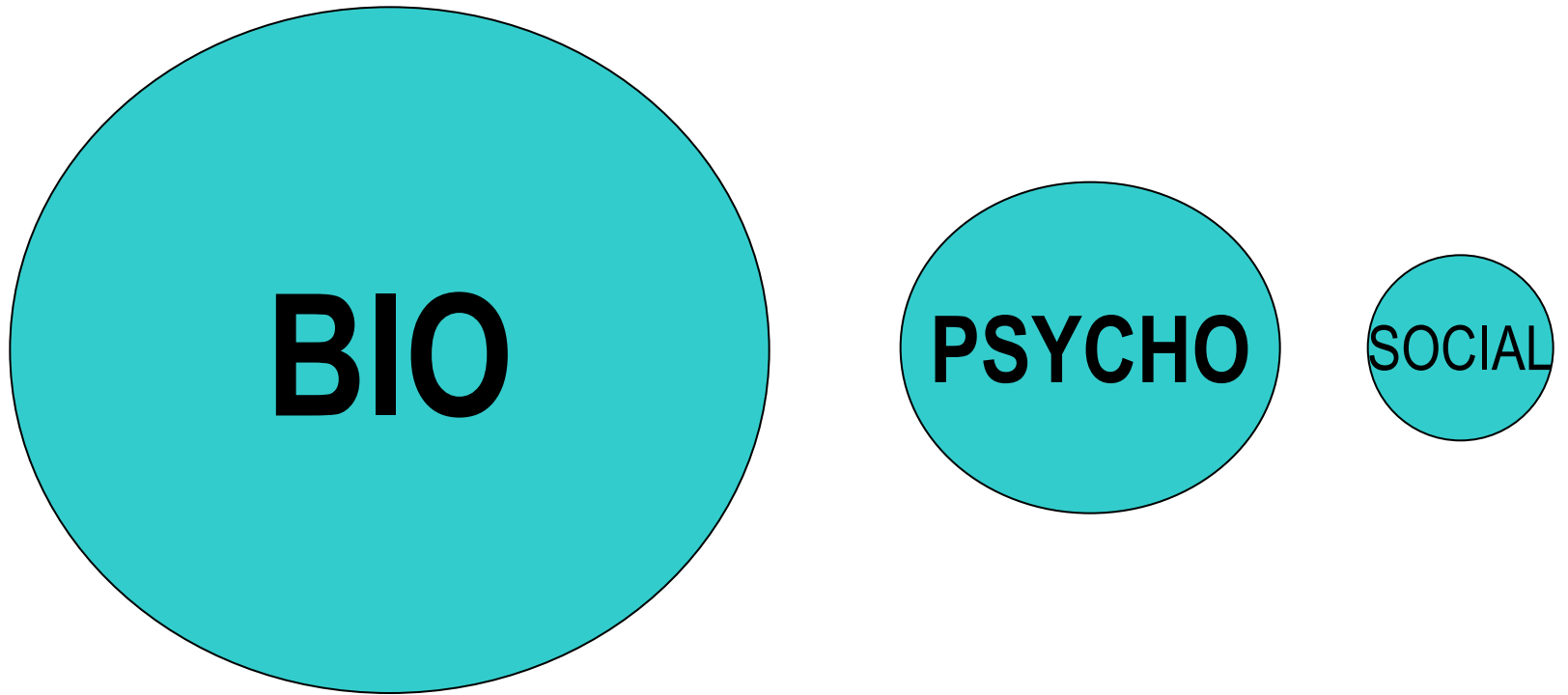
One account became dominant in the later 20th Century

A mental illness

- ***Has underlying pathology***
- ***Affects thinking, feeling and behaviour***
- ***Has social consequences***
- mental distress as a 'technical' issue



THE BIOPSYCHOSOCIAL MODEL



Has bio-psychiatry delivered?

(see *Tew, 2017*)

- No 'cure' – just management of symptoms
- No 'schizophrenia' gene
- Diagnoses are 'fuzzy', overlapping, inconsistent over time, and do not connect with any consistent neurological process or pathology (*Van Os, 2010; Caspi et al 2014*)
 - Neurological research now using Research Domain Criteria (RDoC)





So how should we start to make sense of mental distress?

Finding meaning in distress experiences

Survivor perspectives (e.g. Hearing Voices Network)

Mental distress as:

1. *An expression of an unresolved 'problem of living'.*

- a cry for help
- a way of expressing the inexpressible.

2. *A coping or survival strategy*

- the best available way of dealing with unbearable unease. (Tew, 2011)



There is very strong evidence that adverse social experiences contribute to mental distress – *past and present*

- Discrimination and disadvantage
 - Gender / sexuality
 - Race / culture
 - Relative poverty
- Trauma and abuse – esp sexual abuse
- Loss of significant others
- Being bullied
- Difficult family dynamics and relationships, including domestic violence
- Neglect / social isolation

Reconceptualising the relationship between social experience and physiology

- Our genetic make-up *and* our social experience interact and may lead us to respond to situations in particular ways
 - *some response patterns may be more stressful to us than others*
 - *combination of genetic vulnerabilities and adverse experience can be multiplicative in determining risk of psychosis (Tienari et al, 2004)*
- Experience of trauma and adverse social contexts can impact on hard-wiring and biochemistry of brain
 - *exposure to positive social experiences may enable the brain to re-align pathways and biochemistry*

From *disease* to *unease*?

Disease = biological takeover

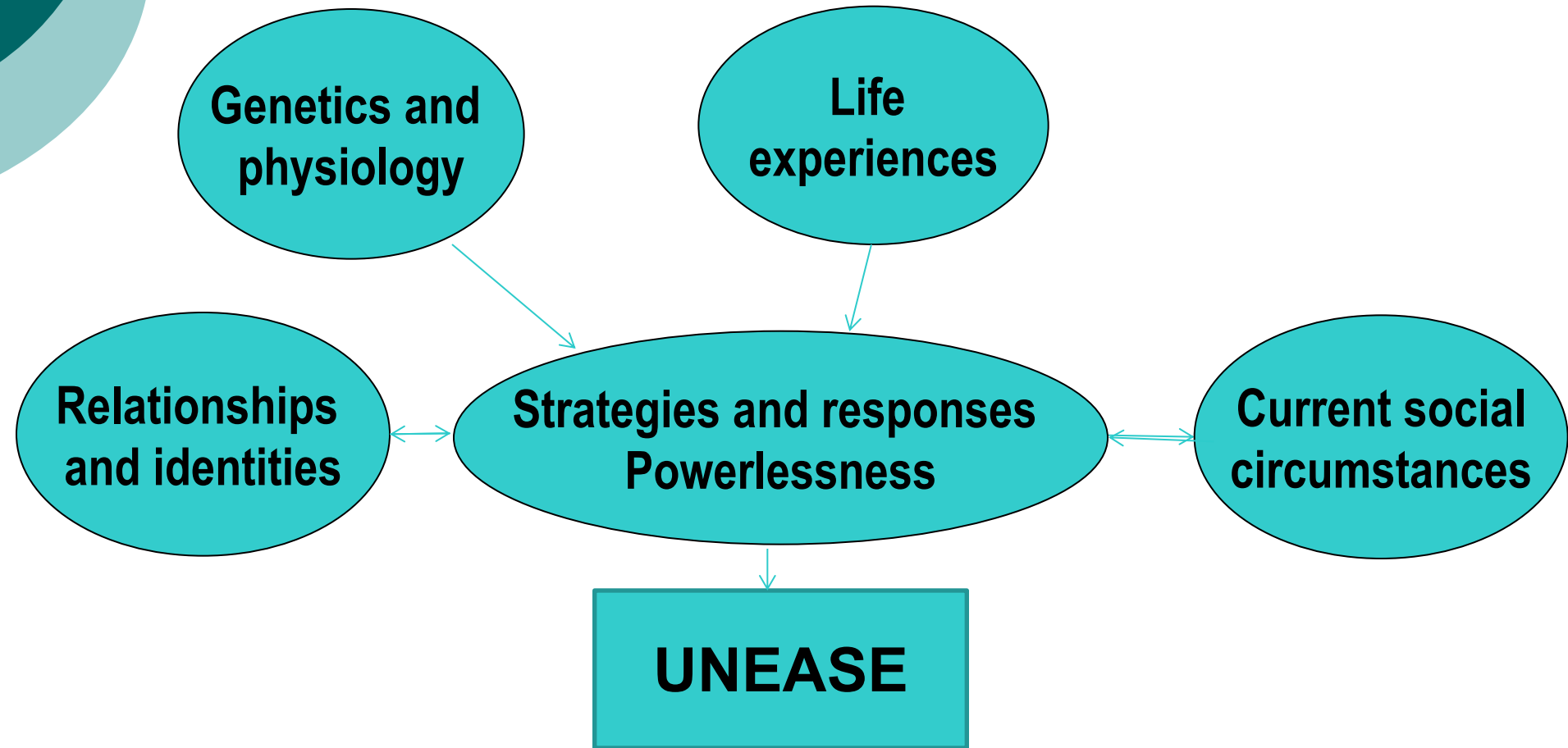
Unease = active discomfort with oneself
and/or one's world

You can ask 'what are you *uneasy* about?',
but not 'what are you *diseasy* about?'

Recontextualising – social and emotional

Unease

What can lead up to experiences of mental distress or breakdown?



How do we respond to our unease?

Survive (at a cost)

- Over-work; over-care
- (Mis)use substances
- Start to disconnect from self and others
- Defence mechanisms

Resolve

- Mobilise resources
- Make (new) connections
- Deal with issues

Breakdown Mental distress



Social perspectives on prevention and early intervention

Prevention: intervene in relation to the social factors that contribute to *unease*

Early intervention: offer a problem-solving / resource mobilising response to *unease*

- Do not medicalise in the first instance

What is recovery?

Clinical definition:
remission of
symptoms

*Social / personal
definition:*
'getting a life'



RECOVERY

Expectations



Reality




What influences recovery?

(Warner 2004)

At a population level: No correlation between introduction of medical treatments and recovery rates (clinical or social)

- Strong correlation with employment rates
- Cultural acceptance / expectation of recovery – e.g. Kerala

More generally: Capability to access social opportunities, relationships and valued social roles *(Tew et al, 2012)*

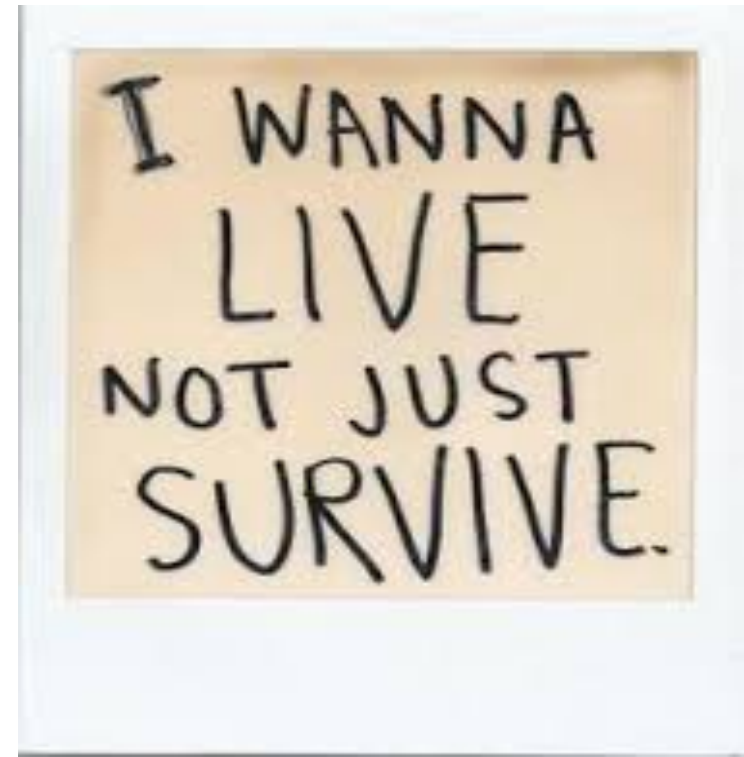


What seems to matter most is having a 'place in the world' to recover into (Bradshaw et al, 2007)

Recovery Processes

(Bird, Leamy, Tew, et al, 2014)

- **C**onnectedness
- **H**ope and optimism
- **I**dentities that are personally and socially valued
- **M**eaning and purpose
- **E**mpowerment





Recovery capital (*Cloud and Granfield, 2008; Tew, 2013*)

Idea developed in relation to recovery from substance misuse

'If recovery oriented practice is to focus on developing efficacy and capability, rather than containing risk or 'fire-fighting' immediate problems, there is a need for a more specific framework for evaluating the personal and social resources that a person may require if they are to make a sustainable recovery – their recovery capital' (*Tew, 2013*)

Recovery capital: underpinning resources for recovery

- **Personal capital**
 - Skills and capabilities, dispositions, coping strategies
- **Relationship capital**
 - Mutuality, trust, acceptance
- **Identity capital**
 - Positive and coherent sense of self; valued social identities
- **Social capital**
 - Supportive network of 'useful people to know'
- **Economic capital**
 - Income and ability to earn; purchasing power

Tew (2013) Recovery capital: what enables a sustainable recovery from mental health difficulties?

Relationship capital

- Relationships that provide hope and encouragement can be a critical factor in achieving recovery (*Spaniol et al, 2002*)
- Not all relationships and social interactions are experienced as positive or supportive of recovery (*Yanos et al, 2001*)
- Reciprocity and being able to exert influence become crucial as people's journeys progress (*Topor et al, 2006; Schon et al, 2009*).

Identity capital

- 'At the heart of the recovery process was the transformation from an illness-dominated identity to an identity of agency [and] competence' (*Mancini, 2007*)
- Rebuilding positive personal and social identities is a core component of recovery (*Petty and Triolo, 1999*)
- This has to be accomplished within wider social context of potential for continued social devaluation, including stigmatisation (*Yanos et al, 2008; van Zelst, 2009*)
 - How to resist internalising stigma
 - Role of mental health services

YES. I HAVE A MENTAL ILLNESS.
NO, IT IS NOT MY IDENTITY.
NO. I CAN'T JUST "GET OVER IT"
RECOVERY TAKES TIME!

Social capital

- Importance of bonding *and* bridging relationships
- What works well: activities and projects that bring together people with and without experience of mental health difficulties in achieving common goal (*Seebohm and Gilchrist, 2008*)
- What may not work so well: befriending schemes can tend to set up unequal relationships where person can be implicitly 'one-down' (*Siette et al, 2017*)

Economic capital

- European study of support to re-enter mainstream employment (IPS) showed that this not only worked in terms of getting people work, but also increased rates of social recovery and remission of symptoms (*Burns et al, 2009*)
- Personal budgets (UK): of 47 service users who had received personal budgets,
 - 32 reported improved social participation and relationships
 - 15 reported being enabled to access education, training or employment
 - 28 reported increased confidence and skills
 - 34 reported improved mental health and wellbeing (*Larsen et al, 2015; Tew et al, 2015*)

Towards a new agenda....

- Prevention and Early Intervention: focus on **unease** and the factors that contribute to it
 - especially for young people
- Responses to mental distress need to engage with issues of power, identity and (dis)connection
 - and engage with **families** and **communities** as well as individuals
- Recovery depends on mobilising **recovery capitals**
 - agenda for a **social** conversation that goes beyond psychological therapy

Big implications for:

- How mental health services are configured
- What we invest in



BIO

PSYCHO

SOCIAL

"Sometimes you need to look at Life
from a different perspective."



Useful References

- Bird, V, Leamy, M, Tew, J, et al (2014) Fit for purpose? Validation of a conceptual framework for personal recovery with current mental health consumers. *Australian and New Zealand Journal of Psychiatry* 10:48(7) 644-653
- Bradshaw, W et al (2007) Finding a Place in the World. *Qualitative Social Work* 6(1):27-47
- Burns, T, Catty, J, White, S, et al (2009) The impact of supported employment and working on clinical and social functioning *Schizophrenia Bulletin* 35(5):949-958
- Caspi, A et al. (2014) The p Factor: One General Psychopathology Factor in the Structure of Psychiatric Disorders?." *Clinical psychological science : a journal of the Association for Psychological Science* 2:2 119-137.
- Cloud W and Granfield R (2008) Conceptualising recovery capital: expansion of a theoretical construct. *Substance Use and Misuse* 43(12&13):1971-1986
- Dohrenwend, B (2000) The role of adversity and stress in psychopathology: some evidence and its implication for theory and research. *Journal of Health and Social Behavior* 41(1) 1-19

-
- Fearon, P et al, (2006) Incidence of schizophrenia and other psychoses in ethnic minority groups: results from the MRC AESOP Study. *Psychological Medicine* 26. 1-10
- Harrison, G et al (2001) Association between schizophrenia and social inequality at birth: case - control study. *British Journal of Psychiatry* 179: 346 - 350.
- Larkin, W and Morrison, A (2006) *Trauma and Psychosis New Directions for Theory and Therapy*. Routledge
- Larsen, J, Tew, J Hamilton, S, et al (2015) Outcomes from personal budgets in mental health: service users' experiences in three English local authorities. *Journal of Mental Health* Doi:10.3109/09638237.2015.1036971
- Mancini, M (2007) The role of self-efficacy in recovery from serious psychiatric disabilities. *Qualitative Social Work* 6(1):49-74

Petty, D and Triolo, A (1999) The search for identity and meaning in the recovery process. *Psychiatric Rehabilitation Journal* 22(3):255-262

Read, J (2004) Poverty ethnicity and gender, In J Read, L Mosher and R Bentnall (eds) *Models of Madness*. Brunner Routledge.

Read, J et al (2005) Childhood trauma, psychosis and schizophrenia: a literature review with theoretical and clinical implications. *Acta Psychiatrica Scandinavica* 112:5

Schon U-K et al, (2009) Social relationships as a decisive factor in recovering from severe mental illness. *International Journal of Social Psychiatry* 55(4):336-47

Seebohm, P and Gilchrist, A (2008) *Connect and include: an exploratory study of community development and mental health*. London: Community Development Foundation

-
- Siette J et al (2017) Effectiveness of befriending interventions: a systematic review and meta-analysis. *BMJ Open* 7:e014304. doi: 10.1136/bmjopen-2016-014304
- Spaniol, L et al (2002) The process of recovery from schizophrenia. *International Review of Psychiatry* 14(4):327-36
- Tew, J (2011) *Social approaches to mental distress*. Palgrave Macmillan
- Tew, J et al, (2012) Social factors and recovery from mental health difficulties: a review of the evidence. *British Journal of Social Work* 42:3 443-460
- Tew, J (2013) Recovery capital: what enables a sustainable recovery from mental health difficulties? *European Journal of Social Work* 16:3 360-74

Tew, J et al (2015) 'And the stuff I'm able to achieve now is really amazing'. The potential of personal budgets as a mechanism for supporting recovery in mental health. *British Journal of Social Work* 43(s1):i79-i98

Tew, J et al (2017) Family-inclusive approaches to reablement in mental health: models, mechanisms and outcomes *British Journal of Social Work* 47:3, 864–884

Tew, J (2017) A crisis of meaning: can 'schizophrenia' survive in the twenty first century?

Tienari, P et al (2004) Genotype–environment interaction in schizophrenia-spectrum disorder: long-term follow-up study of Finnish adoptees. *British Journal of Psychiatry*, 184, 216 –222

Topor, A (2006) Others: the role of family, friends and professionals in the recovery process. *American Journal of Psychiatric Rehabilitation* 9(1):17-37

-
- van Os, J (2010) Are psychiatric diagnoses of psychosis scientific and useful? The case of schizophrenia. *Journal of Mental Health* 19(4):305-17
- van Zelst, C (2009) Stigmatisation as an environmental risk in schizophrenia: a user perspective. *Schizophrenia Bulletin* 35(2):293-296
- Warner, R. (2004) *Recovery from schizophrenia: psychiatry and political economy*. (3rd ed) Routledge.
- Yanos, P et al (2001) Negative and Supportive Social Interactions and Quality of Life Among Persons Diagnosed with Severe Mental Illness *Community Mental Health Journal* 37:405-419
- Yanos, P et al. (2008) Pathways between internalised stigma and outcomes related to recovery in schizophrenia spectrum disorders. *Psychiatric Services* 59(12):1437-1442