Understanding the Essence of Recovery-Oriented Practice: A Scoping Review

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Abstract

This scoping review aimed to address the challenge mental health professionals face in implementing recovery-oriented practice due to the lack of clear guidelines and the narrow focus on individual practitioner-client interactions in existing definitions. To fill these gaps, the review developed a comprehensive framework for implementation at the practitioner, organizational, and community levels. A systematic literature search from 1993 to 2024, including gray literature and snowballing techniques, identified 106 sources, which were synthesized through thematic analysis. Six main themes with 20 sub-themes were found at the practitioner level, six themes with 10 sub-themes at the organizational level, and four themes with six sub-themes at the community level. The review underscores the need for a whole-systems approach, addressing interactions across all levels and offering practical strategies to guide recovery-oriented practices.

Keywords: Recovery-oriented practice, Comprehensive framework, Practitioner-level strategies, Organizational change, Community integration

The concept of recovery has become central to mental health services, emphasizing individuals' capacity to lead fulfilling lives despite the challenges posed by mental illness (Anthony, 1993). While personal recovery is inherently subjective and varies greatly from person to person (Allott et al., 2002; Van Weeghel et al., 2019), its translation into consistent, structured practice within mental health systems remains elusive. Many mental health professionals continue to face challenges in facilitating and supporting recovery principles, in part due to the lack of a comprehensive framework guiding their implementation (Boardman & Shepherd, 2012; Le Boutillier et al., 2011).

Consequently, inconsistencies in how recovery-oriented practices are adopted continue to hinder efforts (Jaiswal et al., 2020; Le Boutillier et al., 2011; Stevenson et al., 2023). Additionally, without a clear, shared understanding among professionals and service users, recovery principles can be misapplied, leading to fragmented care or a "hands-off" approach that distances professionals from those they serve (Drake & Whitley, 2014; Hungerford & Fox, 2014).

Notably, much of the existing literature on recovery-oriented practice has emphasized individual-level strategies, primarily focusing on interactions between practitioners and service users (Cusack et al., 2017). While these efforts are undeniably important, they often overlook the broader contexts that shape recovery, such as organizational structures and community systems. This individual-centered approach can inadvertently limit the potential for recovery by neglecting the structural and systemic factors that play a crucial role in

supporting or hindering progress (Cusack et al., 2017; Jaiswal et al., 2020). Without attention to these wider environmental influences, the sustainability and authenticity of recovery-oriented practices are compromised (Cleary et al., 2014).

Recovery is not solely the responsibility of practitioners, nor is it an isolated achievement of individuals. Instead, it is a process embedded within a larger system. Practitioners, organizations, and communities must work together, as each plays an indispensable role in facilitating recovery. Practitioners cannot effectively foster recovery without organizational support that provides the necessary policies, resources, and culture to sustain recovery-oriented practices (Boardman & Shepherd, 2012). In turn, organizations lay the groundwork through supportive policies and resources and rely on practitioners to embody and implement these recovery values in their daily interactions with individual clients (Le Boutillier et al., 2011).

Community efforts are equally essential, as they provide the networks that foster belonging, remove obstacles to recovery, and create supportive environments. However, these efforts must be aligned with the resources and structures provided by both practitioners and organizations (Boardman & Shepherd, 2012). In essence, recovery is shaped by the combined and coordinated efforts across these levels. A more robust conceptualization of recovery-oriented practice must extend beyond the individual to encompass organizational and community dimensions. A fully operationalized recovery-oriented approach requires an integrated strategy that considers the interplay across these multiple

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levels.

This ecological view is supported by theoretical frameworks such as Sen's Capabilities approach (Sen, 1999), which highlights the importance of removing systemic barriers to health and well-being, and the Citizenship model, which emphasizes the rights, responsibilities, and roles necessary for full societal participation by individuals with mental illness (Carr & Ponce, 2022; Ponce & Rowe, 2018).

The Citizenship model, as defined by Rowe (2015), emphasizes a person's strong connection to the 5 R's: Rights, Responsibilities, Roles, Resources, and Relationships. These elements are offered by society through public and social institutions and associational life, fostering a sense of belonging validated by fellow citizens (Rowe, 2015). At the individual level, Rights empower individuals to advocate for themselves and ensure their needs are met, while Responsibilities encourage them to take ownership of their recovery journey.

This approach focuses on personal empowerment and self-advocacy. In contrast, at the organizational level, Roles and Resources are facilitated by mental health services that provide structured opportunities for meaningful participation and ensure access to necessary supports. This reflects a systemic approach where organizations create environments conducive to recovery. At the community level, Relationships foster social connections and can reduce stigma, highlighting the importance of community efforts in creating supportive networks that integrate individuals into society (Carr & Ponce, 2022; Ponce & Rowe, 2018). This systemic perspective underscores the need for coordinated efforts across all levels to support holistic recovery beyond individual interventions.

While previous research has acknowledged the need to define recovery-oriented practice, it has often failed to capture its full scope. Many studies have focused narrowly on specific elements of recovery-oriented practice, frequently overlooking the broader ecological context in which recovery takes place (Chester et al., 2016; Kourgiantakis et al., 2022; Le Boutillier et al., 2011). To address these gaps, this scoping review seeks to develop a more comprehensive framework for recovery-oriented practice, one that integrates strategies across the practitioner, organizational, and community levels. By adopting this tripartite approach, the review aims

to clarify the full scope of recovery-oriented practice and provide practical guidance for mental health systems seeking to create environments that promote recovery. This perspective moves beyond the conventional focus on individual-level interventions and advocates for a whole-system approach, recognizing that recovery-oriented practice must be embedded within broader organizational and community contexts to achieve optimal outcomes. This review seeks to answer the question: "What is the comprehensive definition and meaning of recovery-oriented practice in mental health services?" by taking a tripartite approach that integrates strategies across the practitioner, organizational, and community levels.

Methods
Study Design
A scoping review aims to systematically map and identify existing evidence on a specific topic, which serves as an invaluable method for investigating key concepts or factors related to that subject (Munn et al., 2018; Pollock et al., 2023). To undertake a full review of elements that make up recovery-oriented practice, we followed the stages outlined in Arksey and O'Malley's methodology framework for scoping reviews (Arksey & O'Malley, 2005), with additional considerations from Levac et al. (2010). Extraction was conducted using PRISMA-ScR (PRISMA for Scoping Reviews) (Tricco et al., 2022). The review protocol was registered on OSF (Open Science Framework) on February 26, 2024.

Search Strategy
To identify eligible research, the authors conducted thorough searches across seven electronic databases: APA PsycINFO, PubMed, Scopus, CINAHL, Web of Science, Social Services Abstracts, and Sociological Abstracts.

In addition, we scrutinized the reference lists of identified papers and relevant documents for further literature. Manual searches of these sources were complemented by exploring gray literature, such as national guidelines and State Medicaid plans, via Google Scholar and Google.

Search terms were developed through discussions with team members and finalized after consultation with a professional librarian affiliated with the school where the reviewers are associated. (See Table 1 for the search terms used.) We utilized Zotero to manage the gathered citations efficiently.

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Table 1. Search Terms

Content Area	Subject Headings	Search Terms
Mental Health	Mental illness Mental disorder Mental problem Severe mental health problem	("severe mental" OR "serious mental" OR "severe psychiatric" OR "serious psychiatric" OR "schizo*" OR "bipolar disorder*" OR "major depressive" OR "major depression" OR "psychosis" OR "psychotic" OR "mental illness*" OR "mental disorder*"")
Recovery	Recovery-oriented	("recovery-oriented" OR "recovery-supportive")
Practice	Practice System Care Plan Processes Strategy Facilitator	("practic*" OR "system*" OR "care*" OR "plan*" OR "process*" OR "strateg*" OR "facilitat*")
Meaning	Concept Definition Operationalization Meaning	("concept* OR defin* OR operationaliz* OR mean*")

Inclusion and Exclusion Criteria

Articles that met the following inclusion criteria were considered for screening.

- Studies focused on individuals with serious mental illness, including schizophrenia spectrum disorders, major depression and bipolar disorder.
- Exploration of recovery-oriented practices, systems, plans, or strategies.
- Discussion of practices related to mental health professionals including psychiatrists, psychiatric nurses, social workers, psychologists, counselors, and therapists.
- Publication types were peer-reviewed articles, opinion pieces, conceptual pieces, reports, handbooks, manuals and white papers.
- Studies published from 1993, when Anthony first proposed the concept of 'recovery' (Anthony, 1993) to the present.
- Studies written in English.

Articles that met the following exclusion criteria were not considered for screening.

- Studies not addressing practical applications or implementation of recovery-oriented practices.
- Studies discussing recovery outside the context of mental health personal recovery.
- Articles focusing on settings outside of community-based outpatient, residential/housing and hospital-based inpatient programs.
- Studies exclusively discussing the implementation of specific programs (such as ACT, WRAP, IMR, clubhouse, peer support, open dialogue, etc.) without a broader exploration of recovery-oriented practices.

Study Selection

On October 25, 2023, we undertook a gray literature search using Google and Google Scholar, identifying 5 articles and 26 government reports and clinical guidance documents. We also conducted comprehensive literature searches on March 5, 2024. All search results were exported into Covidence.

Following Mak and Thomas's (2022) recommendations, the initial screening involved the first author assessing entire papers, while the second author verified at least 25% of the articles, aiming for a 90% or higher agreement. When the two reviewers finished the initial screening of 25% of the articles, they compared their results and found a disagreement rate of 23.5%. Several discussions took place with the involvement of the third reviewer to address these discrepancies.

These discussions highlighted a few points of disagreement, including inclusion of recovery-related specific theoretical models, settings and age groups, pharmacology-focused studies, and domains of mental health professionals. Through this process, inclusion and exclusion criteria were further clarified. Subsequently, the first two authors independently screened all 277 full-text articles, achieving a high level of agreement (>85%), which resulted in inclusion of 107 articles for analysis. (Selection and removal processes are depicted in PRISMA-ScR flowchart in figure 1.)

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Figure 1. PRISMA-ScR flowchart
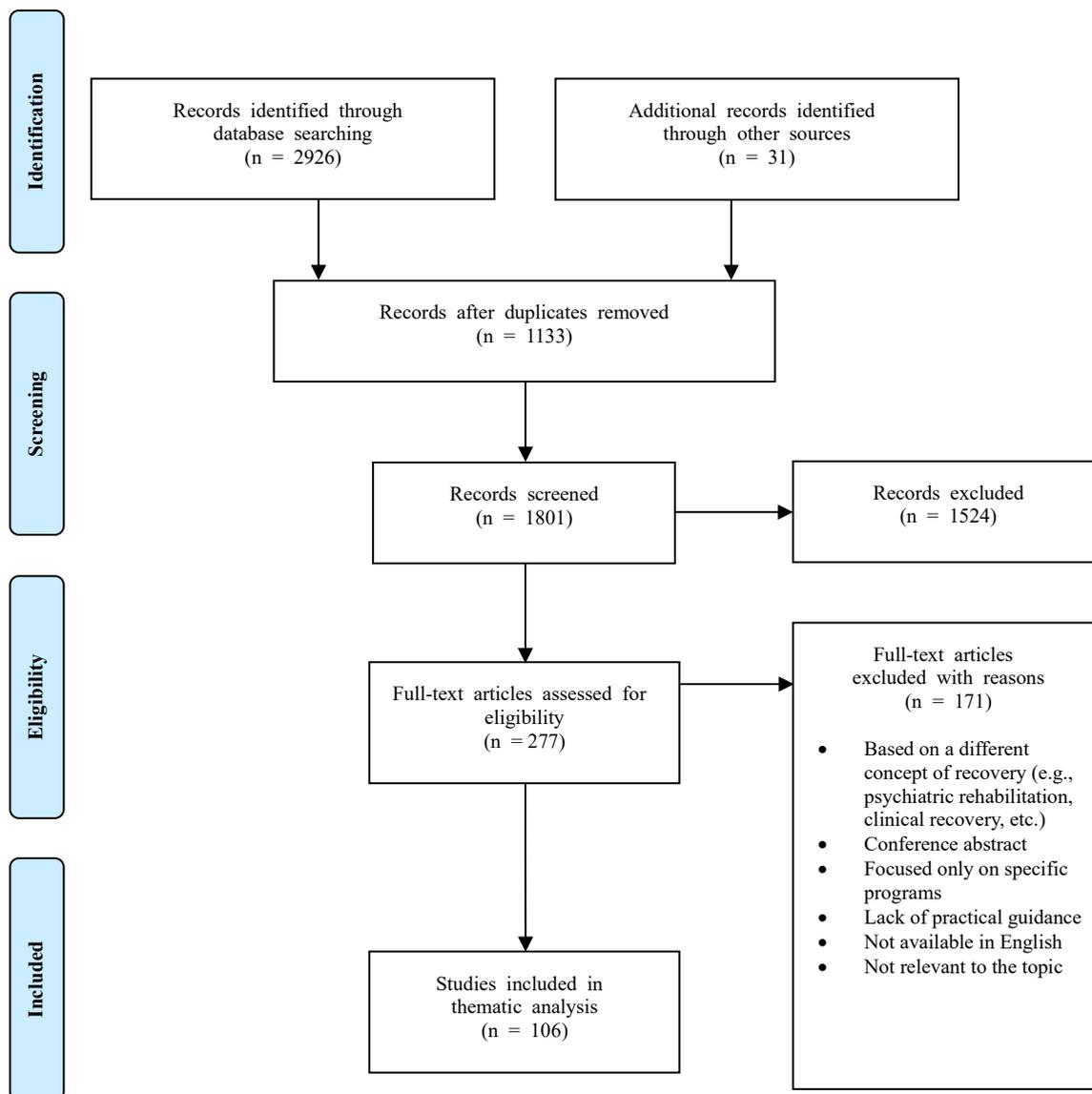
Charting, Appraising, and Synthesizing Data

The research team developed charting variables based on the research question, including authors, publication year, country of study or first author's affiliation, publication type, setting, aims, study design, definition of recovery, recovery practices at the practitioner, organizational, and community levels. (See Appendix 1 for the data charting results.) These variables were used to extract data and identify key themes from selected articles, with all information stored in Microsoft Excel.

Despite the limited prevalence and necessity of appraising selected studies for quality in scoping reviews (Kazi et al., 2021), our approach includes conducting quality assessments. To assess methodological rigor and quality of included articles and documents, we used Mixed Methods Appraisal Tool (version 18) checklist (Hong et al., 2018) for quantitative, qualitative, and mixed-methods studies; the JBI Checklist for Systematic Reviews and Research Syntheses for reviews; and JBI Critical Appraisal Checklist for text and opinion pieces (Tufanaru et al., 2020). The team held discussions to evaluate suitability of the tools for assessing included articles and applicability of the items within each tool. Additionally, we chose to exclude practical guidelines, such as organizational guidance and governmental and non-governmental reports, from the appraisal. In total, 85 articles underwent quality appraisal. (See Appendix 2 for the quality appraisal results.) Based on appraisal results, all articles/documents were of good quality except for one literature review article (Topor et al., 2018). However, we did not exclude this article based on quality, aligning with the scoping review's goal of synthesizing comprehensive literature.

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A qualitative thematic content analysis was conducted to synthesize included studies by identifying, categorizing, and organizing key themes and patterns from the data (Braun & Clarke, 2006). The thematic content analysis was primarily led by the first author, with significant input from the second and third authors at various stages. During the initial coding phase, an iterative and manual approach was adopted, focusing on grey literature such as State Medicaid plans and organizational reports. Each document was read multiple times to ensure a thorough understanding of its content. Potential themes were identified and recorded in a structured manner, with Excel spreadsheets used as a coding tool to systematically organize and track these emerging codes.

Key phrases, recurring patterns, and concepts relevant to recovery-oriented practices were noted as potential codes. Similar codes were iteratively grouped together into clusters of related ideas. This process enabled the research team to build a repository of codes, while refining and consolidating overlapping concepts into broader categories. The use of Excel facilitated transparent documentation of the coding process, providing a clear audit trail of how initial codes evolved into higher-level themes.
As the analysis progressed, themes were continually reassessed and refined to ensure alignment with the dataset. The process was inherently iterative, involving multiple rounds of refinement to ensure the themes accurately represented the data. Each time new articles were reviewed, existing themes were revisited and adjusted as necessary. In the more detailed phase of analysis using Nvivo, the first author continued to lead the coding process and theme development. Changes or enhancements in themes during this phase were initially discussed between the first and second authors to evaluate consistency and relevance. In cases of discrepancies or unresolved questions, the third author was consulted to mediate and provide additional insights. This collaborative and iterative process ensured that all themes accurately reflected the data and were endorsed by the entire research team. The final themes were collectively reviewed and validated during team meetings involving all three authors. This consensus-building process not only resolved ambiguities but also ensured that the themes were robust, comprehensive, and reflective of the diverse perspectives within the research team.

Results
Data Characteristics
Of the 106 records, 36 were conducted in the United States (Anthony, 1993; Bassuk et al., 2017; Carr et al., 2023; Centers for Medicare & Medicaid Services, 2022; Davidson et al., 2007; Davidson et al., 2020; Delaney, 2012; Dell et al., 2021; Farkas et al., 2005; Farkas, 2007; Iwasaki et al., 2010; Jacobson & Greenley, 2001; Leonhardt et al., 2019; Manuel et al., 2012; Massachusetts Rehabilitation Commission, 2023; New Jersey Department of Human Services, 2011; Olmos-Gallo et al., 2011; Osborn & Stein, 2017; O'Keeffe et al., 2018; Pahwa et al., 2021; Pennsylvania Department of Human Services, 2023; Phoenix, 2013; SAMHSA, 2012a; SAMHSA, 2012b; Shearer, 2012; Shields et al., 2019; Silverstein & Bellack, 2008; Sowers, 2005; Sowers et al., 2022; Starnino, 2016; Stevenson et al., 2023; Stotland et al., 2008; Stuber et al., 2014; Tham & Solomon, 2024a; Torrey & Wyzik, 2000; Treichler et al., 2021), 18 in Australia (Australian Government Department of Health, 2013; Cleary et al., 2014; Dixon et al., 2021; Doroud et al., 2015; Doroud et al., 2018; Doroud et al., 2022; Green & García-Mieres, 2022; Hungerford & Fox, 2014; Hungerford & Richardson, 2013; Hungerford et al., 2016; Kidd et al., 2014; Kidd et al., 2015; Oades & Anderson, 2012; Solomon et al., 2021; Sreeram et al., 2022; Tirupati & Ramachandran, 2020; Watson et al., 2014; Yeung et al., 2020), 14 in the United Kingdom (Blank & Hayward, 2009; Boardman & Shepherd, 2012; Bradley & Green, 2017; Chester et al., 2016; Gilbert et al., 2013; Khanthavudh et al., 2023; Le Boutillier et al., 2012; Pritchard et al., 2023; Slade, 2012; Taylor et al., 2009; Tickle et al., 2014; Tuffour et al., 2019; Vera San Juan et al., 2021; Winsper et al., 2020), 12 in Canada (Aldersey & Whitley, 2015; Clavel & Pomey, 2022; Drake & Whitley, 2014; Jaiswal et al., 2020; Khoury & del Barrio, 2015; McVanel-Viney et al., 2006; Mental Health Commission of Canada, 2015; Piat & Lal, 2012; Piat & Sabetti, 2009; PSR Canada, 2023; Sofouli, 2021), four in Denmark (Jørgensen et al., 2021, 2022, 2023; Waldemar et al., 2016), three in Scotland (Scottish Government, 2016, 2017, 2022), two each in Botswana (Kealeboga et al., 2023a, 2023b), Ireland (Cusack et al., 2017; Swords & Houston, 2023), Norway (Klevan et al., 2021; Topor et al., 2018), Sweden (Grim et al., 2016; Maria et al., 2022), Thailand (Kaewprom et al., 2011; Thongsalab et al., 2023), and one each in Ethiopia (Souraya et al., 2018), France (Valery et al., 2023), Hong Kong (Tsoi et al., 2022), India (Tirupati & Padmavati, 2022), Japan (Matoba et al., 2023), the Netherlands (Van Weeghel et al., 2019), South Korea (Baek & Kim, 2017), and Switzerland (Gurtner et al., 2021). One document was from the World Health Organization (WHO) (WHO, 2019), which is not specific to any one country.

Practitioner Level Recovery-Oriented Practice
The conceptual framework at practitioner-individual level is composed of six main themes. (See Table 2 for practitioner level recovery-oriented practice framework.)

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Practicing Person-Centered Care

The first theme, practicing person-centered care, emphasizes placing the individual at the heart of their care by considering their unique preferences, values, needs, and goals. This approach is reflected in four sub-themes. Firstly, practitioners should focus on developing individualized recovery plans, underscoring the importance of tailoring recovery and treatment plans to distinct experiences and strengths of each person, rather than relying on standardized methods (Bassuk et al., 2017; Centers for Medicare & Medicaid Services, 2022; Cusack et al., 2017; Davidson et al., 2007; Davidson et al., 2020; Doroud et al., 2022; Jørgensen et al., 2023; Kealeboga et al., 2023b; Le Boutillier et al., 2012; Pennsylvania Department of Human Services, 2023; Pritchard et al., 2023; PSR Canada, 2023; SAMHSA, 2012a; Shields et al., 2019; Stuber et al., 2014; Tham & Solomon, 2024a). However, recovery plans must also account for the significant role played by social determinants of health, including housing stability, employment opportunities, and access to healthcare. These systemic factors can shape an individual's capacity for recovery, and practitioners must adopt a holistic approach that integrates these dimensions into person-centered care (Bassuk et al., 2017). For example, an individualized recovery plan that ensures stable housing and access to healthcare directly supports both physical and mental health, creating a stronger foundation for recovery. Practitioners must also be aware of and address the inequities that exist in housing, healthcare access, and other social determinants of health, as these can significantly impact an individual's recovery journey. Furthermore, safeguarding privacy and dignity during care delivery by protecting personal information and respecting personal space acknowledges inherent worth of each individual and is central to both person-centered care and recovery-oriented practice (Bassuk et al., 2017; Carr et al., 2023; Chester et al., 2016; O'Keeffe et al., 2018; Silverstein & Bellack, 2008; Solomon et al., 2021; Swords & Houston, 2023). Building a positive working relationship that empowers individuals to shift from passive recipients of care to active partners in their recovery were found to be crucial. This positive relationship can be achieved through flexible and effective communication, such as open-ended questions and dialogic conversations (Australian Government Department of Health, 2013; Bassuk et al., 2017; Cusack et al., 2017; Dell et al., 2021; Doroud et al., 2022; Green & García-Mieres, 2022; Hungerford et al., 2016; Jaiswal et al., 2020; Jørgensen et al., 2022, 2023; Le Boutillier et al., 2012; Leonhardt et al., 2019; Matoba et al., 2023; Mental Health Commission of Canada, 2015; New Jersey Department of Human Services, 2011; Osborn & Stein, 2017; Phoenix, 2013; Scottish Government,

2016, 2017; Shearer, 2012; Solomon et al., 2021; Souraya et al., 2018; Sowers et al., 2022; Stevenson et al., 2023; Thongsalab et al., 2023; Tsoi et al., 2022; Winsper et al., 2020). In addition, engaging in shared decision-making, where mental health professionals and individuals collaborate on decisions regarding the individual's care and treatment plan, was determined to be a key component of person-centered care. This process involves informing individuals about benefits and risks of treatment options, exploring their preferences, and providing continuous support (Australian Government Department of Health, 2013; Bradley & Green, 2017; Dell et al., 2021; Grim et al., 2016; Gurtner et al., 2021; Maria et al., 2022; Scottish Government, 2022; Silverstein & Bellack, 2008; Stevenson et al., 2023; Treichler et al., 2021).

Empowering Individuals

Another main theme, empowering individuals, focuses on recognizing and leveraging their inherent strengths, fostering hope, and supporting their autonomy throughout the recovery process. Key elements of this theme include adopting a strengths-based approach, encouraging positive risk-taking, ensuring access to information and options, promoting hope and optimism, and respecting autonomy. Adopting a strengths-based approach was determined to be vital in recovery-oriented practice, as it emphasizes individuals' inherent capabilities, fosters hope, and empowers them to utilize their strengths in the recovery process (Australian Government Department of Health, 2013; Carr et al., 2023; Cusack et al., 2017; Davidson et al., 2007; Davidson et al., 2020; Jaiswal et al., 2020; Jørgensen et al., 2022; Kidd et al., 2014; Le Boutillier et al., 2012; Matoba et al., 2023; Mental Health Commission of Canada, 2015; Pennsylvania Department of Human Services, 2023; Shearer, 2012; Sowers et al., 2022; Stevenson et al., 2023; Tsoi et al., 2022).

Practitioners need to encourage positive risk-taking, which involves allowing individuals the right to make mistakes within a supportive environment, thereby fostering learning and growth during their recovery journey (Australian Government Department of Health, 2013; Carr et al., 2023; Cusack et al., 2017; Dell et al., 2021; Matoba et al., 2023; Osborn & Stein, 2017; Pritchard et al., 2023; Tickle et al., 2014; Watson et al., 2014). Ensuring access to information and options was determined to be another critical aspect, as it empowers individuals to make informed choices regarding their mental health treatment and related life decisions (Centers for Medicare & Medicaid Services, 2022; Le Boutillier et al., 2012; Massachusetts Rehabilitation Commission, 2013; Matoba et al., 2023; New Jersey

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Department of Human Services, 2011; Pennsylvania Department of Human Services, 2023; Scottish Government, 2016; Shields et al., 2019; Sowers et al., 2022; Stotland et al., 2008; Thongsalab et al., 2023; Watson et al., 2014; Winsper et al., 2020; Yeung et al., 2020). Access to information includes providing detailed and accurate information about treatment options, community resources, and systemic inequities that may affect their recovery, such as disparities in housing and healthcare access. It also involves offering various supportive options tailored to individual needs and encouraging consideration of personal values and preferences in decision-making processes (Matoba et al., 2023; Shields et al., 2019; Watson et al., 2014).

Additionally, practitioners need to empower individuals with serious mental illness to make informed decisions, develop self-advocacy skills, and engage in collective action to combat systemic barriers to recovery and full community participation. Promoting hope and optimism propels individuals with serious mental illness forward in their recovery, with mental health professionals playing a significant role in fostering hope and optimism through their language, attitudes, and actions (Baek & Kim, 2017; Davidson et al., 2020; Delaney, 2012; Farkas, 2007; Green & García-Mieres, 2022; Hungerford & Richardson, 2013; Kaewprom et al., 2011; Kealeboga et al., 2023b; Le Boutillier et al., 2012; Matoba et al., 2023; Mental Health Commission of Canada, 2015; Pennsylvania Department of Human Services, 2023; Piat & Sabetti, 2009; SAMHSA, 2012a; Solomon et al., 2021; Sowers et al., 2022; Topor et al., 2018; Torrey & Wyzik, 2000; Winsper et al., 2020; Yeung et al., 2020). Finally, respecting autonomy involves empowering individuals to take charge of their recovery by actively listening to their lived experiences and involving them in decision-making processes, thereby fostering self-determination and personal agency (Dell et al., 2021; Drake & Whitley, 2014; Farkas, 2007; Hungerford & Fox, 2014; Jaiswal et al., 2020; Le Boutillier et al., 2012; Mental Health Commission of Canada, 2015; O'Keeffe et al., 2018; Osborn & Stein, 2017; Piat & Sabetti, 2009; Pritchard et al., 2023; SAMHSA, 2012a; Shearer, 2012).

Promoting Holistic Well-Being
A third main theme, promoting holistic well-being, emphasizes the importance of addressing various dimensions of health, including physical, emotional, mental, and financial well-being (Centers for Medicare & Medicaid Services, 2022; Dell et al., 2021; Doroud et al., 2018; Green & García-Mieres, 2022; New Jersey Department of Human Services, 2011; Pennsylvania Department of Human Services, 2023; SAMHSA, 2012a; Scottish Government, 2017, 2022;

Souraya et al., 2018; Sowers, 2005; Stotland et al., 2008; Swords & Houston, 2023; Taylor et al., 2009; Tsoi et al., 2022; Vera San Juan et al., 2021; Winsper et al., 2020). To integrate and promote these aspects holistically entails educating clients on abstaining from alcohol and illicit drugs (Stotland et al., 2008; Taylor et al., 2009), offering tools for managing stress and regulating emotions (Silverstein & Bellack, 2008; Winsper et al., 2020), and ensuring access to basic needs such as food, housing, and healthcare (Doroud et al., 2018; Dell et al., 2021).

Practicing Self-Reflexive and Inclusive Attitude
Another main theme, practicing self-reflexive and inclusive attitudes, involves recognizing and addressing one's own biases, while being genuinely open to and respectful of clients' diverse cultural backgrounds. This theme includes practicing cultural sensitivity, implementing trauma-informed practices, and providing gender-responsive care. Practicing cultural humility requires ongoing self-evaluation, understanding one's cultural biases, and being open to diverse cultural backgrounds of clients, which is essential for fostering inclusive attitudes (Australian Government Department of Health, 2013; Davidson et al., 2020; Khanthavudh et al., 2023; McVanel-Viney et al., 2006; Mental Health Commission of Canada, 2015; PSR Canada, 2023; SAMHSA, 2012a; Shearer, 2012; Solomon et al., 2021; Sowers et al., 2022; Tham & Solomon, 2024a; Taylor et al., 2009; Tirupati & Padmavati, 2022; Tsoi et al., 2022; Tuffour et al., 2019; Vera San Juan et al., 2021; Watson et al., 2014).

In addition, practitioners should implement trauma-informed practices that involve recognizing the presence of trauma among individuals with serious mental illness, creating a supportive environment for discussing trauma, using non-judgmental and empathetic approaches, and integrating cultural sensitivity into care (Bassuk et al., 2017; PSR Canada, 2023; SAMHSA, 2012a; Silverstein & Bellack, 2008; Solomon et al., 2021; Watson et al., 2014). Providing gender-responsive care entails tailoring mental health services to meet specific needs of different gender identities, focusing on creating safe environments, and recognizing gender-specific challenges, especially post-discharge (Dixon et al., 2021; Manuel et al., 2012; Mental Health Commission of Canada, 2015).

Advocating for Social Justice
A fifth main theme, advocating for social justice, involves actively challenging stigma and ensuring equitable access to resources and support for individuals with mental illness. This theme requires practitioners to balance respecting individual autonomy with advocating for systemic changes to

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address constraints imposed by societal barriers. One sub-theme, reducing stigma associated with mental illness, necessitates practitioners to recognize, challenge, and eliminate their own biases and stigma towards mental illness, while advocating for policy changes to address broader structural issues such as poverty and systemic racism (Anthony, 1993; Delaney, 2012; Kidd et al., 2014; Manuel et al., 2012; Piat & Lal, 2012; Pritchard et al., 2023; Shearer, 2012; Slade, 2012; Sreeram et al., 2022; Valery et al., 2023; Watson et al., 2014; Winsper et al., 2020).

Practitioners need to actively advocate for resource accessibility, ensuring that individuals receive essential support, services, and opportunities necessary to enhance their recovery, while simultaneously empowering clients to develop self-advocacy skills (Manuel et al., 2012; Pritchard et al., 2023; Scottish Government, 2022; Winsper et al., 2020). This dual approach involves supporting individuals in making autonomous choices within the constraints of their current circumstances, while also working to expand those choices by addressing systemic barriers. The advocacy role of practitioners should be broadened to include combating stigma at societal levels, tackling systemic racism in healthcare and social services, and addressing poverty through policy reform and community development initiatives (Dixon et al., 2021; Sreeram et al., 2022). This expanded role recognizes that individual recovery and autonomy are intrinsically linked to broader social and economic conditions. By providing individual-level support and engaging in system-level advocacy, practitioners can work towards creating an environment where true autonomy becomes increasingly possible for all individuals, regardless of their mental health status and/or social circumstances.

Supporting Individuals in Meaningful Occupation
A final main theme at the practitioner level, supporting individuals in meaningful occupations, plays a significant role in helping individuals recover their lives across various areas, including employment, leisure, education, social relationships, and religious practices. Practitioners need to facilitate employment and career development by helping individuals secure jobs that match their abilities, supporting employment in both mainstream and peer support roles, providing vocational counseling, and assisting with furthering their education or training to enhance occupational skills (Blank & Hayward, 2009; Doroud et al., 2015; Drake & Whitley, 2014; Jaiswal et al., 2020; Kidd et al., 2015; Massachusetts Rehabilitation Commission, 2013; Silverstein & Bellack, 2008; Sowers, 2005; Stotland et al., 2008; Taylor et al., 2009; Yeung et al.,

2020). Additionally, promoting engagement in leisure and recreational activities by integrating leisure-based programs into mental health care was found to be important in enhancing overall well-being of individuals (Iwasaki et al., 2010; New Jersey Department of Human Services, 2011; Taylor et al., 2009; Tsoi et al., 2022). Encouraging educational pursuits is also essential in fostering self-growth, which can be achieved by offering opportunities for formal education, vocational training, or skill development programs (Doroud et al., 2022; Stotland et al., 2008; Taylor et al., 2009).

Moreover, practitioners need to foster social relationships by guiding individuals in reconnecting with others and helping them navigate social interactions (Baek & Kim, 2017; Davidson et al., 2020; Drake & Whitley, 2014; Farkas, 2007; Green & García-Mieres, 2022; Kidd et al., 2015; Klevan et al., 2021; Le Boutillier et al., 2012; Manuel et al., 2012; Pennsylvania Department of Human Services, 2023; Piat & Sabetti, 2009; SAMHSA, 2012a; Stotland et al., 2008; Swords & Houston, 2023; Taylor et al., 2009; Tsoi et al., 2022; Tuffour et al., 2019; Vera San Juan et al., 2021; Winsper et al., 2020). Finally, supporting spiritual or religious practices by conducting spiritual assessments and encouraging participation in spiritual or religious activities is an integral part of recovery-oriented practice (Green & García-Mieres, 2022; Jaiswal et al., 2020; Silverstein & Bellack, 2008; Sofouli, 2021; Starnino, 2016; Tsoi et al., 2022; Tuffour et al., 2019).

Organizational Level Recovery-Oriented Practice
The conceptual framework at the organizational level consists of six main themes. (See Table 3 for organizational level recovery-oriented practice framework.)

Committing to Recovery Vision and Leadership
The first being organizational commitment to recovery values and practices, which involves embedding recovery values into every aspect of the organization, including leadership actions and policies (Australian Government Department of Health, 2013; Baek & Kim, 2017; Bassuk et al., 2017; Boardman & Shepherd, 2012; Chester et al., 2016; Clavel & Pomey, 2022; Cleary et al., 2014; Cusack et al., 2017; Davidson et al., 2007; Davidson et al., 2020; Farkas et al., 2005; Gilbert et al., 2013; Jacobson & Greenley, 2001; Le Boutillier et al., 2012; McVanel-Viney et al., 2006; Oades & Anderson, 2012; Olmos-Gallo et al., 2011; Piat & Lal, 2012; Piat & Sabetti, 2009; Phoenix, 2013; SAMHSA, 2012b; Sowers, 2005; Sowers et al., 2022; Tickle et al., 2014; Waldemar et al., 2016; Watson et al., 2014; Yeung et al., 2020).

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Organizational strategies to ensure this commitment include clearly articulating the organization's dedication to recovery in mission and vision statements (Farkas et al., 2005; Le Boutillier et al., 2011) and embedding recovery values into every administrative aspect of the organization, including policies, procedures, and overall culture (Cleary et al., 2014). Moreover, policies need to be critically assessed to address and dismantle systemic inequities (Bassuk et al., 2017). This includes examining how policies and practices reinforce or challenge systemic oppression, such as institutional racism, ableism, and other power imbalances that perpetuate inequities. By intentionally promoting equity, such as through inclusive hiring practices and equitable pay structures, organizations can dismantle systemic barriers that hinder recovery-oriented practices. Leadership must proactively embed anti-racist and equity-focused principles into organizational policies and practices.

Fostering Recovery Service Partnerships
Another theme, fostering recovery-promoting service partnerships, emphasizes the importance of collaborative mental health care through intra- and inter-agency cooperation (Australian Government Department of Health, 2013; Clavel & Pomey, 2022; Cusack et al., 2017; Farkas et al., 2005; Jørgensen et al., 2023; Kealeboga et al., 2023b; Kidd et al., 2014; Maria et al., 2022; Massachusetts Rehabilitation Commission, 2013; Oades & Anderson, 2012; Piat & Lal, 2012; SAMHSA, 2012b; Scottish Government, 2022; Sowers et al., 2022; Stevenson et al., 2023; Stotland et al., 2008). This involves facilitating cooperation among agencies (Chester et al., 2016), managing power imbalances (Jørgensen et al., 2023), and integrating external stakeholders (Kealeboga et al., 2023a). Organizations should actively address how power dynamics within these partnerships may reflect or reinforce broader systemic inequities, creating barriers to equitable care delivery. Ensuring collaborative efforts are both equitable and inclusive is essential for dismantling such barriers (Clavel & Pomey, 2022).

Enhancing Staff Development and Support
A third theme at the organizational level is enhancing staff development and support to ensure staff, who play a crucial role in delivering recovery-oriented practice, can continuously develop and sustain their roles effectively. Key elements of this theme include developing training programs that involve individuals with lived experiences, emphasizing cultural humility, providing access to essential resources, and offering supervision that reinforces recovery principles (Australian Government Department of Health, 2013; Bassuk et al., 2017; Boardman & Shepherd, 2012; Carr et al.,

2023; Cleary et al., 2014; Clavel & Pomey, 2022; Cusack et al., 2017; Davidson et al., 2007; Dell et al., 2021; Farkas et al., 2005; Hungerford et al., 2016; Le Boutillier et al., 2012; McVanel-Viney et al., 2006; Massachusetts Rehabilitation Commission, 2013; Maria et al., 2022; Olmos-Gallo et al., 2011; Oades & Anderson, 2012; Piat & Lal, 2012; Piat & Sabetti, 2009; Phoenix, 2013; SAMHSA, 2012b; Shields et al., 2019; Sowers, 2005; Sowers et al., 2022; Sreeram et al., 2022; Taylor et al., 2009; Tham & Solomon, 2024a; Torrey & Wyzik, 2000).

Additionally, organizations should align recruitment practices with recovery values, actively seeking and hiring individuals from diverse cultural and professional backgrounds whose values reflect recovery-oriented practice (Australian Government Department of Health, 2013; Centers for Medicare & Medicaid Services, 2022; Farkas et al., 2005; McVanel-Viney et al., 2006; Mental Health Commission of Canada, 2015; Olmos-Gallo et al., 2011; Piat & Lal, 2012; Scottish Government, 2022). Such a process requires prioritizing recruitment of those with personal mental health experience and including them in hiring and decision-making processes (Farkas et al., 2005). Training should explicitly address systemic oppression and promote anti-discrimination practices to enable staff to navigate and counteract inequities within service delivery (Bassuk et al., 2017).

Encouraging Program Diversity and Inclusiveness
A fourth theme is encouraging program diversity and inclusiveness, which has four sub-themes: offering a diverse range of recovery-oriented programs, practicing cultural competence, ensuring safe environments of care, and engaging stakeholders in the recovery process. Offering a wide range of recovery-oriented programs and services to accommodate diverse needs and preferences across different stages of recovery ensures treatment options that are suitable for everyone through collaborative planning and user input (Australian Government Department of Health, 2013; Davidson et al., 2020; Dell et al., 2021; Khoury & del Barrio, 2015; Silverstein & Bellack, 2008; Sowers, 2005; Sowers et al., 2022). Practicing cultural competence at the organizational level involves delivering culturally sensitive care by aligning services with diverse cultural backgrounds and needs of individuals, supported by awareness of cultural humility (Bassuk et al., 2017; McVanel-Viney et al., 2006; Shearer, 2012; Solomon et al., 2021; Sowers, 2005; Tham & Solomon, 2024a; Tirupati & Ramachandran, 2020).

Additionally, organizations need to focus on ensuring both physical and emotional safety in

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mental health settings by creating therapeutic environments (Farkas et al., 2005; Shields et al., 2019), avoiding physical barriers (Davidson et al., 2020), providing supportive amenities (Waldemar et al., 2016), and involving users in designing care spaces to meet their needs and foster a sense of safety and ownership (Australian Government Department of Health, 2013; Davidson et al., 2020; Dell et al., 2021; Doroud et al., 2018; Drake & Whitley, 2014; Farkas et al., 2005; Kealeboga et al., 2023b; Klevan et al., 2021; Manuel et al., 2012; O'Keeffe et al., 2018; Phoenix, 2013; SAMHSA, 2012b; Shields et al., 2019; Solomon et al., 2021; Taylor et al., 2009; Tham & Solomon, 2024a; Waldemar et al., 2016; Watson et al., 2014). Engaging stakeholders in the recovery process is a key aspect of encouraging program diversity and inclusiveness (Aldersey & Whitley, 2015; Baek & Kim, 2017; Bradley & Green, 2017; Centers for Medicare & Medicaid Services, 2022; Clavel & Pomey, 2022; Davidson et al., 2007; Davidson et al., 2020; Dell et al., 2021; Hungerford & Richardson, 2013; Jaiswal et al., 2020; Kaewprom et al., 2011; Kealeboga et al., 2023b; Khanthavudh et al., 2023; Kidd et al., 2014; Maria et al., 2022; O'Keeffe et al., 2018; Oades & Anderson, 2012; Pennsylvania Department of Human Services, 2023; Piat & Lal, 2012; Piat & Sabetti, 2009; SAMHSA, 2012a, 2012b; Shields et al., 2019; Solomon et al., 2021; Sowers, 2005; Stotland et al., 2008; Taylor et al., 2009; Tham & Solomon, 2024a; Tirupati & Ramachandran, 2020; Yeung et al., 2020). This emphasizes the importance of involving all stakeholders, including families and users, in the recovery process by engaging them in service planning, respecting their preferences (Tham & Solomon, 2024a), incorporating peers, and providing education and support programs to enhance understanding and participation in the recovery process (Aldersey & Whitley, 2015).

Implementing Recovery-Oriented Quality Management
Another theme, implementing recovery-oriented quality management, involves evaluating an organization's progress and effectiveness using recovery-oriented criteria and measurement through ongoing assessments and continuous quality improvement (Bassuk et al., 2017; Centers for Medicare & Medicaid Services, 2022; Clavel & Pomey, 2022; Farkas et al., 2005; Gilbert et al., 2013; Khoury & del Barrio, 2015; Le Boutillier et al., 2012; McVanel-Viney et al., 2006; New Jersey Department of Human Services, 2011; Oades & Anderson, 2012; Olmos-Gallo et al., 2011; SAMHSA, 2012b; Scottish Government, 2022; Sowers, 2005).

Ensuring Flexible and Adequate Funding for Recovery-Oriented Services

The final theme at the organizational level, guaranteeing flexible and adequate funding for recovery-oriented services, focuses on implementing pliant funding systems that support holistic and individualized mental health services by ensuring adequate resources are available to meet diverse needs such as housing, employment, and community engagement (McVanel-Viney et al., 2006; SAMHSA, 2012b; Shields et al., 2019; Sowers, 2005). Findings support the importance of organizations focusing on securing government support (Shields et al., 2019), compensating peers involved in providing services (Sowers, 2005) and creating adaptable financial structures that align with recovery-oriented principles (McVanel-Viney et al., 2006).

Community Level Recovery-Oriented Practice
This conceptual framework at the community level includes four major themes. (See Table 4 for community level recovery-oriented practice framework.)

Promoting Community Integration
The first theme, promoting community integration, includes building natural communities that foster supportive environments and facilitate community engagement and opportunities for personal growth, education, and employment. Communities need to emphasize building natural communities by providing opportunities for personal growth through education, employment, and community involvement (Anthony, 1993; Davidson et al., 2020; Doroud et al., 2018; Jaiswal et al., 2020; Kaewprom et al., 2011; Mental Health Commission of Canada, 2015; Pahwa et al., 2021; SAMHSA, 2012a, 2012b; Swords & Houston, 2023; Van Weeghel et al., 2019; Yeung et al., 2020). Creating community engagement involves developing inclusive social spaces for participation in local activities and establishing safe, community-level environments that support peers in recovery by fostering relationships and mutual support (Anthony, 1993; Jaiswal et al., 2020).

To create truly inclusive community spaces, organizations must work alongside individuals with lived experiences to co-design environments that reflect diverse needs and priorities, ensuring that these spaces are welcoming and accessible to everyone (Watson et al., 2014; Winsper et al., 2020). Barriers to community integration, including public policies that hinder equitable access to housing, employment, and community resources for individuals with mental health conditions, must also be critically examined and addressed through advocacy and reform. These communities need to facilitate engagement and opportunities by identifying and integrating various physical resources to support recovery, leveraging

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community centers and mental health agencies to foster belonging, and adopting an interdisciplinary approach to meet diverse needs (Australian Government Department of Health, 2013; Centers for Medicare & Medicaid Services, 2022; Davidson et al., 2007; Doroud et al., 2015; Green & García-Mieres, 2022; Le Boutillier et al., 2012; Mental Health Commission of Canada, 2015; New Jersey Department of Human Services, 2011; Pahwa et al., 2021; Piat & Sabetti, 2009; PSR Canada, 2023; Scottish Government, 2016, 2017, 2022; Stevenson et al., 2023; Van Weeghel et al., 2019).

Providing Comprehensive Recovery-Oriented Services

Another main theme, providing comprehensive recovery-oriented services at the community level, emphasizes ensuring access to an inclusive and extensive range of health services that address physical, mental, and emotional well-being at the community level, providing a seamless continuum of care (Centers for Medicare & Medicaid Services, 2022; Kaewprom et al., 2011; Pahwa et al., 2021; Pennsylvania Department of Human Services, 2023; SAMHSA, 2012b; Scottish Government, 2017). Achieving this goal involves integrating various physical resources such as community centers and wellness facilities to support sustained recovery and overall well-being (Kaewprom et al., 2011; Pahwa et al., 2021).

Funding Recovery-Oriented Systems

A third major theme at the community level is related to funding. Communities need to prioritize obtaining and allocating financial resources for recovery-oriented systems to support comprehensive recovery-oriented practices at the community level (Cusack et al., 2017; Davidson et al., 2007; SAMHSA, 2012b; Scottish Government, 2016; Shields et al., 2019). Specifically, securing government support (Shields et al., 2019), enhancing funding for evaluation and care improvement (Cusack et al., 2017), and reforming the financing structure of mental health care to align with recovery principles and incentivize recovery-oriented practices (Davidson et al., 2007) were found to be essential.

Advocating for Social Justice

The final theme, advocating for social justice at the community level, involves actively confronting systemic and daily discrimination in areas such as employment and housing, engaging in psychoeducation to address cultural misconceptions, and creating inclusive environments that support recovery (Anthony, 1993; Australian Government Department of Health, 2013; Chester et al., 2016; Kaewprom et al., 2011;

Kealeboga et al., 2023a; Mental Health Commission of Canada, 2015; Piat & Lal, 2012; PSR Canada, 2023; SAMHSA, 2012a; Scottish Government, 2017, 2022; Vera San Juan et al., 2021; Winsper et al., 2020). It is essential for communities to focus on providing legal education and empowerment to help individuals understand their rights, advocate for more equitable laws, while paying special attention to marginalized groups to ensure they have the knowledge and support needed to advocate for their rights (Australian Government Department of Health, 2013; Scottish Government, 2017; Vera San Juan et al., 2021; WHO, 2019).

Advocacy efforts should be expanded to include a focus on intersectionality, recognizing and addressing the overlapping forms of oppression faced by peers based on their race, gender, ability, and socioeconomic status (Carr et al., 2023). This intersectional lens is critical to understanding the unique challenges that individuals with mental health conditions may encounter and to creating advocacy strategies that effectively address these issues. Furthermore, community advocacy should aim to dismantle systemic barriers by influencing public policy, challenging cultural stigmas, and creating partnerships with diverse stakeholders to drive meaningful social change.

Discussion

The scoping review aimed to explore the meaning of recovery-oriented practice across practitioner, organizational, and community levels, and to develop a comprehensive conceptual framework to facilitate the integration of recovery principles into practice. The results underscore the complexity of recovery-oriented practice, demonstrating that it cannot be understood as a set of isolated actions confined to the individual level. Instead, the findings reveal that recovery-oriented practices must be approached through a multi-level framework, where the practitioner, organizational, and community levels interact with and reinforce each other both horizontally and vertically. This interrelatedness is critical to achieving a comprehensive, recovery-oriented system of care.

The findings of this study underscore the need for a multi-level approach to recovery-oriented practice, revealing actionable strategies to integrate recovery principles effectively at the practitioner, organizational, and community levels. At the practitioner level, six key themes emerged: person-centered care, empowerment, promoting holistic well-being, self-reflexivity, social justice advocacy, and support for meaningful occupations. These findings suggest that training programs should emphasize these core principles, equipping

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practitioners to foster collaborative partnerships with service users. For example, workshops or continuing education modules can provide practitioners with the skills to apply cultural competence and trauma-informed approaches, ensuring that care is tailored to diverse populations and actively challenges systemic inequities (Bassuk et al., 2017; Kronkvist et al., 2022).

At the organizational level, the study highlighted the critical role of embedding recovery principles into policies, leadership, and operations. Organizational commitment to recovery values, fostering partnerships, enhancing staff development, encouraging program diversity and inclusiveness, implementing recovery-oriented quality management, and ensuring flexible and adequate funding for recovery-oriented services were identified as central themes. These findings suggest that organizations should implement recovery-focused leadership training, adjust performance metrics to reflect recovery outcomes, and foster interdepartmental collaboration to align goals with recovery principles (O'Keeffe et al., 2018).

At the community level, promoting community integration and access to comprehensive recovery-oriented services, funding recovery-oriented systems, and advocating for social justice were identified as crucial for supporting recovery journeys. The findings emphasize the importance of reducing stigma and enhancing resources such as housing, employment, and opportunities for social participation. Partnerships with community organizations, including housing agencies, employers, and peer-support networks, can create environments that enable meaningful recovery.

The main themes and sub-themes discussed in this review at each level align significantly with the goals, values, and guiding principles of Psychiatric Rehabilitation (PsyR) (Corrigan et al., 2024; Pratt et al., 2013). The concept of recovery has been an exciting addition to PsyR, playing a pivotal role in the development of the field, with recovery being its defining goal (Pratt et al., 2013). The components outlined in this study embody the core elements that define the PsyR field. The emphasis on recovery, community integration, and quality of life parallels PsyR's overarching goals, while themes such as empowerment, cultural competence, and person-centered care reflect its core values of self-determination, dignity, and optimism. Moreover, the review's multi-level framework operationalizes PsyR's guiding principles, including individualized services, community-based care, and strengths-focused approaches, ensuring systemic alignment with recovery-oriented practices. Therefore, the findings and framework presented reinforce and operationalize the foundational principles of PsyR, offering a complementary and actionable perspective for advancing recovery-oriented practices.

The interplay between the practitioner, organizational, and community levels highlights the need for a whole-systems approach to recovery-oriented practice. Horizontally, factors within the same level influence one another, creating a dynamic interplay that enhances the effective implementation of recovery-oriented practices. Vertically, these levels intersect, meaning that deficiencies at one level, such as a lack of organizational support, can significantly affect other levels, such as practitioner effectiveness or community engagement. As a result, recovery-oriented practice requires alignment and coordination across these levels to be truly effective (Boardman & Shepherd, 2012; Farkas et al., 2005; Le Boutillier et al., 2012).

The theoretical perspectives of Amartya Sen's Capabilities approach (Sen, 1999) and the Citizenship approach (Ponce & Rowe, 2018) are particularly useful for understanding this interconnectedness. Both frameworks emphasize the need to address not only the personal capabilities of individuals but also the broader social, organizational, and community structures that support or hinder recovery. Sen's Capabilities approach highlights the importance of removing systemic barriers such as poverty and stigma to enable service users to achieve their potential. The Citizenship approach stresses the role of communities in ensuring that individuals with mental illness have access to the full rights and responsibilities available to all members of society (Carr & Ponce, 2022; Ponce & Rowe, 2018). These perspectives reinforce the findings of this review, which call for a shift from an individualistic focus to a broader, systemic approach that addresses the structural and environmental factors impacting recovery (Watson et al., 2011).

Although these ecological frameworks are robust and promising, the findings of this review indicate that their practical application in mental health care settings remains limited, and several challenges have hindered implementation practices (Bassuk et al., 2017; Carr & Ponce, 2022; Ponce & Rowe, 2018). At the practitioner level, resistance to change or a lack of training in recovery principles may limit the adoption of person-centered and trauma-informed care. At the organizational level, entrenched hierarchies and resource constraints often impede systemic reform, even in environments that aspire to

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embrace recovery-oriented values. At the community level, persistent stigma and structural barriers, such as inadequate funding for mental health services, pose significant obstacles to achieving holistic recovery. The interconnected nature of the framework further complicates implementation, as deficiencies in one area, such as insufficient organizational support, can undermine efforts at other levels. For example, a practitioner trained in recovery-oriented approaches may struggle to apply these principles effectively within an organization that does not prioritize recovery values or provide adequate resources.

Addressing these limitations requires a multi-level approach that aligns strategies across all levels of the framework (Cusack et al., 2017; Shields et al., 2019). Efforts should focus on enhancing practitioner training, restructuring organizational priorities to embed recovery principles into policies and operations, and fostering partnerships within communities to reduce stigma and improve access to resources. Multi-level strategies, informed by theoretical models such as the Capabilities and Citizenship approaches, can help bridge these gaps and ensure that recovery-oriented practices are systematically and sustainably implemented.

In summary, this review highlights the necessity of adopting a multi-level approach to recovery-oriented practice. The findings demonstrate that recovery-oriented practices at the practitioner level are deeply influenced by the organizational structures and community environments in which they operate. The components of the framework do not function in isolation but are interconnected both horizontally and vertically. Therefore, it is essential to move beyond an individual-level focus and to integrate the broader organizational and community contexts into practice to support holistic and sustainable recovery (Boardman & Shepherd, 2012; Farkas et al., 2005; Le Boutillier et al., 2012; Ponce & Rowe, 2018).

Implications
The findings of this scoping review have several important implications for practice. Firstly, mental health practitioners, organizational leaders, and community stakeholders should critically reflect on and realign their practices in accordance with the framework developed in this review, with a focus on enhancing recovery-orientation. For instance, practitioners need to consider how to effectively translate and apply this conceptual framework within their own practice. Additionally, when structural or institutional factors hinder recovery-oriented practices, practitioners have to proactively advocate for revisions at higher organizational and

community levels to better support the recovery of individuals with serious mental illness. For organizational leaders, the findings from this review highlight numerous opportunities for transformation within the broader administrative domain.

For instance, they have a responsibility to incorporate the components discussed in the framework by clearly articulating their commitment to recovery in their organizational mission and vision statements, securing flexible funding to support recovery-oriented programs, providing staff development training, and modifying facility layouts and infrastructures to foster a sense of belonging and safety for clients. Moreover, for community leaders and members, they have an obligation to explore specific and effective ways to apply this conceptual framework within their communities. They must also recognize their responsibility in enhancing recovery and ensuring individuals with serious mental illness can fully enjoy their rights and citizenship within their everyday lives.

Secondly, this framework carries substantial implications for mental health education. Enhancing staff development and support, one of the components of the organizational framework for recovery-oriented practice, should not be limited to staff but must also be broadened to encompass students who represent the future workforce in mental health disciplines, including social work, nursing, psychology, and psychiatry. It is recommended that the competencies and skills identified within this framework be systematically integrated into graduate curricula and practice training programs, ensuring that both current professionals and emerging practitioners are equipped to implement recovery-oriented practices at all levels, micro, mezzo, and macro.

Finally, research and evaluation are critical avenues through which mental health professionals can facilitate the transition toward recovery-oriented practices, as outlined in this framework. For example, implementing recovery-oriented quality management at the organizational level necessitates the use of recovery-oriented criteria and measurement tools. The development of such metrics, supported by academic research, is crucial for effective application of this framework in practice. Moreover, the existing body of research suggests a need for studies that adopt a comprehensive view of recovery-oriented practice, moving beyond the individual level to consider organizational and community dimensions. These future investigations should focus on the development of practical strategies that can be

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effectively implemented in real-world settings, thus addressing a gap in current scholarship (Cusack et al., 2017; Jaiswal et al., 2020).

Strengths and Limitations

This review offers a thorough and comprehensive framework developed from a wide range of documents to explore the meaning of recovery-oriented practice. These documents included gray literatures like various US state Medicaid plans that specify recovery-oriented services and practices, organizational guidance, governmental reports, and non-governmental reports. This framework can be used as a tool or resource for practitioners, organizations, and communities to evaluate their own practices and help determine the best means for supporting the recovery process of individuals with serious mental illness.

However, the current review has several limitations. Firstly, despite an extensive and systematic search, there is always a risk of missing relevant items due to the variety of search terms. Additionally, language barriers may have influenced the study's results. While the concept of recovery has primarily influenced policy in Anglophone countries, it has not been widely translated into other contexts (Slade et al., 2012), and its operational definition and practical application may vary in non-Western contexts. For example, family involvement, a core aspect of PsyR and recovery practices (Corrigan et al., 2024), is emphasized more strongly in Asian contexts due to collectivist values, where family needs often take precedence over individual ones (Kramer et al., 2002). This contrasts with Western models, which highlight family involvement in theory but often lack consistent implementation (Khanthavudh et al., 2023; Kuek et al., 2023; Tham & Solomon, 2024b; Van Weeghel et al., 2019). Likewise, while the broad principles of PsyR and recovery ideology are universally applicable, the ways in which they are operationalized differ across countries. Despite recovery being largely defined and promoted within Western cultural frameworks, some non-English-speaking countries are actively working to adapt and integrate recovery principles into their mental health systems. We recognized this and included documents from Botswana, Thailand, Ethiopia, Hong Kong, India, Japan, and South Korea. Despite this effort, most of the papers included in this review are still from English-speaking countries. This highlights the need for culturally adaptive approaches that respect local contexts, while aligning with recovery principles.

Secondly, we were not able to provide context-specific guidance. This review aimed to elucidate common mechanisms shared by recovery-oriented practices, rather than detailing how this framework can be applied in a specific context. This decision was made to avoid the potential risk of being reductionists, as the application of recovery-oriented practices needs to be tailored to individual, organizational, and community contexts. Given that recovery is a highly personal process, it cannot be neatly mapped out or specifically delineated (Sowers, 2005; Winsper et al., 2020).

Thirdly, mindful that our identities can influence our approach to science (Roberts et al., 2020), we acknowledge that the composition of our research team, consisting of social work researchers, may have influenced our analysis. However, social work values and orientations, such as respect, empowerment, community mobilization, and person-centeredness, are perfectly aligned with the recovery perspective (Khoury & del Barrio, 2015). Therefore, these values could have made our team particularly well-suited to conduct this review.

Future Research Recommendations

The first avenue of research inspired by this current review is to focus on examining the relative contributions of each factor and level to personal recovery. Although this review highlighted the intersectionality of each factor within the levels and the interaction between different levels, future research needs to examine the specific relationships between these factors and levels. Such research would help elucidate the dynamic processes and mechanisms through which they influence each other.

Another potential research direction involves investigating the relative importance of recovery-oriented practice elements in different mental health venues. While this study included documents from various mental health settings such as hospital-based, community-based, and residential mental health settings, a significant number of documents were from community-based settings. This is due to the challenges in implementing recovery-oriented practices and the limited knowledge about the extent to which these principles can be applied and integrated into hospital-based inpatient settings (Waldemar et al., 2016). Nevertheless, the findings indicate that, despite the different languages used in these settings, the core principles of recovery-oriented practice remain consistent. Therefore, the conceptual framework developed from this study is still valuable and applicable. However, future studies should explore the extent to which the relative importance of recovery-oriented practice elements vary in differing settings due to their varying purposes.

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Conclusion

This scoping review underscores the multifaceted nature of recovery-oriented practices in mental health care, emphasizing the implementation at practitioner, organizational, and community levels. The conceptual framework developed from this review identifies key themes that intersect and influence each other, providing a holistic understanding of recovery-oriented practice. It underscores the need for a systemic and ecological approach to integrating recovery principles into mental health practice, ensuring that recovery-oriented practices permeate every level of care. This framework provides a valuable guide for practitioners, organizations, and communities to reflect on their practices and consider how they can truly support and promote recovery of individuals with serious mental illness.

References

1. Aldersey, H. M., & Whitley, R. (2015). Family influence in recovery from severe mental illness. *Community mental health journal*, 51(4), 467–476.
2. Allott, P., Loganathan, L., & (BILL) Fulford, K. (2002). Discovering Hope for Recovery. *Canadian Journal of Community Mental Health*, 21(2), 13–33.
3. Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, 16(4), 11–23.
4. Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32.
5. Aromataris, E., Fernandez, R., Godfrey, C. M., Holly, C., Khalil, H., & Tungpunkom, P. (2015). Summarizing systematic reviews: methodological development, conduct and reporting of an umbrella review approach. *International journal of evidence-based healthcare*, 13(3), 132–140.
6. Australian Government Department of Health. (2013). *A national framework for recovery-oriented mental health services: Guide for practitioners and providers.* Commonwealth of Australia. https://www.health.gov.au/resources/publications/a-national-framework-for-recovery-oriented-mental-health-services-guide-for-practitioners-and-providers?language=en
7. Baek, S., & Kim, S. (2017). Recovery-Oriented Psychiatric Nursing in South Korea: A Hybrid Concept Analysis. *Issues in mental health nursing*, 38(3), 261–271.
8. Bassuk, E. L., Latta, R. E., Sember, R., Raja, S., & Richard, M. (2017). Universal design for underserved populations: Person-centered, recovery-oriented and trauma informed. *Journal of Health Care for the Poor and Underserved*, 28(3), 896-914.
9. Blank, A., & Hayward, M. (2009). The role of work in recovery. *British Journal of Occupational Therapy*, 72(7), 324-326.
10. Boardman, J., & Shepherd, G. (2012). *Developing successful recovery-oriented mental health services.* In Empowerment, lifelong learning and recovery in mental health, 69-81.
11. Bradley, E., & Green, D. (2018). Involved, inputting or informing: "Shared" decision making in adult mental health care. *Health Expectations*, 21(1), 192-200.
12. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
13. Carr, E. R., Davenport, K. M., Murakami-Brundage, J. L., Robertson, S., Miller, R., & Snyder, J. (2023). From the medical model to the recovery model: Psychologists engaging in advocacy and social justice action agendas in public mental health. *American Journal of Orthopsychiatry.*, 93(2), 120–130.
14. Carr, E. R., & Ponce, A. N. (2022). Supporting mental health recovery, citizenship, and social justice. *Community Mental Health Journal*, 58(1), 11-19.
15. Centers for Medicare & Medicaid Services. (2022). *New York state plan amendment (SPA) 21-0015.* U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. https://www.health.ny.gov/regulations/state_plans/status/non-inst/approved/docs/app_2022-04-11_spa_21-15.pdf
16. Chester, P., Ehrlich, C., Warburton, L., Baker, D., Kendall, E., & Crompton, D. (2016). What is the work of Recovery Oriented Practice? A systematic literature review. *International Journal of Mental Health Nursing.*, 25(4), 270–285.
17. Clavel, N., & Pomey, M. P. (2022). Clinical Governance to Enhance User Involvement in Care: A Canadian Multiple Case Study in Mental Health. *International Journal of Health Policy and Management,* 11(5), 658–669.
18. Cleary, M., Walter, G., & Hungerford, C. L. (2014). Recovery and the Role of Humility: Insights from a Case Study Analysis. *Issues in Mental Health Nursing,* 35(2), 108–113.
19. Corrigan, P. W., Rüsch, N., Watson, A. C., Kosyluk, K., & Sheehan, L. (2024). *Principles and Practice of Psychiatric Rehabilitation: Promoting Recovery and Self-Determination.* Guilford Publications.

Subin Na, MA

20. Cusack, E., Killoury, F., & Nugent, L. E. (2017). The professional psychiatric/mental health nurse: skills, competencies and supports required to adopt recovery-orientated policy in practice. *Journal of Psychiatric and Mental Health Nursing*., 24(2–3), 93–104.

21. Davidson, L., Roe, D., Tondora, J. (2020). *Concept and Model of Recovery*. In: Shrivastava, A., De Sousa, A. (eds) Schizophrenia Treatment Outcomes. Springer, Cham.

22. Davidson, L., Tondora, J., O'Connell, M. J., Kirk, T., Jr, Rockholz, P., & Evans, A. C. (2007). Creating a recovery-oriented system of behavioral health care: moving from concept to reality. *Psychiatric rehabilitation journal*, 31(1), 23–31. https://doi.org/10.2975/31.1.2007.23.31

23. Delaney K. R. (2012). Psychiatric mental health nurses: stigma issues we fail to see. *Archives of psychiatric nursing*, 26(4), 333–335.

24. Dell, N. A., Long, C., & Mancini, M. A. (2021). Models of mental health recovery: An overview of systematic reviews and qualitative meta-syntheses. *Psychiatric rehabilitation journal*, 44(3), 238–253.

25. Dixon, K., Fossey, E., & Petrakis, M. (2021). Safety for women when accessing mental health services: a scoping review of the link between safety and recovery. *Australian health review*, 45(5), 554-561.

26. Doroud, N., Fossey, E., & Fortune, T. (2015). Recovery as an occupational journey: A scoping review exploring the links between occupational engagement and recovery for people with enduring mental health issues. *Australian occupational therapy journal*, 62(6), 378–392.

27. Doroud, N., Fossey, E., & Fortune, T. (2018). Place for being, doing, becoming and belonging: A meta-synthesis exploring the role of place in mental health recovery. *Health & Place*, 52, 110–120.

28. Doroud, N., Fossey, E., Fortune, T., Brophy, L., & Mountford, L. (2022). A journey of living well: a participatory photovoice study exploring recovery and everyday activities with people experiencing mental illness. *Journal of mental health*, 31(2), 246–254.

29. Drake, R. E., & Whitley, R. (2014). Recovery and severe mental illness: description and analysis. *Canadian journal of psychiatry*, 59(5), 236–242.

30. Farkas, M. (2007). The vision of recovery today: what it is and what it means for services. *World Psychiatry*, 6(2), 68.

31. Farkas, M., Gagne, C., Anthony, W., & Chamberlin, J. (2005). Implementing recovery oriented evidence based programs: Identifying the critical dimensions. *Community Mental Health Journal*, 41(2), 141-158.

32. Gilburt, H., Slade, M., Bird, V., Oduola, S., & Craig, T. K. (2013). Promoting recovery-oriented practice in mental health services: a quasi-experimental mixed-methods study. *BMC psychiatry*, 13, 167.

33. Green, B., & García-Mieres, H. (2022). Construing journeys to recovery from psychosis: A qualitative analysis of first-person accounts. *Psychology and Psychotherapy : Theory, Research and Practice*., 95(4), 888–904.

34. Grim, K., Rosenberg, D., Svedberg, P., & Schön, U. K. (2016). Shared decision-making in mental health care-A user perspective on decisional needs in community-based services. *International journal of qualitative studies on health and well-being*, 11, 30563.

35. Gurtner, C., Schols, J. M. G. A., Lohrmann, C., Halfens, R. J. G., & Hahn, S. (2021). Conceptual understanding and applicability of shared decision-making in psychiatric care: An integrative review. *Journal of psychiatric and mental health nursing*, 28(4), 531–548.

36. Hong, Q. N., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M.-P., Griffiths, F., Nicolau, B., O'Cathain, A., Rousseau, M.-C., Vedel, I., & Pluye, P. (2018). The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers*. Education for Information*., 34(4), 285–291.

37. Hungerford, C., & Fox, C. (2014). Consumer's perceptions of Recovery-oriented mental health services: An A ustralian case-study analysis. *Nursing & Health Sciences*., 16(2), 209–215.

38. Hungerford, C., Hungerford, A., Fox, C., & Cleary, M. (2016). Recovery, non-profit organisations and mental health services: 'Hit and miss' or 'dump and run'? The *International Journal of Social Psychiatry*., 62(4), 350–360.

39. Hungerford, C. L., & Richardson, F. (2013). Operationalising Recovery-oriented services: the challenges for carers. *Advances In Mental Health*, 12(1), 11-21.

40. Iwasaki, Y., Coyle, C. P., & Shank, J. W. (2010). Leisure as a context for active living, recovery, health and life quality for persons with mental illness in a global context. *Health Promotion International*., 25(4), 483–494.

41. Jacobson, N., & Greenley, D. (2001). What is recovery? A conceptual model and explication. *Psychiatric services,* 52(4), 482–485.

42. Jaiswal, A., Carmichael, K., Gupta, S., Siemens, T., Crowley, P., Carlsson, A., Unsworth, G., Landry, T., & Brown, N. (2020). Essential Elements That Contribute to the Recovery of

Subin Na, MA

Persons With Severe Mental Illness: A Systematic Scoping Study. *Frontiers in psychiatry*, 11, 586230.

43. Jørgensen, K., Hansen, M., & Karlsson, B. (2022). Recovery-Oriented Practices in a Mental Health Centre for Citizens Experiencing Serious Mental Issues and Substance Use: As Perceived by Healthcare Professionals. *International journal of environmental research and public health*, 19(16), 10294.

44. Jørgensen, K., Rasmussen, T., Hansen, M., & Andreasson, K. (2021). Recovery-oriented intersectoral care between mental health hospitals and community mental health services: An integrative review. *The International journal of social psychiatry*, 67(6), 788–800. https://doi.org/10.1177/0020764020966634

45. Jørgensen, K., Søren Hansen, M., Groth, T., Hansen, M., & Karlsson, B. (2023). Perspectives on Recovery-Oriented Care in Mental Health Practices: Health Professionals Experiences. *Issues in Mental Health Nursing*, 44(3), 200–208.

46. Kaewprom, C., Curtis, J., & Deane, F. P. (2011). Factors involved in recovery from schizophrenia: A qualitative study of Thai mental health nurses. *Nursing & Health Sciences.*, 13(3), 323–327.

47. Kazi, M. R., Chowdhury, N., Chowdhury, M., Turin, T. C. (2021). Conducting comprehensive scoping reviews to systematically capture the landscape of a subject matter. *Population Medicine*, 3(12), 36.

48. Kealeboga, K. M., Manyedi, E. M., & Moloko-Phiri, S. (2023). Perceptions of nurses working in mental health services regarding the recovery-oriented care approach: Findings from Africa. *Nursing open*, 10(11), 7348–7359.

49. Khanthavudh, C., Grealish, A., Tzouvara, V., Huang, J., & Leamy, M. (2023). Implementation and evaluation of recovery-oriented practice interventions for people with mental illness in Asia: An integrative review. *International Journal of Nursing Studies*, 104591.

50. Khoury, E., & del Barrio, L. R. (2015). Recovery-Oriented Mental Health Practice: A Social Work Perspective. *The British Journal of Social Work*, 45, i27–i44.

51. Kidd, S., Kenny, A., & McKinstry, C. (2014). Exploring the meaning of recovery-oriented care: an action-research study. *International journal of mental health nursing*, 24(1), 38–48

52. Kidd, S., Kenny, A., & McKinstry, C. (2015). The meaning of recovery in a regional mental health service: an action research study. *Journal of advanced nursing*, 71(1), 181–192.

53. Klevan, T., Jonassen, R., Topor, A., & Borg, M. (2021). Mutual learning: exploring collaboration, knowledge and roles in the development of recovery-oriented services. A hermeneutic-phenomenological study. *International journal of qualitative studies on health and well-being*, 16(1), 2001898.

54. Kourgiantakis, T., McNeil, S. R., Hussain, A., Logan, J., Ashcroft, R., Lee, E., & Williams, C. C. (2022). Social work's approach to recovery in mental health and addiction policies: a scoping review. *Social Work in Mental Health*, 20(4), 377–399.

55. Kramer, E. J., Kwong, K., Lee, E., & Chung, H. (2002). Cultural factors influencing the mental health of Asian Americans. *Western Journal of Medicine*, 176(4), 227.

56. Kuek, J. H. L., Raeburn, T., & Wand, T. (2023). Asian perspectives on personal recovery in mental health: a scoping review. *Journal of Mental Health*, 32(2), 517-533.

57. Le Boutillier, C., Leamy, M., Bird, V. J., & Davidson, L. (2011). What Does Recovery Mean in Practice? A Qualitative Analysis of International Recovery-Oriented Practice Guidance. *Psychiatric Services, 6*2(12), 1470-1476.

58. Leonhardt, B. L., Hamm, J. A., & Lysaker, P. H. (2019). *The Recovery Model and Psychosis. In A clinical introduction to psychosis : foundations for clinical psychologists and neuropsychologists* / (pp. 113–132). Academic Press, an imprint of Elsevier,.

59. Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation Science*, 5, 69.

60. Mak, S., & Thomas, A. (2022). Steps for Conducting a Scoping Review. *Journal of graduate medical education*, 14(5), 565–567.

61. Manuel, J. I., Hinterland, K., Conover, S., & Herman, D. B. (2012). "I hope i can make it out there": perceptions of women with severe mental illness on the transition from hospital to community. *Community Mental Health Journal*, 48, 302-308.

62. Maria, B. K., Patrik Dahlqvist Jönsson, Karl-Anton Forsberg, & Sandlund, M. (2023). Service user participation in decision-making – a qualitative study from a services user's perspective. *Journal of Public Mental Health*, 22(4), 157-169.

63. Massachusetts Rehabilitation Commission. (2013). *State plan for fiscal year 2014*. Massachusetts Rehabilitation Commission. https://www.mass.gov/doc/mrc-vr-state-plan-ffy14-0/download

64. Matoba, K., Buyo, M., Odachi, R., Kajiwara, T., & Endo, Y. (2023). Recovery-oriented daily care

Subin Na, MA

practice for community-based mental health service consumers in Japan: A grounded theory approach. *International journal of mental health nursing*, 32(3), 854–865.

65. McVanel-Viney, S., Younger, J., Doyle, W., & Kirkpatrick, H. (2006). Implementing program-wide awareness about recovery in a large mental health and addictions program. *Psychiatric rehabilitation journal*, 30(2), 141–144.

66. Mental Health Commission of Canada. (2015). *Guidelines for recovery-oriented practice.* Mental Health Commission of Canada. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/MHCC_RecoveryGuid elines_ENG_0.pdf

67. Munn, Z., Peters, M. D. J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC medical research methodology*, 18(1), 143.

68. New Jersey Department of Human Services, Division of Mental Health & Addiction Services. (2011). *Proposal for Medicaid reimbursement of supportive housing support services* (Addendum to Attachment 3.1-A, Page 13(d).10). New Jersey Department of Human Services. https://www.nj.gov/health/integratedhealth/documents/CommunitySupportServices/New%20Jersey%20CSS%20SPA.pdf

69. O'Keeffe, D., Sheridan, A., Kelly, A., Doyle, R., Madigan, K., Lawlor, E., & Clarke, M. (2018). 'Recovery' in the real world: service user experiences of mental health service use and recommendations for change 20 years on from a first episode psychosis. *Administration and policy in mental health and mental health services research*, 45(4), 635-648.

70. Oades, L. G., & Anderson, J. (2012). Recovery in Australia: marshalling strengths and living values. *International review of psychiatry*, 24(1), 5–10.

71. Olmos-gallo, P., Starks, R., Lusczakoski, K. D., Huff, S., & Mock, K. (2012). Seven key strategies that work together to create recovery based transformation. *Community Mental Health Journal*, 48(3), 294-301.

72. Osborn, L. A., & Stein, C. H. (2017). Community Mental Health Care Providers' Understanding of Recovery Principles and Accounts of Directiveness with Consumers. *The Psychiatric quarterly*, 88(4), 755–767.

73. Pahwa, R., Smith, M. E., Kelly, E. L., Dougherty, R. J., Thorning, H., Brekke, J. S., & Hamilton, A. (2021). Definitions of community for individuals with serious mental illnesses: Implications for community integration and recovery. *Administration and Policy in Mental Health and Mental Health Services Research*, 48(1), 143-154.

74. Peters, M. D., Godfrey, C., McInerney, P., Munn, Z., Tricco, A. C., & Khalil, H. (2020). Scoping reviews. *JBI manual for evidence synthesis*, 10.

75. Pennsylvania Department of Human Services. (2023). *Medicaid state plan.* Pennsylvania Department of Human Services. https://www.pa.gov/en/agencies/dhs/resources/medicaid/medicaid-state-plan.html

76. Phoenix B. J. (2013). Expanding the concept of safety in psychiatric inpatient units to create healing environments. *Journal of the American Psychiatric Nurses Association*, 19(5), 304–305.

77. Piat, M., & Lal, S. (2012). Service providers' experiences and perspectives on recovery-oriented mental health system reform. *Psychiatric rehabilitation journal*, 35(4), 289–296.

78. Piat, M., & Sabetti, J. (2009). The development of a recovery-oriented mental health system in Canada: what the experience of commonwealth countries tells us. *Canadian Journal of Community Mental Health*, 28(2), 17-33.

79. Pollock, D., Peters, M. D., Khalil, H., McInerney, P., Alexander, L., Tricco, A. C., Evans, C., de Moraes, É. B., Godfrey, C. M., Pieper, D., Saran, A., Stern, C., & Munn, Z. (2023). Recommendations for the extraction, analysis, and presentation of results in scoping reviews. *JBI Evidence Synthesis*., 21(3), 520–532.

80. Ponce, A. N., & Rowe, M. (2018). Citizenship and Community Mental Health Care. *American Journal of Community Psychology*., 61(1–2), 22–31.

81. Pratt, C. W., Gill, K. J., Barrett, N. M., & Roberts, M. M. (2013). *Psychiatric rehabilitation*. Academic Press.

82. Pritchard, A., Coffey, M., & Rance, J. (2023). Striking the Right Balance and Supporting Social Aspirations: How Agency and Choice Play out in a Recovery-Oriented Mental Health Service. *Issues in mental health nursing*, 44(12), 1237–1244.

83. Psychosocial Rehabilitation/Réadaptation Psychosociale (PSR/RPS) Canada. (2017). *Competencies of practice for Canadian recovery-oriented psychosocial rehabilitation practitioners* (2nd ed.). PSR/RPS Canada. https://www.psrrpscanada.ca/wp-content/uploads/2024/06/PSR-practice-competencies.pdf

84. Roberts, S. O., Bareket-Shavit, C., Dollins, F. A., Goldie, P. D., & Mortenson, E. (2020). Racial inequality in psychological research: Trends of

the past and recommendations for the future. *Perspectives on psychological science*, 15(6), 1295-1309.

85. Rowe, M. (2015). *Citizenship and mental health*. New York: Oxford University Press.

86. Scottish Government. (2016). *Health and social care delivery plan*. Scottish Government. https://www.gov.scot/publications/health-social-care-delivery-plan/

87. Scottish Government. (2017). *Mental health strategy: 2017-2027*. Scottish Government. https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/03/mental-health-strategy-2017-2027/documents/00516047-pdf/00516047-pdf/govscot%3Adocument/00516047.pdf

88. Scottish Government. (2022). *In rehabilitation and recovery: A once for Scotland person-centred approach to rehabilitation in a post-COVID era*. Scottish Government. https://www.gov.scot/publications/rehabilitation-recovery-once-scotland-person-centred-approach-rehabilitation-post-covid-era/pages/6/

89. Sen, A. (1999). *Development as freedom*. 1st. ed. New York, Knopf.

90. Shearer, J. (2012). *Application of the recovery model in clinical practice* (Doctoral dissertation). California State University, Long Beach, Long Beach, CA.

91. Shields, M., Scully, S., Sulman, H., Borba, C., Trinh, N. H., & Singer, S. (2019). Consumers' suggestions for improving the mental healthcare system: Options, autonomy, and respect. *Community mental health journal*, 55, 916-923.

92. Silverstein, S. M., & Bellack, A. S. (2008). A scientific agenda for the concept of recovery as it applies to schizophrenia. *Clinical psychology review*, 28(7), 1108–1124.

93. Slade, M. (2012). Everyday Solutions for Everyday Problems: How Mental Health Systems Can Support Recovery. *Psychiatric Services*, 63(7), 702–704.

94. Slade, M., Williams, J., Bird, V., Leamy, M., & Le Boutillier, C. (2012). Recovery grows up. *Journal of Mental Health.,* 21(2), 99–103.

95. Sofouli, E. (2021). Cross-cultural conceptualization and implementation of recovery in mental health: A literature review. *Mental Health and Social Inclusion*, 25(1), 32-40.

96. Solomon, B., Sutton, D., & McKenna, B. (2021). The experience and meaning of recovery-oriented practice for nurses working in acute mental health services. *International journal of mental health nursing*, 30(4), 963–974.

97. Souraya, S., Hanlon, C., & Asher, L. (2018). Involvement of people with schizophrenia in decision-making in rural Ethiopia: a qualitative study. *Globalization and health*, 14(1), 85.

98. Sowers, W., McQuistion, H. L., Ranz, J. M., Feldman, J. M., & Runnels, P. S. (Eds.). (2023). *Textbook of Community Psychiatry*. Springer.

99. Sowers, W., & Quality Management Committee of the American Association of Community Psychiatrists (2005). Transforming systems of care: the American Association of Community Psychiatrists Guidelines for Recovery Oriented Services. *Community mental health journal*, 41(6), 757–774. https://doi.org/10.1007/s10597-005-6433-4

100. Sreeram, A., Cross, W. M., & Townsin, L. (2022). Anti-stigma initiatives for mental health professionals-A systematic literature review. *Journal of psychiatric and mental health nursing*, 29(4), 512–528.

101. Starnino, V. R. (2016). Conceptualizing spirituality and religion for mental health practice: Perspectives of consumers with serious mental illness. *Families in Society*, 97(4), 295-304.

102. Stevenson, B. J., Calixte, R., & Mueller, L. (2023). Recovery-oriented psychotherapy: Practical recommendations for psychologists in organized care settings. *Psychological Services.*, 20(4), 918–928.

103. Stotland, N. L., Mattson, M. G., & Bergeson, S. (2008). The recovery concept: clinician and consumer perspectives. *Journal of psychiatric practice*, 14, 45–54.

104. Stuber, J., Rocha, A., Christian, A., & Johnson, D. (2014). Predictors of recovery-oriented competencies among mental health professionals in one community mental health system. *Community Mental Health Journal*, 50(8), 909-914.

105. Substance Abuse and Mental Health Services Administration. (2012). *Operationalizing recovery-oriented systems*. Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/sites/default/files/expert-panel-05222012.pdf

106. Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's working definition of recovery: 10 guiding principles of recovery*. Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/sites/default/files/pep12-recdef.pdf

107. Swords, C., & Houston, S. (2023). Exploring the Evidence for the Paradigms of Recovery and Social Work Converging in Mental Health Service Delivery Worldwide: Reflections from

Subin Na, MA

an Irish Case Study. *International journal of environmental research and public health*, 20(15), 6460.

108. Taylor TL, Killaspy H, Wright C, Turton P, White S, Kallert TW, Schuster M, Cervilla JA, Brangier P, Raboch J, Kalisová L, Onchev G, Dimitrov H, Mezzina R, Wolf K, Wiersma D, Visser E, Kiejna A, Piotrowski P, Ploumpidis D, Gonidakis F, Caldas-de-Almeida J, Cardoso G, King MB (2009). A systematic review of the international published literature relating to quality of institutional care for people with longer term mental health problems. *BMC psychiatry*, 9, 55.

109. Tham, S. S., & Solomon, P. (2024a). Practicing cultural humility will achieve recovery-oriented mental health practice and service delivery. *Administration and Policy in Mental Health and Mental Health Services Research*, 51(1), 10-13.

110. Tham, S. S., & Solomon, P. (2024b). Family involvement in routine services for individuals with severe mental illness: Scoping review of barriers and strategies. *Psychiatric Services*, 75(10), 1009-1030.

111. Thongsalab, J., Yunibhand, J., & Uthis, P. (2023). Recovery-oriented nursing service for people with schizophrenia in the community: An integrative review. *Belitung nursing journal*, 9(3), 198–208.

112. Tickle, A., Brown, D., & Hayward, M. (2014). Can we risk recovery? A grounded theory of clinical psychologists' perceptions of risk and recovery-oriented mental health services. *Psychology and psychotherapy*, 87(1), 96–110.

113. Tirupati, S., & Padmavati, R. (2022). Schizophrenia, Recovery, and Culture: The Need for an Indian Perspective. *Indian Journal of Social Psychiatry*, 38(4), 318.

114. Tirupati, S., & Ramachandran, P. (2020). Schizophrenia, recovery and the individual-cultural considerations. *Australasian psychiatry: bulletin of Royal Australian and New Zealand College of Psychiatrists*, 28(2), 190–192. https://doi.org/10.1177/1039856219889320

115. Topor, A., Bøe, T. D., & Larsen, I. B. (2018). Small Things, Micro-Affirmations and Helpful Professionals Everyday Recovery-Orientated Practices According to Persons with Mental Health Problems. *Community mental health journal*, 54(8), 1212–1220.

116. Torrey, W. C., & Wyzik, P. (2000). The recovery vision as a service improvement guide for community mental health center providers. *Community Mental Health Journal*, 36(2), 209-16.

117. Treichler, E. B. H., Rabin, B. A., Cohen, A. N., & Light, G. A. (2021). How Shared Is Shared Decision Making? Reaching the Full Potential of Patient-Clinician Collaboration in Mental Health. *Harvard Review of Psychiatry*., 29(5), 361–369.

118. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, Moher D, Peters MDJ, Horsley T, Weeks L, Hempel S, Akl EA, Chang C, McGowan J, Stewart L, Hartling L, Aldcroft A, Wilson MG, Garritty C, Lewin S, Godfrey CM, Macdonald MT, Langlois EV, Soares-Weiser K, Moriarty J, Clifford T, Tunçalp Ö, Straus SE. (2018). PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Annals of internal medicine*, 169(7), 467–473.

119. Tsoi, E. W., Tse, S., Canda, E. R., Goscha, R. J., & Lo, I. W. (2022). The meaning of "strengths" for strengths-based mental health practice in Hong Kong Chinese culture: A qualitative exploratory study. *Psychiatric Rehabilitation Journal*., 45(1), 71–78.

120. Tuffour, I., Simpson, A., & Reynolds, L. (2019). Mental illness and recovery: an interpretative phenomenological analysis of the experiences of Black African service users in England. *Journal of research in nursing: JRN*, 24(1-2), 104–118.

121. Valery, K. M., Violeau, L., Fournier, T., Caiada, M., Felix, S., Guionnet, S., ... & Prouteau, A. (2023). How do mental health professionals stigmatize incompetence in schizophrenia?. *Stigma and Health.*

122. Van Weeghel, J., van Zelst, C., Boertien, D., & Hasson-Ohayon, I. (2019). Conceptualizations, assessments, and implications of personal recovery in mental illness: A scoping review of systematic reviews and meta-analyses. *Psychiatric rehabilitation journal*, 42(2), 169.

123. Vera San Juan, N., Gronholm, P. C., Heslin, M., Lawrence, V., Bain, M., Okuma, A., & Evans-Lacko, S. (2021). Recovery From Severe Mental Health Problems: A Systematic Review of Service User and Informal Caregiver Perspectives. *Frontiers in psychiatry*, 12, 712026. https://doi.org/10.3389/fpsyt.2021.712026

124. Waldemar, A. K., Arnfred, S. M., Petersen, L., & Korsbek, L. (2016). Recovery-Oriented Practice in Mental Health Inpatient Settings: A Literature Review. *Psychiatric services*, 67(6), 596–602.

125. Watson, M. K., Bonham, C. A., Willging, C. E., & Hough, R. L. (2011). "An old way to solve an old problem": Provider perspectives on recovery-oriented services and consumer

capabilities in New Mexico. *Human Organization*, 70(2), 107-117.

126. Watson, S., Thorburn, K., Everett, M., & Fisher, K. R. (2014). Care without coercion--mental health rights, personal recovery and trauma-informed care. *Australian Journal of Social Issues*, 49(4), 529-549.

127. Winsper, C., Crawford-Docherty, A., Weich, S., Fenton, S. J., & Singh, S. P. (2020). How do recovery-oriented interventions contribute to personal mental health recovery? A systematic review and logic model. *Clinical psychology review,* 76, 101815.

128. World Health Organization. (2019). *Rehabilitation in health systems: Guide for action.* World Health Organization. https://www.who.int/publications/i/item/9789241515986

129. Yeung, W. S., Hancock, N., Honey, A., Wells, K., & Scanlan, J. N. (2020). Igniting and Maintaining Hope: The Voices of People Living with Mental Illness. *Community mental health journal*, 56(6), 1044–1052.

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Table 2. Practitioner Level Recovery-Oriented Practices

Practitioner Level		
Dominant themes	**Sub-themes**	**Practitioner Strategies**
Practicing Person-Centered Care	Developing an Individualized Recovery Plan	• Acknowledge that recovery occurs through various pathways and customize recovery and treatment plans to align with each person's unique experiences and strengths. • Implement flexible support systems instead of a "one-size-fits-all" approach to facilitate personal choice and independence. Navigate challenges of balancing individualized care with pressures of standardized treatment practices, particularly in hospital-based settings. • Actively integrate social determinants of health into recovery plans to address systemic barriers like housing instability and healthcare inequities.
	Respecting Privacy and Dignity	• Ensure confidentiality of personal information and maintain personal space to uphold individuals' privacy care. • Acknowledge and respect each person's inherent worth, treating them with dignity and respect. • Recognize and treat individuals as normal human beings, avoiding oppressive social constructs that can hinder recovery. • Embrace and value diverse experiences of individuals and support life beyond diagnosis. • Navigate challenges of respecting privacy and dignity within constraints of standardized treatment practices, particularly in hospital-based mental health settings.
	Building a Positive Working Relationship	• Empower individuals by moving from passive recipients of care to active partners in their recovery. • Promote effective and flexible communication by using open questions and dialogic conversations to identify users' needs, aims, and hopes. • Address power imbalances by promoting mutuality and equality, moving beyond hierarchical relationships, avoiding symbols of authority such as jargon, and engaging with consumers as individuals rather than patients. • Focus on building trust through compassionate care, providing hope, and fostering self-help, giving consumers a sense of security and continuity during recovery process.
	Engaging in Shared Decision Making	• Collaborate with individuals to make decisions about their care and treatment plan, recognizing both individual and practitioner as experts. • Provide clear and comprehensive information about treatment options, including their benefits and risks. • Engage in discussions that respect and consider individual's values and preferences, ensuring their active participation in decision making. • Offer ongoing support through multiple discussions and follow-up appointments to reach and evaluate joint decisions, ensuring individual's choices upheld and reassessed as needed.
Empowering Individuals	Adopting a Strengths-Based Approach	• Emphasize individuals' inherent capabilities, fostering hope and empowerment throughout recovery process. • Concentrate on identifying and leveraging individual's strengths and resources rather than focusing solely on deficits and limitations. • Incorporate strengths into all assessment processes to help individuals achieve insight and build resilience. • Empower individuals by highlighting their unknown capabilities, fostering self-growth, and promoting positive changes within themselves, groups, and communities. • Enhance individuals' belief in recovery and improve self-esteem by focusing on strengths and providing positive feedback

	Encouraging Positive Risk Taking	• Advocate for choice opportunities enabling individuals to make their own choices, even if possibility of failure, recognizing it as part of recovery process. • Emphasize importance of making mistakes and learning from them as crucial aspect of recovery. • Minimize paternalistic practices that hinder personal responsibility and autonomy by focusing on minimizing risk. • Find balance between providing safe environment, support, and resources while allowing individuals freedom to take risks. • Frame challenging experiences as learning opportunities rather than failures to empower individuals to build resilience and confidence.
	Ensuring Access to Information and Options	• Offer detailed information about individual's illness, treatment alternatives, and potential benefits and risks associated with options. • Enable individuals to make decisions that best suit their personal needs and recovery goals by providing them with accurate and comprehensive information. • Discuss thoughts and experiences of family members and peers to provide broader perspective. • Provide choices regarding access to supportive options tailored to individual's needs, such as employment, education, housing, peer support, therapy, medication, and alternatives to inpatient care. • Encourage individuals to consider their values and preferences when discussing pros and cons of different treatment options to broaden their perspectives. • Highlight systemic inequities, such as disparities in housing and healthcare access, and advocate for informed decision-making that accounts for structural barriers affecting recovery.
	Promoting Hope and Optimism	• Emphasize belief that recovery possible to motivate individuals and propel them forward in their recovery journey. • Consistently use language that respects and uplifts individuals, avoiding stigmatizing terms. • Highlight individuals' strengths and potential to build positive and hopeful outlook. • Show genuine interest and compassion in interactions to positively impact individuals' sense of hope. • Ask individuals to imagine their desired future and set meaningful goals to help them see beyond their current challenges. • Build individuals' confidence in their ability to achieve goals by supporting them in recognizing and leveraging their strengths.
	Respecting Autonomy	• Encourage individuals to take lead in their recovery journey, making their own choices even in confronting challenges or ongoing symptoms. • Actively listening to individuals' lived experiences and encouraging their self-determination. • Engage individuals in decision-making processes to foster sense of control and responsibility.
Promoting Holistic Well-Being	Integration of Various Aspects of Health	• Encourage regular physical activity and balanced nutrition. • Ensure access to comprehensive healthcare services, including regular check-ups and preventive care. • Educate individuals making healthy choices, such as abstaining from alcohol and illicit drugs. • Provide tools for managing stress and regulating emotions, including therapeutic interventions, mindfulness practices, and stress reduction activities. • Help individuals access basic needs such as food, housing, and healthcare to reduce stress from financial insecurity. • Provide financial education on budgeting and managing finances to support independence and reduce financial stress.
Practicing Self-Reflexive and Inclusive Attitude	Practicing Cultural Sensitivity	• Genuinely embrace and respect cultural backgrounds of individuals with serious mental illness. • Continuously assess and understand one's cultural biases and their impact on interactions with individuals. • Modify mental health interventions to meet cultural needs of diverse populations using culturally relevant frameworks and materials.

	Implementing Trauma-Informed Practices	• Recognize high prevalence of trauma among individuals with serious mental illness and understand their specific trauma triggers to tailor care effectively. • Encourage open conversations about trauma by creating atmosphere of trust and validation. • Use non-judgmental, empathetic approaches and avoiding coercive practices. • Integrate cultural sensitivity into trauma-informed practices to ensure respectful and effective care.
	Providing Gender-Responsive Care	• Customize mental health services to address the unique needs and challenges associated with different gender identities. • Develop gender-specific environments that protect women from harassment and assault, providing safe, supportive peer and professional relationships. • Recognize and address gender-specific post-discharge challenges, such as limited financial resources and employment opportunities for women.
Advocating for Social Justice	Reducing Stigma	• Actively work to reduce stigma in mental health settings by challenging discriminatory behaviors and attitudes. • Educate staff, individuals with serious mental illness, and broader community about mental health to reduce stigma and promote understanding. • Advocate for policy changes that address structural barriers such as poverty and systemic racism.
	Ensuring Resource Accessibility	• Advocate for and secure essential support, services, and opportunities that enhance the well-being and recovery of individuals. • Implement and support programs like personal budgets, supported housing, and employment services to significantly enhance self-determination and perceptions of empowerment. • Ensure that individuals have access to wide range of support services that address their diverse needs. • Balance respecting individual autonomy with advocating for systemic changes by empowering individuals to develop self-advocacy skills, while simultaneously addressing societal barriers.
Supporting Individuals in Meaningful Occupation	Facilitating Employment and Career Development	• Help individuals secure and maintain employment that matches their interests and abilities. • Support employment in mainstream settings, peer support roles, and volunteering within mental health services to foster sense of purpose and community connection. • Provide vocational counseling and support to help individuals set and achieve career goals. • Assist individuals in pursuing further education or training to enhance skills and qualifications.
	Supporting Leisure and Recreation	• Integrate leisure-based programs into mental health care, emphasizing importance of holistic well-being. • Encourage participation in activities such as exercise, listening to music, and watching television to promote positive emotions and mental rest.
	Promoting Education and Learning	• Support individuals in pursuing and completing educational goals that align with their interests and talents. • Provide opportunities for formal education, vocational training, or skill development programs to enhance occupational functioning, self-esteem, and empowerment.
	Facilitating Social Relationships	• Guide individuals in reconnecting with family, friends, and wider community for crucial support and engagement. • Help individuals navigate social interactions, develop social skills, and create strategies to manage their mental health in relationships.
	Encouraging Spiritual or Religious Practices	• Conduct spiritual assessments to understand individuals' beliefs and incorporate them into care plans. • Encourage participation in spiritual or religious activities to help individuals find hope and meaning in their lives.

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Table 3. Organizational Level Recovery-Oriented Practices

Organizational Level		
Dominant themes	**Sub-themes**	**Organizational Strategies**
Committing to Recovery Vision and Leadership	Integration of Recovery Values into Organizational Culture, Policies, and Leadership	• Embed recovery values into every aspect of the organization, including policies, procedures, and overall culture. • Create mission and vision statements that clearly articulate the organization's commitment to recovery, guiding program development and service delivery. • Encourage organizational leaders to role model recovery principles through their actions and behaviors, demonstrating the organization's commitment to recovery. • Critically assess and redesign policies to dismantle systemic inequities, embedding anti-racist and equity-focused principles to promote recovery-oriented practices.
Fostering Recovery-Promoting Service Partnerships	Promotion of Collaborative Mental Health Care	• Facilitate cooperation both within and between agencies, and foster collaboration among mental health professionals in interdisciplinary teams. • Manage and mitigate power imbalances between mental health hospitals and community services through open communication and a spirit of teamwork. • Integrate external stakeholders, such as spiritual leaders and traditional healers, into care teams to provide holistic support and enhance recovery outcomes. • Implement interdisciplinary training in recovery principles to enhance collaboration and understanding across different professional roles. • Address power dynamics within partnerships to prevent systemic inequities and promote equitable, inclusive collaboration.
Enhancing Staff Development and Support	Providing Staff Support	• Develop training programs that involve individuals with lived experiences as trainers. • Ensure that training curricula emphasize cultural humility and competence, promoting introspection and transformative practices. • Ensure that staff have access to necessary resources, such as time, materials, and funds, to support their work and reduce the risk of burn-out. • Provide supervision that emphasizes recovery principles and competencies, reinforcing discussions of participants' strengths and facilitating informed decision-making. • Emphasize training that addresses systemic oppression and equips staff to counteract inequities in service delivery.
	Guiding Recruitment by Recovery Values	• Actively seek and hire individuals from diverse cultural and professional backgrounds whose values align with recovery-oriented care principles. • Prioritize the recruitment of individuals with personal experience in mental health issues, as their lived experiences can enhance empathy and the effectiveness of care. • Include individuals with serious mental illness in the hiring committee to ensure their voices are heard and considered in the hiring and selection process. • Allow individuals with serious mental illness to participate in determining selection criteria, interviewing staff candidates, reviewing resumes, and providing input into selection decisions.
Encouraging Program Diversity and Inclusiveness	Offering a Diverse Range of Recovery-Oriented Programs	• Actively work on adopting, initiating, and developing a wide range of recovery-oriented programs and intervention strategies to accommodate the diverse needs and preferences of individuals at different stages of recovery. • Expand the variety of treatment options in inpatient settings, including innovative, evidence-based, and alternative treatments, to ensure suitable modalities for everyone. • Develop service plans through collaborative planning processes that emphasize consumer participation and choice, ensuring meaningful input from the consumers themselves.

	Practicing Cultural Competence	• Ensure that all programs align with individuals' cultural norms, literacy levels, religious beliefs, and family structures to provide culturally sensitive care. • Provide services that accommodate diverse cultural and linguistic needs, such as offering interpretation services and culturally relevant resources. • Ensure that the workforce reflects the community's cultural diversity to enhance service relevance and foster consumer empowerment. • Offer ongoing education programs that build cultural awareness among staff, promoting a deeper understanding of diverse cultural backgrounds and their impact on care.
	Ensuring Safe Environments of Care	• Design spaces that are less regimented and more therapeutic, avoiding prison-like or infantilizing settings. • Avoid physical barriers like centralized nursing stations or off-unit offices that create an "us-them" divide, instead promoting fluid interactions and connection. • Ensure that inpatient settings offer sufficient space, privacy, and access to supportive amenities such as family rooms and gardens to foster a safe and welcoming environment. • Actively involve consumers in the design and layout of care environments to ensure that spaces meet their needs and preferences, contributing to a sense of ownership and safety.
	Engaging Stakeholders in the Recovery Process	• Actively involve all stakeholders in the recovery process to create an inclusive and effective mental health care environment. • Respect and honor consumer preferences regarding family involvement, ensuring that consumers have the choice and agency to determine the role of family in their recovery. • Incorporate peers in care planning to foster a sense of belonging and community. • Develop educational programs for families to better understand mental health challenges and enhance their ability to support recovery. • Establish inclusive policies that encourage and support family and peer involvement in treatment and recovery planning.
Implementing Recovery-Oriented Quality Management	Collaborative Recovery Assessment and Continuous Quality Improvement	• Implement ongoing assessments to evaluate progress toward recovery-oriented care using criteria that reflect recovery principles. • Engage both staff and individuals with serious mental illness in planning and monitoring through quality assurance mechanisms, ensuring a collaborative approach to quality management. • Employ tools to capture both consumer and provider perspectives, ensuring a holistic assessment of recovery progress. • Promote ongoing learning and adaptation within the organization, using data from recovery outcomes to drive service improvements. • Actively involve consumers in continuous quality improvement processes, ensuring they are compensated for their participation and their insights are valued in the improvement of services.
Ensuring Flexible and Adequate Funding for Recovery-Oriented Services	Securing Flexible Funding	• Ensure that adequate funding is available to expand services, hire additional staff, including peer support workers, and reduce waiting lists to improve access and service quality. • Work towards securing government support and legislative action to bridge the gap between consumer needs and available services, ensuring sustained and adequate funding for recovery-oriented programs. • Direct financial resources to support recovery-oriented programming, ensuring that services are designed to meet the individual needs of consumers. • Ensure that consumers who contribute to administrative processes, such as service planning and evaluation, are fairly compensated for their time and expertise. • Create flexible financing systems that support individualized mental health services, allowing providers to address diverse needs such as housing, employment, and community engagement without being constrained by rigid financial structures.

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Table 4. Community Level Recovery-Oriented Practices

		Community Level
Dominant themes	**Sub-themes**	**Community Strategies**
Promoting Community Integration	Building Natural Communities	• Provide opportunities for personal growth by offering education, employment, and community involvement programs that support the development of skills and personal goals. • Develop inclusive social spaces that encourage participation in local events, volunteer opportunities, and recreational activities, helping individuals in recovery build new relationships and integrate into the community. • Establish community-level safe spaces that cater to peers in recovery, providing environments for gathering, organizing, and fostering mutual support. • Co-design inclusive spaces with individuals with lived experiences and advocate for policy reforms to remove barriers to community integration.
	Facilitating Community Engagement and Opportunities	• Actively identify, coordinate, and integrate various physical resources to aid recovery. • Leverage structural resources, including community centers and mental health service agencies, to offer support and foster a sense of belonging. • Adopt an interdisciplinary approach to address diverse needs, offering opportunities for paid employment, study, leisure activities, and building positive relationships. • Encourage participation in helper and advocacy roles as well as meaningful community activities to foster a sense of belonging and personal development.
Providing Comprehensive Recovery-Oriented Services	Seamless Continuum of Care	• Ensure accessibility to a range of health services that consider physical, mental, and emotional well-being, providing comprehensive recovery-oriented care at the community level. • Provide seamless recovery-oriented services, including crisis intervention, ongoing support, and continuing care, to promote sustained recovery and overall well-being. • Integrate various physical resources such as community centers, churches, and wellness centers to offer functional opportunities for socializing, accessing help, and obtaining necessary resources.
Funding Recovery-Oriented Systems	Securing Funds for Recovery-Oriented Systems	• Allocate financial resources to support and sustain comprehensive approaches that prioritize recovery and well-being at the community level. • Secure government support at local, state, and federal levels to bridge the gap between consumer needs and available services. • Enhance funding to facilitate research related to recovery and mental illness, support comprehensive recovery-oriented care, and improve treatment options. • Reform the financing structure of mental health care to align fiscal policies with recovery principles, incentivizing organizations and providers to adopt recovery-oriented practices.
Advocating for Social Justice	Reducing Stigma	• Actively confront discrimination in employment and housing by tackling public attitudes that create substantial barriers to recovery. • Engage in targeted psychoeducation programs that address cultural misconceptions, involve influential community leaders, and promote public awareness campaigns. • Commit to creating inclusive environments that support recovery, dismantle negative stereotypes, and foster a collective humanistic response to mental health challenges. • Expand advocacy efforts with an intersectional focus to address overlapping forms of oppression, influence public policy, and dismantle systemic barriers through partnerships and cultural change.
	Providing Legal Empowerment	• Provide education to individuals about what their legal rights are, how they can access justice, and how they can participate in legal processes. • Work to change or introduce laws that are more equitable and supportive of individuals, particularly those in recovery. • Pay special attention to marginalized groups who face extra challenges due to factors like race, gender, or other forms of discrimination, ensuring they have the knowledge and support to advocate for their rights.

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Appendix 1. Data Chart

Supplementary Table 1. Data Charting Table

	Author, Year, Country of Origin	Publication Type	Setting (Specific)	Aims	Study Design	Definition of Recovery	Practice of Recovery at Practitioner Level	Recovery Practices at Organizational Level	Recovery Practices at Community Level
1	Doroud et al., 2022, Australia	Journal Article	Community based mental health setting (Recovery College)	To explore the role of everyday activities in personal recovery from mental illness.	Cross-sectional, Qualitative Research	Recovery is "journey of living well," involving a variety of experiences and strategies that help individuals manage their mental illness and engage in meaningful activities.	Promoting Education and Learning Developing an Individualized Recovery Plan Facilitating Employment and Career Development Encouraging Spiritual or Religious Practices Building a Positive Working Relationship	Offering a Diverse Range of Recovery-Oriented Programs	Facilitating Community Engagement and Opportunities
2	Silverstien & Bellack, 2008, USA	Journal Article	Hospital based mental health setting (Hospital)	To establish a scientific basis for the concept of recovery in schizophrenia and to explore differences in definitions of recovery, key research questions, factors facilitating recovery, and the effectiveness of recovery-oriented treatment.	Expert Opinion	The article defines recovery in two ways: outcome-oriented, which involves meeting operationally defined criteria in one or more domains such as symptom remission and psychosocial functioning, and process-oriented, which is an ongoing process of identity change and overcoming the effects of psychiatric conditions, including poverty, stigma, demoralization, and social isolation.	Facilitating Employment and Career Development Implementing Trauma-Informed Practices Respecting Privacy and Dignity Engaging in Shared Decision Making Empowerment Person-Centered Care	Offering a Diverse Range of Recovery-Oriented Programs	Promoting Community Integration
3	Sreeram et al., 2022, Australia	Journal Article		The aim of the article is to identify and analyze scientific literature pertaining to the effectiveness of anti-stigma initiatives regarding mental ill health among mental health professionals.	Systematic Review		Reducing Stigma	Providing staff support	
4	Shearer, 2012, USA	Dissertation	Community based mental health setting (NGO)	The purpose of this study was to explore how social workers integrate the recovery model into their clinical practice with clients with SMI. The study aimed to understand the techniques clinicians use to incorporate the recovery model into the therapeutic relationship, treatment planning, and interventions.	Cross-sectional, Qualitative Research	Recovery was defined by principles such as strength-based approaches, empowerment, hope, self-direction, holistic care, person-centeredness, multidimensional support, responsibility, respect, and providing a meaningful role in society.	Practicing Cultural Sensitivity Respecting Autonomy Building a Positive Working Relationship Adopting a Strengths-Based Approach	Practicing Cultural Competence	
5	Tickle et al., 2014, UK	Journal Article	Mental health service setting	The primary aim of the study was to explore clinical psychologists' perceptions of risk and recovery-oriented approaches within mental health services. The secondary aim was to contextualize these views within the broader framework of mental health services, focusing on how risk and recovery might relate to each other.	Cross-sectional, Qualitative Research		Encouraging Positive Risk Taking		
6	Watson et al., 2016, Australia	Journal Article	Mental health service setting	The primary aim of the study is to explore and promote mental health practices that align with the principles of personal recovery and trauma-informed care, while reducing the use of coercion and involuntary treatment. It seeks to identify effective community-based alternatives to coercive practices and highlight the	Expert Opinion		Implementing Trauma-Informed Practices Engaging in Shared Decision Making Encouraging Positive Risk Taking Ensuring Access to information and options Providing Gender-Responsive Care	Ensuring Safe environments of care	

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				importance of consumer rights in mental health care.					
7	Clavel & Pmey, 2022, Canada	Journal Article	Mental health service setting (Acute Day Hospital Clinic and ACT team)		Cross-sectional, Qualitative Research	Recovery is often referred to as a process or guiding principle that focuses on regaining a meaningful life for people living with persistent mental health symptoms.	Engaging in Shared Decision Making	Providing staff support Fostering Recovery-Promoting Service Partnerships Engaging Stakeholders in the Recovery Process Implementing Recovery-Oriented Quality Management	
8	Osborn & Stein, 2017, USA	Journal Article	Community based mental health setting (Community Mental Health Centers)	The study aimed to understand mental health professionals' views on recovery-oriented community mental health services and their use of directive practices in their work with consumers. It explored factors influencing directiveness and potential tensions between recovery principles and directive practices.	Cross-sectional, Qualitative Research	Recovery was defined as an individualized process or journey for adults with serious mental illness, emphasizing personal autonomy, social connectedness, and community integration. Recovery principles focus on collaboration between providers and consumers to achieve personally meaningful goals and improve mental health functioning.	Respecting Autonomy Encouraging Positive Risk Taking Building a Positive Working Relationship		
9	Davison et al., 2020, USA	Book Chapter	Mental health service setting	To explore the concept and model of recovery in contemporary psychiatry, distinguishing between traditional clinical recovery and more modern, holistic approaches. The chapter aims to provide a foundation for transforming psychiatric practice to be more recovery-oriented.	Expert Opinion	The term "recovery" has come to refer both to a concept and to a model in contemporary psychiatry.	Developing an Individualized Recovery Plan Facilitating social relationships Promoting Hope and Optimism Adopting a Strengths-Based Approach Practicing Cultural Sensitivity	Ensuring Safe environments of care Engaging Stakeholders in the Recovery Process	Building Natural Communities
10	Gurtner et al., 2020, Switzerland	Journal Article	Mental health service setting	To review the current state of research regarding the conceptual understanding and implementation of shared decision-making (SDM) in psychiatric clinical practice. The aim is to identify promoters and barriers to the application of SDM from the perspectives of patients and interprofessional care teams.	Integrative Review		Engaging in Shared Decision Making		
11	Green & García-Mieres, 2021, Australia	Journal Article	Mental health service setting	To perform a qualitative analysis of the factors that were construed as salient in facilitating the process of recovery in the narratives of people with psychosis.	Qualitative Analysis (Computerized Text Analysis)	Recovery is viewed through multiple dimensions, including clinical and personal recovery. The CHIME framework (Connectedness, Hope, Identity, Meaning, and Empowerment) is used to define recovery processes. Recovery involves re-engagement with shared reality, development of a cohesive self, empowerment through self-management strategies, and making sense of experiences.	Holistic Well-Being Facilitating social relationships Promoting Hope and Optimism Positive working relationship Supporting Financial wellness Meaningful occupation		Facilitating Community Engagement and Opportunities
12	Hungerford & Fox, 2014, Australia	Journal Article	Mental health service setting	The study aimed to identify the challenges in the operationalization of Recovery-oriented services within the mental health organization and to develop recommendations to address these challenges. It sought to achieve this by gathering and analyzing the experiences of mental health consumers regarding the implementation of these services.	Cross-sectional, Qualitative Research			Positioning peers as an equal partner	
13	Shields et al., 2019, USA		Hospital based mental health setting	To explore consumers' suggestions for improving the mental healthcare system, with a focus on identifying key themes	Cross-sectional, Qualitative Research		Ensuring Access to Information and Options Developing an Individualized Recovery Plan	Securing Adequate Funding Toward Recovery-Oriented Services Providing Staff Support	Funding Recovery-Oriented Systems

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				related to treatment options, autonomy, respect, and other systemic elements				Offering a Diverse Range of Recovery-Oriented Programs Ensuring Safe environments of care	
14	Starnino, 2016, USA	Journal Article	Mental health service setting	This study aimed to explore and understand how people with SMI define and conceptualize spirituality and religion (S/R) and to inform practitioners on how to incorporate S/R into recovery-oriented mental health practice	Cross-sectional, Qualitative Research		Encouraging Spiritual or Religious Practices	
15	van Weeghel et al., 2019, Netherlands	Journal Article	Mental health service setting	The aim of this review is to explore how personal recovery has been conceptualized since its introduction, what promoting and inhibiting factors of recovery have been identified, and how the concept of personal recovery is translated into recovery-oriented practices (ROPs) and research instruments.	Scoping Review	Recovery is defined as a personal process of living with mental illness, emphasizing connectedness, hope and optimism, identity, meaning in life, and empowerment. The CHIME framework is widely used in this conceptualization.	Empowerment	Securing Adequate Funding Toward Recovery-Oriented Services	Facilitating Community Engagement and Opportunities Building Natural Communities
16	Aldersey & Whitley, 2015, Canada	Journal Article	Community based mental health setting (Outpatient Clinic)	To investigate the perceived influence of family on recovery from severe mental illness.	Cross-sectional, Qualitative Research	Living a satisfying, hopeful, and contributing life even with ongoing limitations caused by mental health problems.		Engaging Stakeholders in the Recovery Process	
17	Allott et al., 2002, Canada	Journal Article	Mental health service setting	The aims focus on exploring and implementing recovery-oriented practices within mental health services.	Literature Review	Recovery can be defined as a subjective experience of regaining control over one's life.			Providing Comprehensive Recovery-Oriented Services
18	Anthony, 1993, USA	Journal Article	Community based mental health setting	To outline the fundamental services and assumptions of a recovery-oriented mental health system, and to present the recovery concept as a guiding vision for mental health services in the 1990s.	Expert Opinion	Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves developing new meaning and purpose in one's life beyond the catastrophic effects of mental illness			Building Natural community Reducing stigma
19	Baek & Kim, 2017, South Korea	Journal Article	Mental health service setting	To achieve an in-depth understanding of the concept of recovery-oriented psychiatric nursing in the social and cultural context of South Korea	Literature Review	Process of leading a satisfactory life, focusing on hope and positivity	Promoting Hope and Optimism Facilitating Social relationship Building a positive working relationship	Implementing Recovery-Oriented Quality Management Engaging Stakeholders in the Recovery Process	Facilitating Community Engagement and Opportunities
20	Bassuk et al., 2017, USA	Journal Article	Mental health service setting	This study aimed to develop guidelines for a universal design in health care based on person-centered, recovery-oriented, and trauma-informed care.	Cross-sectional, Qualitative Research	Recovery is defined as the process in which people are able to live, work, learn, and participate fully in their communities. It involves living a fulfilling and productive life despite a disability or the reduction or complete remission of symptoms.	Implementing Trauma-Informed Practices Developing an Individualized Recovery Plan Building a Positive working relationship Respecting Privacy and Dignity	Providing Staff Support Practicing Cultural Competence Implementing Recovery-Oriented Quality Management Committing to Recovery Vision and Leadership	
21	Blank & Hayword, 2009, UK	Journal Article	Community based mental health setting (IPS and Supported Employment)	To convey the importance of seeing work under the broader umbrella of recovery	Expert Opinion			Facilitating Employment and Career Development	
22	Carr et al., 2023, USA	Journal Article	Mental health service setting (State hospitals and	To advocate for recovery-oriented care and social justice action agendas in public mental health	Practical Guidelines		Adopting a Strengths-Based Approach Respecting privacy and dignity Positive risk taking	Providing staff support	Reducing Stigma

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			community settings)					
23	Boardman & Shepherd, 2012, UK	Book Chapter	Community based mental health setting		Practical Guidelines	Recovery is described as a deeply personal, unique process involving changing one's attitudes, values, feelings, goals, skills, and/or roles to live a satisfying, hopeful, and contributing life despite the limitations caused by illness. Key aspects of Recovery include hope, agency, and opportunity.		Committing to Recovery Vision and Leadership Providing staff support Guiding Recruitment by Recovery Values	
24	Bradley & Green, 2018, UK	Journal Article	Mental health service setting	This UK study aimed to better understand how the family caregivers of those diagnosed with SMI are currently involved in decision making, particularly decisions about treatment options including prescribed medication. Objectives were to 1. Explore the extent to which family members wish to be involved in decisions about prescribed medication 2. Determine how and when professionals engage family in these decisions 3. Identify barriers and facilitators associated with the engagement of family in decisions about treatment.	Cross-sectional, Qualitative Research		Engaging in Shared Decision Making	Engaging Stakeholders in the Recovery Process	
25	Chester et al., 2016, UK	Journal Article	Mental health service setting	The focus of this paper is on how the work of ROP is integrated with ways of working in mental health settings that are underpinned by conceptualizations of clinically defined recovery.	Systematic Review	Recovery is a non-linear process, determined by the individual's own interpretation of, and relationship with their mental illness (Davidson & Roe 2007). Although personal or individual definitions of recovery are deeply subjective, several common factors can be identified. These include hope for the future; changes in feelings, goals, skills, roles and values; creating meaning within the boundaries of one's current circumstances; living a satisfying and contributing life despite the limitations of SMI; meaningful occupation; social inclusion; self-reliance; and re-connecting with others (Le Boutillier et al. 2015; Munro & Edward 2008; Slade et al. 2014).	Reducing Stigma Respecting Privacy and Dignity Positive working relationship Person-centered care	Fostering Recovery-Promoting Service Partnerships	Reducing Stigma
26	Cusack et al., 2016, Ireland	Journal Article	Mental health service setting	This mixed methods study aimed to explore the psychiatric/ mental health nurse's professional role. The study aimed to identify skills, competencies and supports required by psychiatric/mental health nurses to adopt recovery orientated policy in practice in Ireland.	Mixed Method	Recovery in mental health nursing is described as an individual-centered approach focused on the person's strengths, needs, and goals. It involves active participation from service users, instilling hope, and emphasizing the importance of support from family, friends, and carers.	Developing an Individualized Recovery Plan Building a positive working relationship Adopting a Strengths-Based Approach Encouraging Positive Risk Taking	Providing staff support Committing to Recovery Vision and Leadership Fostering Recovery-Promoting Service Partnerships	Funding Recovery-Oriented Systems
27	Cleary et al., 2014, Australia	Journal Article	Mental health service setting	The aim of this study is to explore the notion of humility within the context of recovery-oriented mental health services.	Qualitative (Case Study Analysis)	Recovery "from the perspective of the individual with mental illness, ... means gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self" (p. 42).	Self-Reflexive Practice and Inclusive Attitude	Committing to Recovery Vision and Leadership Providing staff support	

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28	Delaney, 2012, USA	Journal Article	Mental health service setting	The main aim of the study is to address the issue of stigma in psychiatric mental health nursing. The paper explores how stigma affects both the patients and the nurses themselves, emphasizing the need for psychiatric mental health (PMH) nurses to recognize and address stigma in order to provide recovery-oriented services effectively.	Expert Opinion	Recovery in the context of psychiatric mental health is defined as a personal journey involving self-determination, autonomy, and freedom of action.	Promoting Hope and Optimism Reducing Stigma		
29	Davison et al., 2007, USA	Journal Article	Community based mental health setting	The aim of the study is to detail the efforts and outcomes of Connecticut's initiative to reorient its publicly-funded behavioral health system towards a recovery-oriented model.	Expert Opinion	Recovery is defined as "a process of restoring a meaningful sense of belonging to one's community and a positive sense of identity apart from one's condition while rebuilding a life despite or within the limitations imposed by that condition.	Developing an Individualized Recovery Plan Adopting a Strengths-Based Approach	Providing staff support Engaging Stakeholders in the Recovery Process Committing to Recovery Vision and Leadership	Funding Recovery-Oriented Systems Facilitating Community Engagement and Opportunities
30	Dell et al., 2012, USA	Journal Article	Community based mental health setting	The goal of this study is to develop a synthesized framework for recovery derived from systematic reviews largely consisting of consumer perspectives on recovery.	Qualitative Meta-Syntheses	Recovery is defined as a process of transformation from a negative identity state marked by despair, brokenness, and helplessness to a positive state of psychological well-being. This transformation is supported by access to basic resources, autonomy, meaningful roles and relationships, and acceptance of the illness. Recovery involves both personal and clinical aspects, emphasizing subjective well-being and the importance of social and environmental conditions.	Respecting Autonomy Building a positive working relationship Engaging in Shared Decision Making Encouraging Positive Risk Taking Supporting Financial Wellness	Engaging Stakeholders in the Recovery Process Providing Staff Support Ensuring Safe Environments of Care Offering a Diverse Range of Recovery-Oriented Programs	
31	Dixon et al., 2021, Australia	Journal Article	Community based mental health setting	The aim of this review was to identify current knowledge regarding the links between personal safety and recovery for women when accessing mental health programs.	Scoping Review		Providing Gender-Responsive Care		
32	Doroud et al., 2015, Australia	Journal Article	Community based mental health setting	This scoping review sought to explore how occupational engagement and recovery are interrelated.	Scoping Review	A clinical view of recovery is concerned with alleviating symptoms and 'fixing' impairments (Slade, 2009), whereas from a lived experience perspective, recovery is a unique, and potentially lifelong, journey of regaining a fulfilling, meaningful and contributing life whether or not symptoms persist (Andresen, Oades & Caputi, 2011; Slade)	Facilitating Employment and Career Development		Facilitating Community Engagement and Opportunities
33	Doroud et al., 2018, Australia	Journal Article	Community based mental health setting	This paper aims to contribute to knowledge about people's experiences of place and its impacts on health and wellbeing, by reviewing and synthesizing findings from qualitative studies. It explores experiences of place in recovery as viewed by people living with mental health issues.	Qualitative Meta-Syntheses	Personal recovery is described as a process of (re-)building a positive identity, a sense of meaning, purpose and hopefulness, determination and responsibility.	Supporting Financial Wellness	Ensuring Safe Environments of Care	Building Natural Communities
34	Drake & Whitley, 2014, Canada	Journal Article		The aims of the study are to understand perspectives on recovery from severe mental illness (SMI) through autobiographical accounts and qualitative studies, analyze quantitative studies to determine the proportion of individuals living in recovery, and	Literature Review	Recovery is described as a journey rather than a fixed outcome. It involves a growing sense of agency and autonomy, participation in normative activities such as employment and education, and greater integration into community life.	Respecting autonomy Facilitating Employment and Career Development Facilitating Social Relationships	Ensuring Safe Environments of Care	

				identify effective interventions and approaches that align with grounded notions of recovery.				
35	Farkas, 2007, USA	Journal Article	Community based mental health setting	The primary aim of the article is to clarify the meaning of "recovery" in the context of mental health, review research and first-person accounts that provide a rationale for recovery, and outline the implications for developing recovery-oriented services.	Expert Opinion	Recovery is defined as a deeply personal process of changing one's attitudes, feelings, perceptions, beliefs, roles, and goals in life. It involves developing new meaning and purpose in life beyond the impact of mental illness.	Facilitating Social Relationships Respecting autonomy Promoting Hope and Optimism	
36	Farkas et al., 2005, USA	Journal Article		The aim of this attempt at conceptualizing recovery-oriented mental health programs is to both provide direction to those involved in program implementation of evidence based mental health practices, as well as providing a stimulus for further discussion in the field.	Expert Opinion	Recovery is defined as a process through which individuals with psychiatric disabilities can live, work, learn, and participate fully in their communities. This process involves gaining or regaining roles such as worker, community member, tenant, or student, experiencing increased success and satisfaction in these roles, reducing or controlling symptoms, and increasing a sense of empowerment, well-being, physical and spiritual health, and self-esteem.		Implementing Recovery-Oriented Quality Management Committing to Recovery Vision and Leadership Fostering Recovery-Promoting Service Partnerships Ensuring Safe Environments of Care Providing Staff Support Guiding Recruitment by Recovery Values
37	Gilburt et al., 2013, UK	Journal Article	Community based mental health setting	The aim of the study was to evaluate the implementation of recovery-oriented practice through training across a system of mental health services. The study focused on the impact of training on the behavioral intent of staff, measured through changes in care plans and qualitative assessments of staff perceptions and practices.	Quasi- experimental design	Recovery was conceptualized as a process of building a meaningful and satisfying life as defined by the person themselves, regardless of the presence of symptoms.		Implementing Recovery-Oriented Quality Management
38	Grim et al., 2016, Sweden	Journal Article	Community based mental health setting	The study aimed to investigate the decisional and information needs among users with mental illness to develop a decision support tool aimed at supporting shared decision-making (SDM) in community-based mental health services.	Cross-sectional, Qualitative Research		Engaging in Shared Decision Making	
39	Hungerford & Richardson, 2013, Australia	Journal Article	Community based mental health setting	To consider the reasons why operationalization of Recovery-oriented services has met with challenges from the point of view of spousal or family carers of people with chronic and severe mental illness.	Cross-sectional, Qualitative Research		Promoting Hope and Optimism	Engaging Stakeholders in the Recovery Process
40	Hungerford et al., 2016, Australia	Journal Article	Community based mental health setting (NPO)	The aim of the research was to identify the benefits and challenges encountered by the community workers when collaborating with clinicians to support delivery of Recovery-oriented mental health services.	Cross-sectional, Qualitative Research	Consumer-centred Recovery for people with mental illness is informed by the concepts of hope, optimism, empowerment and self-determination (Brown, 2012; Slade, Adams, & O'Hagan, 2012).	Building a Positive Working Relationship	Providing Staff Support
41	Iwasaki et al., 2010, USA	Journal Article	Mental health service setting	To present a heuristic conceptual framework of the potential contribution that enjoyable and meaningful leisure experiences can have in active living, recovery, health, and life quality among persons with mental illness	Expert Opinion	Recovery is defined as 'a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential'	Supporting Leisure and Recreation	
42	Jacobson & Greenley, 2001, USA	Journal Article	Mental health service setting	To develop a conceptual model of recovery from mental illness.	Expert Opinion	Recovery refers both to internal conditions— the attitudes, experiences, and processes of change of individuals who		

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						are recovering—and external conditions— the circumstances, events, policies, and practices that may facilitate recovery.			
43	Jaiswal et al., 2020, Canada	Journal Article	Mental health service setting	The study aims to identify and map the essential elements that contribute to recovery outcomes for persons living with severe mental illness.	Scoping Review	The recovery journey is often described as facilitated by a collection of qualities, including holistic, non-linear, and strengths-based, among many others	Respecting Autonomy Building a Positive Working Relationship Encouraging Spiritual or Religious Practices Facilitating Employment and Career Development	Engaging Stakeholders in the Recovery Process	Building Natural Communities
44	Jørgensen et al., 2022, Denmark	Journal Article	Mental health service setting	The aim was to investigate the concrete means of practicing recovery-orientation in care work and the elements, dimensions, outcomes, or steps of it in a special department in mental health centers.	Cross-sectional, Qualitative Research	Personal recovery as "a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles".	Building a Positive Working Relationship Adopting a Strengths-Based Approach		
45	Jørgensen et al., 2021, Denmark	Journal Article	Mental health service setting	This study aims to examine the professionals' experience with recovery-oriented intersectoral care between mental health hospitals and community mental health services.	Integrative Review	'personal recovery', where the focus is on creating opportunities to achieve personal hopes and goals, and where the focal point is not the diagnosis, but living a satisfying life despite a mental illness (Davidson & Roe, 2007; Karlsson & Borg, 2017; Shepherd et al., 2008).		Fostering Recovery-Promoting Service Partnerships	
46	Jørgensen et al., 2023, Denmark	Journal Article	Mental health service setting (Acute inpatient mental health setting and outpatient unit)	This study aims to investigate how central elements of recovery-oriented practices are reflected in health professionals' experiences of care and treatment.	Cross-sectional, Qualitative Research	Personal recovery is a 'deeply personal unique process of changing one's attitude, values, feelings, goals, skills, and/roles.'	Building a Positive Working Relationship Developing an Individualized Recovery Plan		
47	Kaewprom et al., 2011, Thailand	Journal Article	Mental health service setting	The purpose of this study was to explore Thai mental health nurses' views about recovery from schizophrenia, including the meaning and characteristics of recovery, the factors that are involved in recovery, and current nursing practices that promote recovery.	Cross-sectional, Qualitative Research	More recent conceptualizations of recovery have been referred to as "personal recovery" (Slade, 2009). This shifts the meaning of recovery towards a process that a person uses to achieve a satisfying life beyond the limitations that are caused by a mental illness (Anthony, 1993). Recovery is less about getting rid of the symptoms or problems and more about developing a greater hopefulness, meaning, and purpose in life and a positive sense of identity beyond that associated with having a mental illness. Personal recovery has been described as a journey that is about growth and as taking control of, and responsibility for, one's life (Andresen et al., 2003).	Promoting Hope and Optimism	Engaging Stakeholders in the Recovery Process	Building Natural Communities Providing Comprehensive Recovery-Oriented Services Reducing stigma
48	Khoury & del Barrio, 2015, Canada	Journal Article	Community based mental health setting	This paper aims to explore the concept of recovery-oriented social work practice in mental health settings as it is understood and practiced by social workers.	Cross-sectional, Qualitative Research	Mental health recovery is a personal journey towards well-being in the community anchored in hope, equality, respect and a positive culture of healing.		Implementing Recovery-Oriented Quality Management Offering a Diverse Range of Recovery-Oriented Programs	
49	Kealeboga et al., 2023, Botswana	Journal Article	Hospital based mental health setting	The study aimed to explore the perceptions of nurses working in mental health care facilities of recovery-oriented mental health care.	Cross-sectional, Qualitative Research	Personal recovery is conceptualized as living and enjoying life despite having symptoms of mental illness. It is the ability of an individual diagnosed with mental	Developing an Individualized Recovery Plan Promoting Hope and Optimism	Engaging Stakeholders in the Recovery Process Ensuring Safe Environments of Care	

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					illness to live positively and satisfactorily, fulfilling as much as possible with symptoms of mental illness.		Staff Development and Support Fostering Recovery-Promoting Service Partnerships	
50	Kealeboga et al., 2023, Botswana	Journal Article	Hospital based mental health setting	To explore nurses' views on developing and implementing a recovery-oriented mental healthcare program in Botswana.	Cross-sectional, Qualitative Research		Implementing Recovery-Oriented Quality Management Fostering Recovery-Promoting Service Partnerships	Reducing Stigma
51	Khanthavudh et al., 2023, UK	Journal Article	Mental health service setting	This study aims to identify and synthesize the evidence on recovery-orientated interventions in Asian populations.	Integrative Review	"Recovery" is a process by which people living with mental illness regain their identity, and create hopeful and purposeful lives despite the limitations imposed by their illness.	Practicing Cultural Sensitivity	Engaging Stakeholders in the Recovery Process	
52	Kidd et al., 2015, Australia	Journal Article	Mental health service setting	This study aims to inform the development of recovery-oriented services for people with psychosocial disability associated with mental illness in Australia.	Qualitative Research (Action-research study)	Definitions of recovery include individual aspects that is, the achievement of living a meaningful and productive life, and community aspects, that is, increasing personal health and social citizenship.	Adopting a Strengths-Based Approach Reducing Stigma	Engaging Stakeholders in the Recovery Process Fostering Recovery-Promoting Service Partnerships	
53	Kidd et al., 2014, Australia	Journal Article	Mental health service setting	The aim of this study was to explore what the term recovery meant to people providing and receiving mental health services as the process of developing shared understandings was seen as central to the development and sustenance of recovery-oriented care in Australia.	Qualitative Research (Action-research study)	Recovery means gaining and retaining hope, understanding of ones abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life and a positive sense of self.	Facilitating Social Relationships Facilitating Employment and Career Development		
54	Klevan et al., 2021, Norway	Journal Article	Mental health service setting	This study aims to explore how understandings of recovery and recovery-oriented services are developed through daily practices and collaboration between service users and professionals in a Norwegian municipality.	Qualitative Research (A hermeneutic phenomenological study)	The term "recovery" is commonly used to refer to the process of how each individual comes to terms with and overcomes challenges associated with having a mental illness.	Facilitating Social Relationships	Ensuring Safe Environments of Care	
55	Le Boutillier et al., 2011, UK	Journal Article	Mental health service setting	The aims of this study were to synthesize the characteristics of recovery-oriented practice guidance on the basis of international perspectives and to develop a useful overarching conceptual framework for translating recovery guidance into mental health practice.	Literature Review	The concept of recovery is increasingly prominent in mental health research and policy, and mental health services are encouraged to consider their role in supporting the recovery of individuals who experience mental illness.	Facilitating Social Relationships Meaningful occupation Respecting autonomy Ensuring Access to Information and Options Adopting a Strengths-Based Approach Promoting Hope and Optimism Developing an Individualized Recovery Plan Building a Positive Working Relationship	Committing to Recovery Vision and Leadership Implementing Recovery-Oriented Quality Management Providing Staff Support Fostering Recovery-Promoting Service Partnerships	
56	Matoba et al., 2023, Japan	Journal Article	Community based mental health setting	This study aims to understand the daily recovery-oriented practices of Japanese mental health professionals outside of recovery-oriented programme.	Cross-sectional, Qualitative Research		Promoting Hope and Optimism Building a Positive Working Relationship Adopting a Strengths-Based Approach Ensuring Access to Information and Options Encouraging Positive Risk Taking		
57	Leonhardt et al., 2019, USA	Book Chapter	Mental health service setting	The aim of this chapter is to make the concept of recovery from psychosis accessible and practical for clinical and neuropsychologists. It reviews the history of the recovery movement, explores various definitions of recovery, and	Expert Opinion	Recovery involves in part a judgement made by the person diagnosed with the condition regarding how they and their life are progressing.	Building a Positive Working Relationship		

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				discusses the tenets and evidence supporting the recovery model.				
58	Kronkvist et al., 2022, Sweden	Journal Article	Mental health service setting	The aim of this study was to describe MHPs' experiences of changes in attitudes towards, and knowledge about, recovery of users of mental health care and decisional participation in clinical practice after an educational intervention addressed to professionals as well as users and their relatives.	Cross-sectional, Qualitative Research	Recovery refers to a personal way of living a satisfying, hopeful, and contributing life even within the limitations caused by a psychiatric illness	Engaging in Shared Decision Making	Providing Staff Support Fostering Recovery-Promoting Service Partnerships Engaging Stakeholders in the Recovery Process	
59	McVanel-Viney et al., 2006, Canada	Journal Article	Hospital based mental health setting (Hamilton Psychiatric Hospital)	This brief report aims to describe the preliminary efforts of St. Joseph's Healthcare Hamilton to implement recovery-oriented services within the Mental Health and Addictions Program.	Practical Guidelines		Practicing Cultural Sensitivity	Implementing Recovery-Oriented Quality Management Committing to Recovery Vision and Leadership Maintaining Flexible Funding Streams Guiding Recruitment by Recovery Values Providing Staff Support Practicing Cultural Competence	
60	Manuel et al., 2011, USA	Journal Article	Mental health service setting	This study aims to explore the experience of women with severe mental illness in transition from psychiatric hospital care to the community.	Cross-sectional, Qualitative Research	A common definition of recovery is the ability for people to work, learn, and participate fully in their communities while living with a disability.	Providing Gender-Responsive Care Facilitating Social Relationships Ensuring Resource Accessibility Reducing Stigma	Ensuring Safe Environments of Care	Reducing stigma
61	Pahwa et al., 2020, USA	Journal Article	Community based mental health setting	The aims of this study are: (a) To explore the ways in which individuals with SMIs define and experience their communities, (b) To develop a framework for illuminating how individuals with SMIs define their communities in the context of their lived experiences.	Cross-sectional, Qualitative Research				Providing Comprehensive Recovery-Oriented Services Building Natural Communities
62	Pahwa et al., 2020, USA	Journal Article	Community based mental health setting (Mental Health Center)	To describe seven key strategies used by the Mental Health Center of Denver to become a recovery-focused center, and to share these strategies to assist other centers in transforming into recovery-oriented systems.	Practical Guidelines	Recovery from mental illness is described as a non-linear process of growth by which people gradually move from lower to higher levels of fulfillment in areas such as safety, hope, level of symptom interference, social networks, and active growth		Committing to Recovery Vision and Leadership Engaging Stakeholders in the Recovery Process Guiding Recruitment by Recovery Values Providing Staff Support Implementing Recovery-Oriented Quality Management Implementing Recovery-Oriented Quality Management	
63	O'Keeffe et al., 2018, USA	Journal Article	Mental health service setting (community based mental health setting and inpatient setting)	This study aimed to explore this impact as well as experiences of service utilization and suggestions for change with people diagnosed with a First Episode Psychosis between 1995 and 1999.	Cross-sectional, Qualitative Research	These tenets of 'Recovery' include: (i) practitioners holding optimism for recovery for all and respecting each service user's uniqueness, personhood, expertise, and the personal meaning of their experience; (ii) services contributing to tackling the social, political, and economic barriers to citizenship, social integration, and inclusion; (iii) psychiatric assessments interpreting perceived deficits, pathology, and symptoms within a strengths and resilience framework; (iv) systems emphasizing empowerment, collaborative decision making, self-determination, choice, and risk-taking in individualized,	Engaging Stakeholders in the Recovery Process Respecting autonomy Respecting Privacy and Dignity	Ensuring Safe Environments of Care	

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						person-centered, recovery planning; (v) health care organizations prioritizing access, engagement, continuity of care, and the incorporation of user led services; and (vi) discourse among practitioners reflecting a multiplicity of biological, psychological, social, and spiritual perspectives on the aetiology of 'mental illness'			
64	Oades & Anderson, 2012, Australia	Journal Article	Community based mental health setting (NGO)	To describe the implementation and evaluation of the Collaborative Recovery Model (CRM) in Australia, which emphasizes personal strengths and values within recovery-oriented service provision.	Practical Guidelines	Recovery is defined as "a personal process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It involves developing new meaning and purpose in one's life beyond the effects of psychiatric disability."		Committing to Recovery Vision and Leadership Providing Staff Support Engaging Stakeholders in the Recovery Process Implementing Recovery-Oriented Quality Management Fostering Recovery-Promoting Service Partnerships	
65	Phoenix, 2013, USA	Journal Article	Hospital based mental health setting	To expand the concept of safety in psychiatric inpatient units to create environments that are healing as well as safe.	Practical Guidelines		Building a Positive Working Relationship	Providing Staff Support Ensuring Safe Environments of Care	
66	Piat & Lal, 2012, Canada	Journal Article		This study aims to explore the experiences of consumers, service providers, and decision makers receiving, providing, and planning mental health services in Canada on recovery-oriented practice and reform. Also, it aims to elicit providers' experiences and perspectives on recovery-oriented changes within their organizations and the barriers they faced in implementing recovery-oriented practice.	Cross-sectional, Qualitative Research	Recovery is defined by consumers as a transformational process associated with hope, engagement, self-determination and social connectedness.	Reducing Stigma	Committing to Recovery Vision and Leadership Fostering Recovery-Promoting Service Partnerships Engaging Stakeholders in the Recovery Process Guiding Recruitment by Recovery Values	Reducing Stigma
67	Boardman, 2012, UK	Book Chapter	Mental health service setting	This chapter aimed to describe a project which has examined the principles and concepts of Recovery, and looked at ways in which mental health practices and services could be orientated to facilitate Recovery in people who use these services.	Practical Guidelines	Recovery is 'living a life beyond illness'	Facilitating Social Relationships Promoting Hope and Optimism Respecting Autonomy Meaningful Occupation	Providing staff support Committing to Recovery Vision and Leadership Involving	Facilitating Community Engagement and Opportunities
68	Pritchard et al., 2023, UK	Journal Article	Hospital based mental health setting	This study aims to explore service user and staff accounts of tensions encountered in the delivery and receipt of an inpatient mental health recovery service where the concept of recovery was advanced, invoked and deployed by participants as an important constituent of the service philosophy.	Cross-sectional, Qualitative Research	Personal recovery is defined as a subjective, ongoing process of personal change (Davidson et al., 2016), leading to a satisfying and fulfilled life, despite symptoms and limitations of mental illness (Anthony, 1993).	Encouraging Positive Risk Taking Developing an Individualized Recovery Plan Respecting Autonomy Ensuring Resource Accessibility Reducing Stigma		
69	Stotland et al., 2008, USA	Journal Article	Hospital based mental health setting	The article aims to provide an overview of the concept of recovery in serious and persistent mental illness from both clinician and consumer perspectives. It seeks to highlight the transformation in treatment goals for bipolar disorder, moving beyond symptomatic recovery to functional recovery, and to discuss various factors that play a crucial role in the	Practical Guidelines	Mental health recovery is a journey of healing and transformation for a person with a mental illness to be able to live a meaningful life in the communities of his or her choice while striving to achieve full human potential or "personhood."	Facilitating Social Relationships Promoting Education and Learning Facilitating Employment and Career Development Supporting Financial Wellness Ensuring Access to Information and Options Enhancing Physical Well-being	Fostering Recovery-Promoting Service Partnerships Engaging Stakeholders in the Recovery Process	

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				recovery process, including resilience, consumer participation, and policy/system changes.				
70	Stevenson et al., 2023, USA	Journal Article	Mental health service setting	This article aims to provide practical recommendations for integrating recovery into psychotherapy.	Practical Guidelines	Process of change through which individuals improve health and wellness, live a self-directed life, and strive to reach their full potential.	Building a Positive Working Relationship Adopting a Strengths-Based Approach Engaging in Shared Decision Making	Fostering Recovery-Promoting Service Partnerships	Facilitating Community Engagement and Opportunities
71	Slade, 2012, UK	Journal Article	Mental health service setting	The article aims to discuss the practical implications of a recovery-oriented approach in mental health systems and to describe the scientific evidence supporting this reorientation.	Expert Opinion	Recovery is defined as the process of supporting individuals to achieve their life goals and live fulfilling lives, rather than just focusing on symptom management. It emphasizes the importance of personal identity and social inclusion.	Reducing Stigma		
72	Sofouli, 2012, Canada	Journal Article		To review the cross-cultural conceptualization and implementation of recovery in mental health, particularly among cultural and ethnic minorities, using the CHIME framework.	Literature Review	Recovery is defined as a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and roles to live a satisfying, hopeful, and contributing life despite limitations caused by illness. It involves developing new meaning and purpose in life beyond the effects of mental illness.	Encouraging Spiritual or Religious Practices Practicing Cultural Sensitivity Reducing Stigma		
73	Solomon et al., 2021, Australia	Journal Article	Hospital based mental health setting (Inpatient Acute Setting)	This study aims to explore the experience and meaning of recovery-oriented practice for nurses in New Zealand.	Cross-sectional, Qualitative Research	A shift from symptom management to the recovery of psychological, social, cultural, and physical well-being.	Building a Positive Working Relationship Practicing Cultural Sensitivity Promoting Hope and Optimism Respecting Privacy and Dignity Practicing Cultural Sensitivity Implementing Trauma-Informed Practices	Engaging Stakeholders in the Recovery Process Ensuring Safe Environments of Care Practicing Cultural Competence	
74	Souraya et al., 2018, Ethiopia	Journal Article	Mental health service setting	To explore the involvement of people with schizophrenia in decision-making relating to their care in rural Ethiopia.	Cross-sectional, Qualitative Research		Supporting Financial Wellness Building a Positive Working Relationship	Engaging Stakeholders in the Recovery Process	
75	Sowers, 2005, USA	Journal Article	Community based mental health setting	To facilitate the transformation of behavioral health services to a recovery-oriented approach by providing guidelines and indicators for recovery-oriented services.	Practical Guidelines	Recovery is defined as a personal process of growth and change, embracing hope, autonomy, and affiliation as elements of establishing satisfying and productive lives despite disabling conditions or experiences .	Advocacy and Social Justice Facilitating Employment and Career Development Supporting Financial Wellness	Committing to Recovery Vision and Leadership Maintaining Flexible Funding Streams Providing Staff Support Implementing Recovery-Oriented Quality Management Implementing Recovery-Oriented Quality Management Engaging Stakeholders in the Recovery Process Practicing Cultural Competence Offering a Diverse Range of Recovery-Oriented Programs	
76	Sowers, 2022, USA	Book Chapter	Community based mental health setting	The chapter aims to explore the concept of recovery in behavioral health, particularly focusing on empowerment, collaboration, and integration within person-centered care. It seeks to provide a framework for transforming systems of care to support recovery-oriented services.	Expert Opinion	Recovery is seen as a process where individuals with behavioral health disorders work toward regaining autonomy, purpose, and meaning in life. It involves a developmental process leading to a mature state of being, characterized by growth, change, autonomy, resilience, and developing enabling qualities.	Person-Centered Care Promoting Hope and Optimism Adopting a Strengths-Based Approach Ensuring Access to Information and Options Practicing Cultural Sensitivity Building a Positive Working Relationship	Fostering Recovery-Promoting Service Partnerships Offering a Diverse Range of Recovery-Oriented Programs Committing to Recovery Vision and Leadership Providing Staff Support	

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77	Stuber et al., 2014, USA	Journal Article	Community based mental health setting	To assess the extent to which mental health professionals possess recovery-oriented competencies and identify the predictors of these competencies.	Analytical Cross Sectional Study	Recovery is defined as the development of new meaning and purpose as one grows with the experience of living with a mental illness.	Developing an Individualized Recovery Plan		
78	Swords & Houston, 2023, Ireland	Journal Article		To explore how recovery is socially constructed within mental health service delivery in Ireland.	Cross-sectional, Qualitative Research	Recovery is viewed as a personalized journey focused on supporting individuals to live satisfying, contributing, and meaningful lives beyond the label of mental illness.	Respecting Privacy and Dignity Supporting Financial Wellness Facilitating Social Relationships		Building Natural Communities
79	Tham & Solomon, 2024a, USA	Journal Article	Mental health service setting	To propose the incorporation of cultural humility alongside cultural competence in mental health services to achieve better recovery outcomes.	Expert Opinion	A process that recognizes individuals' expertise in their own recovery journey, emphasizes building collaborative therapeutic relationships, and respects the uniqueness and self-determination of each person.	Practicing Cultural Sensitivity	Ensuring Safe Environments of Care Providing Staff Support Practicing Cultural Competence	
80	Thongsalab et al., 2023, Thailand	Journal Article	Community based mental health setting (Outpatient community mental health services, outpatient rehabilitation services, residential, and vocational rehabilitation services)	To provide a comprehensive understanding of nursing practices within recovery-oriented mental health services for individuals with schizophrenia in the community, and to contribute to the promotion of effective nursing interventions that support the recovery process for individuals with schizophrenia.	Systematic Review	Recovery is defined and experienced uniquely by each individual, encompassing improvements in functioning, reduction of psychiatric symptoms, increased community connection, quality of life, self-efficacy, recovery, hope, self-advocacy, and empowerment.	Building a Positive Working Relationship Ensuring Access to Information and Options		
81	Tirupati & Ramachandran, 2022, India	Journal Article	Mental health service setting	This paper aimed to discuss the influence of the family structure and dynamics and religion and spirituality on schizophrenia recovery in the Indian cultural environment.	Expert Opinion		Practicing Cultural Sensitivity		
82	Tirupati & Ramachandran, 2020, Australia	Journal Article	Mental health service setting	To explore how cultural variations influence the recovery process in schizophrenia, particularly focusing on the dynamics between individualism and collectivism. The article aims to discuss the implications of these cultural differences for recovery-oriented mental health care in multicultural societies.	Expert Opinion			Practicing Cultural Competence	
83	Topor et al., 2018, Norway	Journal Article		To present concrete descriptions of helpful relationships between staff and persons with mental health problems, focusing on the importance and impact of small actions or "micro-affirmations" in the recovery process.	Literature Review	Recovery is described as a personal journey, focusing on improving a person's sense of self through helpful relationships and positive interactions with mental health professionals.	Promoting Hope and Optimism		
84	Torrey & Wyzik, 2000, USA	Journal Article	Community based mental health setting (Community Mental Health Centers)	To present a recovery vision as a service improvement guide for CMHC providers, focusing on enhancing clinicians' abilities to communicate hope, teach necessary health management skills, and support consumers' efforts to build lives beyond illness.	Expert Opinion	Development of hope, taking personal responsibility for health, and building a broad sense of self not dominated by illness. Recovery involves finding meaning, making a commitment to health, and saying yes to life.	Promoting Hope and Optimism	Providing Staff Support	
85	Treichler et al., 2021, USA	Journal Article	Mental health service setting	To highlight the barriers to shared decision making (SDM) in mental health	Expert Opinion		Engaging in Shared Decision Making		

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				care, especially for people with SMI, and to propose a novel paradigm called collaborative decision making (CDM) as a solution.				
86	Tsoi et al., 2022, Hong Kong	Journal Article	Mental health service setting	The objectives of the study included exploring the views of Hong Kong service users regarding (a) the types of strengths that support their recovery from severe mental illness and (b) their preferred Chinese translations of the word "strengths" along with the meanings given to the word.	Cross-sectional, Qualitative Research	Recovery is defined as the process of person building or rebuilding a life and achieving self determined goals with a sense of integrity, purpose, and meaningful integration in the community, even while dealing with varying challenges.	Adopting a Strengths-Based Approach Practicing Cultural Sensitivity Encouraging Spiritual or Religious Practices Facilitating Social Relationships Supporting Leisure and Recreation Supporting Financial Wellness		
87	Tuffour et al., 2019, UK	Journal Article	Mental health service setting	To explore Black African service users' experiences of recovery from mental illness and understand how they conceptualize recovery.	Cross-sectional, Qualitative Research	Recovery as a pragmatic and subjective concept across clinical, functional, and spiritual dimensions, resilience, identity, and social and cultural backgrounds.	Practicing Cultural Sensitivity Encouraging Spiritual or Religious Practices Facilitating Social Relationships		
88	Valery et al., 2023, France	Journal Article		To evaluate which competence domains are stigmatized by mental health professionals in schizophrenia and to identify individual factors associated with these incompetence stereotypes.	Analytical Cross Sectional Study	Recovery in this context is defined as living a satisfying, productive, and hopeful life despite the limitations imposed by schizophrenia.	Reducing Stigma		
89	Vera San Juan et al., 2021, UK	Journal Article		To develop a comprehensive model of recovery that reflects service users' and informal caregivers' perspectives on recovery from severe mental health problems.	Systematic Review	Recovery is understood as changes toward feeling well, reaching meaningful outcomes, or experiencing a positive sense of self. It includes social, economic, individual, and clinical dimensions.	Supporting Financial Wellness Facilitating Social Relationships Practicing Cultural Sensitivity		Providing Legal Empowerment Reducing stigma
90	Waldemar et al., 2016, Denmark	Journal Article	Hospital based mental health setting	To review the literature on recovery-oriented practice in mental health inpatient settings, investigating the extent to which a recovery-oriented approach is integrated into these settings.	Systematic Review	Recovery is understood variably by staff. It includes promoting personal recovery, maintaining wellness, symptom reduction, and stabilization of illness. It often involves values such as promoting hope, attainment of personal goals, social inclusion, and supportive relationships.		Ensuring Safe Environments of Care Committing to Recovery Vision and Leadership	
91	Winsper et al., 2020, UK	Journal Article	Mental health service setting	To develop a theoretical framework describing how recovery-oriented interventions can help service users progress towards mental health recovery.	Systematic Review	Recovery is viewed as a deeply personal process of living a satisfying, hopeful, and contributing life despite the limitations caused by mental illness.	Holistic Well-Being Promoting Hope and Optimism Reducing Stigma Facilitating Social Relationships Building a Positive Working Relationship Ensuring Access to Information and Options Ensuring Resource Accessibility		Facilitating Community Engagement and Opportunities Reducing Stigma
92	SAMHSA, 2012, USA	Government Report	Mental health service setting	This document aims to develop and promote a unified working definition of recovery from mental disorders and/or substance use disorders and to outline guiding principles and dimensions that support a life in recovery.	Practical Guidelines		Supporting Financial Wellness Meaningful occupation Holistic Well-Being Building Natural Communities Promoting Hope and Optimism Respecting autonomy Developing an Individualized Recovery Plan Facilitating Social Relationships Practicing Cultural Sensitivity Implementing Trauma-Informed Practices	Engaging Stakeholders in the Recovery Process Engaging Stakeholders in the Recovery Process	Reducing Stigma
93	Yeung et al., 2020, Australia	Journal Article	Community based mental health setting	The aim of the study was to identify the types of experiences that consumers report as igniting and maintaining hope,	Mixed Method	Recovery within the mental health context is referred to as a process of transformation and a way of living a	Facilitating Employment and Career Development Promoting Hope and Optimism	Engaging Stakeholders in the Recovery Process	Building Natural Communities

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				and the frequency with which these experiences are reported.		satisfying, hopeful, and contributing life in a community of choice.	Ensuring Access to Information and Options		
94	Taylor et al., 2009, UK	Journal Article		To identify key components of institutional care for people with longer-term mental health problems and to evaluate the effectiveness of these components.	Systematic Review		Practicing Cultural Sensitivity Facilitating Employment and Career Development Facilitating Social Relationships Supporting Leisure and Recreation Enhancing Physical Well-being	Engaging Stakeholders in the Recovery Process Ensuring Safe Environments of Care Providing Staff Support	
95	Evans & Wilton, 2019, Canada	Journal Article	Community based setting (Social Enterprise)	To examine the significance of paid work and workplaces for people living with mental ill health and to explore how social enterprises reduce barriers to participation in paid work, challenging the disabling division of labor characteristic of mainstream workplaces.	Cross-sectional, Qualitative Research	Recovery is understood as the process of living a fulfilling life in the presence of mental ill health, which includes engagement in meaningful activities such as paid employment.			Reducing Stigma

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Appendix 2. Quality Assessment

Supplementary Table 2.1. Quality Assessment: Mixed Method Appraisal Tool version 18

(S1) Are there clear research question?

(S2) Do the collected data allow to address the research questions?

(1.1) Is the qualitative approach appropriate to answer the research question?

(1.2) Are the qualitative data collection methods adequate to address the research question?

(1.3) Are the findings adequately derived from the data?

(1.4) Is the interpretation of results sufficiently substantiated by data?

(1.5) Is there coherence between qualitative data sources, collection, analysis and interpretation?

(3.1) Are the participants representative of the target population?

(3.2) Are measurements appropriate regarding both the outcome and intervention (or exposure)?

(3.3) Are there complete outcome data?

(3.4) Are the confounders accounted for in the design and analysis?

(3.5) During the study period, is the intervention administered (or exposure occurred) as intended?

(5.1) Is there an adequate rationale for using a mixed methods design to address the research question?

(5.2) Are the different components of the study effectively integrated to answer the research question?

(5.3) Are the outputs of the integration of qualitative and quantitative components adequately interpreted?

(5.4) Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?

(5.5) Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?

1= Yes; 0= No; 99= Can't tell

Document	For All Types		Qualitative					Quantitative non-randomized					Mixed Methods				
	S1	S2	1.1	1.2	1.3	1.4	1.5	3.1	3.2	3.3	3.4	3.5	5.1	5.2	5.3	5.4	5.5
77	1	1						1	1	1	1	1					
88	1	1						1	1	1	1	1					
1	1	1	1	1	1	1	1										
4	1	1	1	1	1	1	1										
5	1	1	1	1	1	1	1										
7	1	1	1	1	1	1	1										
8	1	1	1	1	1	1	1										
12	1	1	1	99	1	1	1										
13	1	1	1	1	1	1	1										
14	1	1	1	1	1	1	1										
16	1	1	1	1	1	1	1										
20	1	1	1	1	1	1	1										
24	1	1	1	1	1	1	1										
38	1	1	1	1	1	1	1										
39	1	1	1	1	1	1	1										
40	1	1	1	1	1	1	1										
44	1	1	1	1	1	1	1										
46	1	1	1	1	1	1	1										
47	1	1	1	1	1	1	1										
48	1	1	1	1	1	1	1										
49	1	1	1	1	1	1	1										
50	1	1	1	1	1	1	1										
56	1	1	1	1	1	1	1										
58	1	1	1	1	1	1	1										
60	1	1	1	1	1	1	1										
61	1	1	1	1	1	1	1										
63	1	1	1	1	1	1	1										
66	1	1	1	1	1	1	1										
68	1	1	1	1	1	1	1										
73	1	1	1	1	1	1	1										
74	1	1	1	1	1	1	1										
78	1	1	1	1	1	1	1										
86	1	1	1	1	1	1	1										

Document	1	2	3	4	5	6	7											
87	1	1	1	1	1	1	1											
95	1	1	1	1	1	1	1											
11	1	1	1	1	1	1	1											
27	1	1	1	1	1	1	1											
30	1	1	1	1	1	1	1											
33	1	1	1	1	1	1	1											
52	1	1	1	1	1	1	1											
53	1	1	1	1	1	1												
54	1	1	1	1	1	1												
26	1	1												1	1	1	0	1
93	1	1					1							1	1	1	0	1
37	1	1					1							1	1	1	1	1

Supplementary Table 2.2. Quality Assessment: Opinion Pieces

(1) Is the source of the opinion clearly identified?
(2) Does the source of opinion have standing in the field of expertise?
(3) Are the interests of the relevant population the central focus of the opinion?
(4) Does the opinion demonstrate a logically defended argument to support the conclusions drawn?
(5) Is there reference to the extant literature?
(6) Is any incongruence with the literature/sources logically defended?

1= Yes; 0= No; 99= Can't tell

Document	Expert Opinion					
	1	2	3	4	5	6
2	1	1	1	1	1	1
6	1	1	1	1	1	1
9	1	1	1	1	1	1
18	1	1	1	1	1	1
21	1	1	1	1	1	1
28	1	1	1	1	1	1
29	1	1	1	1	1	1
35	1	1	1	1	1	1
36	1	1	1	1	1	1
41	1	1	1	1	1	1
42	1	1	1	1	1	1
57	1	1	1	1	1	1
71	1	1	1	1	1	99
76	1	1	1	1	1	99
79	1	1	1	1	1	1
81	1	1	1	1	1	1
82	1	1	1	1	1	1
84	1	1	1	1	1	99
85	1	1	1	1	1	1

Supplementary Table 2.3. Quality Assessment: Systematic Reviews, Scoping Reviews, Integrative Reviews, and Literature Reviews

(1) Is the review question clearly and explicitly stated?
(2) Were the inclusion criteria appropriate for the review question?
(3) Was the search strategy appropriate?
(4) Were the sources and resources used to search for studies adequate?
(5) Were the criteria for appraising studies appropriate?
(6) Was critical appraisal conducted by two or more reviewers independently?

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(7) Were there methods to minimize errors in data extraction?
(8) Were the methods used to combine studies appropriate?
(9) Was the likelihood of publication bias assessed?
(10) Were recommendations for policy and/or practice supported by the reported data?
(11) Were the specific directives for new research appropriate?

1= Yes; 0= No; 99= Can't tell

Document	Reviews										
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
3	1	1	1	1	1	1	1	1	99	1	1
25	1	1	1	1	1	1	1	1	99	1	1
80	1	1	1	1	1	0	1	1	99	1	1
89	1	1	1	1	1	1	1	1	99	1	1
90	1	1	1	1	1	0	1	1	99	1	1
91	1	1	1	1	1	1	1	1	99	1	1
94	1	1	1	1	1	1	1	1	99	1	1
15	1	1	1	1	99	99	0	1	99	1	1
31	1	1	1	1	1	1	1	1	99	1	1
32	1	1	1	1	1	0	1	1	99	1	1
43	1	1	1	1	1	1	1	1	99	1	1
10	1	1	1	1	1	1	1	1	99	1	1
45	1	1	1	1	1	99	0	1	99	1	1
51	1	1	1	1	1	1	1	1	99	1	1
17	1	1	99	99	99	99	99	99	99	1	99
19	1	1	1	1	1	99	0	1	99	1	1
34	1	1	99	99	1	99	99	1	99	1	1
55	1	1	99	99	1	1	1	1	99	1	1
72	1	0	99	99	99	99	99	99	99	1	1
83	0	0	99	99	99	99	99	99	99	0	0