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# Recovery-oriented social work practice in mental health and addictions: a scoping review protocol

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## ABSTRACT

**Introduction** Social work is a key profession in the field of mental health worldwide and the profession has values that are aligned with a recovery paradigm. However, there are gaps in understanding how social workers are applying the recovery paradigm in practice. This study will scope and synthesise the literature related to recovery and social work practice in mental health and addictions. There will also be an exploration of best practices and gaps in recovery-oriented social work practice.

**Methods and analysis** Using a scoping review framework developed by Arksey and O'Malley, we will conduct our search in five academic databases: PsycINFO, Medline, CINAHL Plus, Sociological Abstracts and Social Services Abstracts. Articles meeting inclusion criteria will be charted to extract relevant themes and analysed using a qualitative thematic analysis approach.

**Ethics and dissemination** This review will provide relevant information about best practices and gaps in recovery-oriented social work practice in mental health and addictions. The study will inform the development of mental health curricula in social work programmes and clinical settings. Results will be disseminated through a peer-reviewed journal and at conferences focusing on mental health, addictions, and social work education. Ethics approval is not required for this scoping review.

## Strengths and limitations of this study

► This is the first comprehensive review of the recovery paradigm and social work practice in mental health and addictions.
► The search strategy has been developed by a research team with expertise in the methodology and subject area.
► Due to the nature of the scoping review framework, the studies included in the review will not be appraised for quality.
► This scoping review will include all article types and methodologies but will not include books or grey literature.

## INTRODUCTION

Recovery is a paradigm with increasing influence on mental health systems and policies in many high-income countries over the last two decades,[1–3] and it is included in the WHO's Mental Health Action Plan.[4] The recovery paradigm was introduced in the 1980s by mental health consumers[5] as an alternative to the biomedical model focusing on illness, chronicity, and cure.[6] We will use the term paradigm defined by Kuhn as a 'constellation of beliefs, values, techniques, and so on shared by the members of a given community'[7] (p175). Members of a community share assumptions and beliefs, practice using a specific paradigm and pursue common goals. Practice interventions and theories are developed and shaped by paradigms.[8 9] Recovery has been defined as 'a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness'[9] (p15). Researchers in the UK developed a CHIME framework which refers to recovery-oriented processes that include connectedness, hope, identity, meaning, and empowerment.[10] Other countries have adopted common guiding principles for recovery that include CHIME concepts and other important processes related to recovery: (1) hope, (2) lived experiences, (3) individual, family and community strengths, (4) self-determination, (5) peer support, (6) collaborative relationships, (7) a non-linear process, (8) a holistic approach, (9) cultural diversity, and (10) social inclusion, stigma and discrimination.[11–13]

A similar movement towards a recovery framework has been adopted for addiction-related concerns which include substance use and behavioural addictions.[11 13 14] While the services and approaches to treatment may be different for mental health concerns than they are for those coping with addictions, there are similar and overlapping principles of recovery.[11 15] For some individuals coping with an addiction-related concern, the pathway to recovery may involve abstinence, while for others, it is about reducing the

harm.[14] A term that is specific to addictions is recovery capital, which refers to 'the many resources one can use towards their recovery from alcohol and other drug dependency'[16] (p.349). Mental health and addiction services have a longstanding history of being divided in terms of policies and service provisions but a review of recovery-oriented practice guidelines indicate that there are overlapping values and guiding principles related to recovery-oriented care and a 'need for a unified vision of well-being'[17] (p.12).

Although many countries such as Canada have adopted a recovery framework for their national mental health strategy, researchers report challenges for mental healthcare professionals to implement recovery principles in practice and the culture of many systems of mental healthcare does not reflect a recovery paradigm.[2 3] The social work profession has a longstanding history of important and unique contributions in the field of mental health[18 19] and addictions.[20] The WHO identifies social work as a key profession in mental health across 149 countries.[4] An American survey found that social workers' most common speciality practice area is mental health and most social workers engage with individuals and families with mental health concerns even when working outside of this specific field. Irrespective of their practice domain, most social workers support clients with mental illness (96%), and addictions concern (87%).[21] The recovery paradigm is strongly aligned with social work values and conceptual frameworks promoting empowerment, partnership, and choice informed by ecosystems theory and a strength-based model.[6 22 23] Despite social work's unique alignment with the recovery paradigm, researchers argue that social work has not had a strong voice in challenging and critiquing the dominant biomedical model.[23 24] There are gaps in understanding the extent to which social workers are applying recovery guiding principles in practice.[24 25] Researchers have identified several impediments to implementation, including the lack of a universal definition of recovery-oriented care and a paucity of evidence-based research to inform practice.[24–26] The organisational context may also influence implementation by pressuring social workers to adhere to institutional policies and procedures that may be incongruent with recovery principles.[24]

Williams and colleagues[26] argue that recovery does not adequately address sociopolitical issues related to power and control over mental healthcare. Social work's core value of social justice can make valuable contributions to advancing how recovery is implemented in mental healthcare systems; however, social work has also been critiqued for its conformity with dominant structural systems that are not recovery oriented and perpetuate stigma and discrimination.[26] Considering the important role of social workers internationally, we need a greater understanding of how social workers are conceptualising and implementing recovery in mental health and addictions.[13] Moreover, research has shown that recovery-oriented practice is ambiguous and it is important for

clinicians to learn to operationalise this concept and guidelines needed that are context specific.[27] There is a lack of guidelines for clinical application of recovery-oriented care and attempts to operationalise this have been through the lens of organisational priorities.[28]

This paper delineates a protocol for a scoping review on the recovery paradigm in social work in mental health and addictions. The objectives of this review are to (1) scope the literature related to the recovery paradigm in social work in mental health and addictions, (2) synthesise definitions, principles and values related to recovery-oriented social work practice in mental and addictions, (3) describe how recovery is implemented in social work practice, and (4) identify evidence-based practices and gaps in recovery-oriented social work practice in mental health and addictions.

## METHODS AND ANALYSIS
A scoping review will be conducted to map existing literature on recovery-oriented practice within social work education, research and practice in mental health and addictions. Scoping reviews involve systematically mapping recurring themes, concepts and identifying recommendations from the current literature as they relate to the research question at hand.[29] This study will employ the scoping review framework espoused by Arksey and O'Malley[30] that consists of five stages: (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data, and (5) collating, summarising and reporting the results. Given the nature of this exploratory study, this form of knowledge synthesis will be valuable in providing a breadth of literature pertaining to the recovery paradigm within social work education, research and practice. We will adhere to the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) Extension for Scoping Reviews (PRISMA-ScR) reporting guidelines.[31] See online supplementary appendix A for the PRISMA-ScR checklist.

### Stage 1: identifying the research questions
As highlighted throughout our literature review, recovery is central to social work practice and there have been no studies charting the evidence on the recovery paradigm in social work education, research, and practice in mental health and addictions. Based on recommendations by Colquhoun et al,[32] the research questions for this scoping review were developed collaboratively by our research team consisting of three social work faculty members (TK, RA, and CCW), one social science librarian (JL) and two social work doctoral students (AH and SM).

The research team developed the following research questions: (1) How is the recovery-paradigm conceptualised and defined in social work practice in mental health and addictions? (2) What are the principles and values of recovery in social work? (3) How is the recovery paradigm used in social work practice, education and research? (4) What are the gaps, challenges or barriers of recovery

| Table 1 | Search strategy for Ovid PsycINFO (1806-) |
|---|---|
| Number | Searches |
| 1 | social work*.tw. |
| 2 | casework*.tw. |
| 3 | case work*.tw. |
| 4 | social workers/ |
| 5 | psychiatric social workers/ |
| 6 | Social case work/ |
| 7 | or/1–6 [social work) |
| 8 | (recover* adj3 (care or practic* or educat* or curricul* or teach* or learn* or train* or research* or therap* or support* or orient* or approach* or model? or health or mental health or institutional or capital or natural*)).tw. |
| 9 | "recovery (disorders)"/ |
| 10 | exp Rehabilitation/ |
| 11 | recover*.tw. |
| 12 | 10 and 11 |
| 13 | 8 or 9 or 12 |
| 14 | 7 and 13 |

in social work? (5) What are the recommendations, evidence-based or best practices for using a recovery paradigm in social work research, education and practice?

## Stage 2: identifying relevant studies

The initial search strategy was developed in PsycINFO (Ovid, 1806-) by the social sciences librarian (JL) in consultation with other team members. See table 1 for the draft search strategy in PsycINFO. It will be sent to a second librarian for peer review, using the Peer Review of Electronic Search Strategies framework.[33] Any subsequent feedback will be incorporated to enhance the breadth and scope of articles generated from the search. Our search strategy will be conducted in five academic databases: PsycINFO (1806-), Medline (1946 -), CINAHL Plus (1937-), Sociological Abstracts (1952-) and Social Services Abstracts (1979-). These databases were intentionally selected for their inclusion of mental health literature as well as research on social work practice and education, and thus are likely to capture relevant scholarly material. Furthermore, we will conduct a citation search of the reference lists of selected articles to ensure that a wider scope of articles are included.

## Stage 3: study selection

After generating a list of articles from our search strategy, we will engage in an iterative, peer-review two-stage screening process with two independent reviewers at each stage. In the first stage, two independent reviewers will screen articles for suitability based on their title and abstracts. In the second stage, the reviewers will independently conduct a full-text review of the selected articles to ensure their content meets our inclusion criteria outlined below. If there is ambiguity on whether certain articles fit the scope of this protocol, a third reviewer will be consulted. We will use Covidence—a

web-based software for systematic and scoping reviews that facilitates screening, study selection and data extraction.[34] This protocol will focus on articles written in English only and selected material will include empirical studies, literature reviews, dissertations, teaching articles and conceptual/theoretical papers. There are no outlined geographical or date restrictions. Articles must meet the following inclusion criteria to be selected: (1) include the term recovery in the title or abstract, (2) use the term social work or social worker in the title or abstract, (3) have an explicit focus on recovery that may include different concepts such as recovery, recovery model, recovery-oriented practice, recovery-oriented care and so on, (4) explicitly focus on social work research, education, training or practice in relationship to recovery, and (5) focus on recovery with respect to mental health and/or addictions. We will exclude books, book reviews, editorials and grey literature.

## Stage 4: Charting the data

Key themes extracted from the selected articles will be categorised, summarised and presented clearly within a data charting form. The research team developed initial charting variables based on the research questions and these variables will be used to extract data and identify key themes from selected articles. The preliminary variables that will be used to categorise information include (1) authors, (2) year, (3) country where study was conducted or country of first author's affiliation, (4) journal, (5) format of paper (empirical, literature review, dissertation, conceptual/theoretical, editorial, teaching article, etc), (6) definition of recovery, (7) principles of recovery, (8) area of focus (eg, mental health, addictions, etc), (9) implementation of recovery, (10) targeted audience (eg, students, service users, social workers, etc), (11) focus on equity or access, (12) focus on stigma, (13) focus on race, culture and/or diversity, (14) gaps, challenges or barriers, and (15) recommendations, evidence-based or best practices. To assess whether these headings accurately capture the scope and breadth of the content, the reviewers will have two research assistants independently chart the first five articles that meet our inclusion criteria, and if necessary, refine the definitions for the variables/charting categories. We will also engage in a constant comparative method and peer review to minimise any discrepancies during the charting process. The researchers will also engage in a qualitative thematic analysis to identify and highlight themes present among this chart. The charted data will be organised and presented in a Microsoft Excel spreadsheet.

## Stage 5: identification, synthesis and report of study findings

Findings outlined in the charted data will be reviewed, synthesised and analysed through a numerical summary analysis as well as a qualitative thematic analysis. The final scoping review will be presented in publications and at upcoming conferences. Study findings will be disseminated to relevant stakeholders such as researchers, clinicians and social work educators. Anticipated findings are expected to map out the current nature and scope of recovery in social work practice in mental health and addictions, and the scoping review will

provide recommendations for recovery-oriented social work practice in mental health and addictions.

## Patients and public involvement

Neither patients nor members of the public were involved in this project.

## ETHICS AND DISSEMINATION

The scoping review outlined in this paper contributes to our current understanding and will advance knowledge of recovery-oriented social work practice in mental health and addictions. The information gathered for this paper and the outlined scoping review were retrieved from publicly available sources, therefore ethics approval is not required for this project. The results will be disseminated through a peer-reviewed journal and reported at national and international conferences on mental health and addictions as well as social work education, practice, and research.

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