

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Recovery-Oriented Social Work Practice in Mental Health and Addictions: A Scoping Review Protocol
AUTHORS	Kourgiantakis, Toula; Hussain, Amina; Ashcroft, Rachelle; Logan, Judith; McNeil, Sandra; Williams, Charmaine

VERSION 1 – REVIEW

REVIEWER	Mary Bartram McGill University, Canada
REVIEW RETURNED	25-Mar-2020

GENERAL COMMENTS	<p>This study stands to make an important contribution to the practice of social work and to our understanding of how recovery principles are translated into practice in the mental health field more generally. My primary concern is the conflation of mental health and addiction recovery. While recovery has many shared principles across both fields, there are also important differences that create tension. Specifically, while recovery in the mental health sector is defined as living a meaningful life even with on-going symptoms, in the addiction sector recovery is often aligned with abstinence, and often (but not always) in opposition to harm reduction. Addiction recovery has a distinct history and paradigm that needs to be addressed I recommend that the authors address this in their introduction. Either addiction recovery could be kept out of scope, or something needs to be said in the introduction and reflected in the references, which are currently only covering mental health recovery. I can point to my own two recent papers on this topic (see below), that also include a mix of reference. Further, if addiction recovery is kept in scope, the authors should include some introduction to the relationship between social work and addiction. For example, on line 47, the authors speak to the contribution of social work in the field of mental health. What about addiction? It was also unclear to me how addiction was being picked up in the search strategy set out in Table 1.</p> <p>SUGGESTED REFERENCES: a. Bartram, M. (2019). Toward a shared vision for mental health and addiction recovery and wellbeing. <i>Journal of Recovery in Mental Health</i>, 2(2-3), 55-72. b. Bartram, M. (2020). 'It's really about wellbeing': An investigation of harm reduction as a bridge between mental health and addictions recovery. <i>International Journal of Mental Health and Addiction</i>. https://doi.org/10.1007/s11469-020-00239-7</p>
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REVIEWER	Stephanie Daley Brighton an Sussex Medical School, UK
REVIEW RETURNED	31-Mar-2020

<p>GENERAL COMMENTS</p>	<p>Overview I struggled with my review of this paper to review this paper, and am recommending that it is rejected in its current format. My reasons are given as follows</p> <p>Whilst I know that scoping review protocols are published within BMJ Open, it is hard to establish the value of publishing this specific protocol in advance of the full review being undertaken, not least as I am not sure that such a profession-specific review fits within the overall aim of the journal. A profession specific journal would seem more appropriate</p> <p>The concept and practice of recovery is not profession specific, and therefore the rationale for this profession-specific review needs to be strengthened. Much of what is written on recovery (either from an expert by lived experience or expert by qualification perspective) does not sit within a profession specific context. The statement that social work has a unique alignment with the recovery paradigm is not really supported by evidence, and does not really seem appropriate for inclusion within a journal with a much wider multi-disciplinary readership.</p> <p>Furthermore, by focussing on just social work literature, potentially much of the wider and possibly more substantiated recovery literature will be absent from this review. This will be a significant limitation, however this is not noted as such.</p> <p>Other options such as exploring how other generic recovery frameworks (eg CHIME by Mike Slade or Recovery Oriented Practice by Clair le Boutillier could be used to assess specific themes in relation to social work are not suggested or explored.</p> <p>The work of Tew on recovery capital should be included as part of social work's contribution to the wider socio-political context.</p> <p>Methodology</p> <p>There is not sufficient justification why a scoping review and not a systematic review has been chosen as the methodology, especially as grey literature has been excluded?</p> <p>Is this due to the number of research questions, namely five and therefore the depth of the review? The research questions are very wide ranging moving from conceptual definitions to practice to barriers to implementation. I suspect a more succinct review in each of these two areas – conceptual and practice would make the ultimate output of higher quality and more focused.</p> <p>Also it is not clear why certain other methodologies eg focus groups with practitioners could not be used to assess fit with social work values, and/or barriers to implementation?</p>
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VERSION 1 – AUTHOR RESPONSE

RESPONSE TO COMMENTS BY REVIEWER #1

Comment 1:

My primary concern is the conflation of mental health and addiction recovery. While recovery has many shared principles across both fields, there are also important differences that create tension. Specifically, while recovery in the mental health sector is defined as living a meaningful life even with on-going symptoms, in the addiction sector recovery is often aligned with abstinence, and often (but not always) in opposition to harm reduction. Addiction recovery has a distinct history and paradigm that needs to be addressed I recommend that the authors address this in their introduction. Either addiction recovery could be kept out of scope, or something needs to be said in the introduction and reflected in the references, which are currently only covering mental health recovery. I can point to my own two recent papers on this topic (see below), that also include a mix of reference.

Response:

Thank you for noting the importance of a scoping review on this topic. You also raise important points about addictions. We think it is important to keep addictions as we recognize that there continues to be a divide between mental health and addictions even though substance use disorders and disordered gambling are also part of the DSM-5. Moreover, we are aware that there is a high rate of co-occurrence between mental health and addiction-related concerns. We agree with your suggestion to explain this in our introduction and thus have further explained the similarities to address this comment. We appreciate you providing references to your papers.

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A similar movement towards a recovery framework has been adopted for addiction-related concerns which includes 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] 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]

Comment 2:

Further, if addiction recovery is kept in scope, the authors should include some introduction to the relationship between social work and addiction. For example, on line 47, the authors speak to the contribution of social work in the field of mental health. What about addiction?

Response:

Thank you for pointing that out. We have added addictions and an additional reference that discusses the role of social workers in the field of addictions.

Page 5

The social work profession has a longstanding history of important and unique contributions in the field of mental health [18,19] and addictions. [20]

An American survey found that social workers’ most common specialty 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 concerns (87%). [21]

Comment 3:

It was also unclear to me how addiction was being picked up in the search strategy set out in Table 1.

Response:

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Lines 8 to 13 of the search are retrieving articles to do with recovery regardless of the condition or disorder that is being recovered from. This approach is intentionally broad; we want to retrieve recovery in all contexts from the search results and rely on our screening process to weed out any that are not focused on addictions or mental health. As informed by the librarian on the research team, the search was developed to retrieve recovery in all contexts. As such, the term “addiction” may not be explicitly stated in the search terms, however this does not mean that articles related to addiction recovery were not retrieved. As long as they included recovery in the text words (line 8, and 10-12) or the controlled vocabulary (line 9) they would have been retrieved.

This search strategy was developed by a social sciences librarian who is a member of the research team, and peer-reviewed by a health sciences librarian.

RESPONSE TO COMMENTS BY REVIEWER #2

Comment 1:

Whilst I know that scoping review protocols are published within BMJ Open, it is hard to establish the value of publishing this specific protocol in advance of the full review being undertaken, not least as I am not sure that such a profession-specific review fits within the overall aim of the journal. A profession specific journal would seem more appropriate. The concept and practice of recovery is not profession specific, and therefore the rationale for this profession-specific review needs to be strengthened. Much of what is written on recovery (either from an expert by lived experience or expert by qualification perspective) does not sit within a profession specific context. The statement that social work has a unique alignment with the recovery paradigm is not really supported by evidence, and does not really seem appropriate for inclusion within a journal with a much wider multi-disciplinary readership.

Response:

Thanks for your feedback. We agree that recovery-oriented care is important for all professions. BMJ Open has a history of publishing profession-specific protocols from various health care professional disciplines, including social work specific scoping review protocols (e.g. Ashcroft & Kourgiantakis, 2017; Kourgiantakis et al, 2018, 2019). The references have been pasted below.

We have noted that it is important to operationalize recovery and while the principles of recovery transcend different professions, how they are executed is different depending on the mission, values, and scope of each profession. Considering the relevance of recovery globally, it could be an important exercise for other health professions.

- Ashcroft, R., Kourgiantakis, T., & Brown, J. B. (2017). Social work’s scope of practice in the provision of primary mental health care: protocol for a scoping review. *BMJ Open*, 7(11), e019384.
- Kourgiantakis, T., & Ashcroft, R. (2018). Family-focused practices in addictions: a scoping review protocol. *BMJ Open*, 8(1), e019433.

- Kourgiantakis, T., Sewell, K., McNeil, S., Logan, J., Lee, E., Adamson, K., ... & Kuehl, D. (2019). Social work education and training in mental health, addictions, and suicide: a scoping review protocol. *BMJ Open*, 9(6), e024659.

Reviewer Comment:

Furthermore, by focussing on just social work literature, potentially much of the wider and possibly more substantiated recovery literature will be absent from this review. This will be a significant limitation, however this is not noted as such.

Response:

We recognize that this paper has a narrow focus as we are only examining recovery in social work, however, it will help inform a large segment of the mental health and addictions workforce given the numbers of social workers practicing in areas of mental health and addictions. Here is what we noted in the protocol.

Page 5

The social work profession has a longstanding history of important and unique contributions in the field of mental health [18,19] and addictions. [20] An American survey found that social workers' most frequent specialty 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 concerns (87%). [21]

Reviewer Comment:

Other options such as exploring how other generic recovery frameworks (e.g. CHIME by Mike Slade or Recovery Oriented Practice by Clair le Boutillier) could be used to assess specific themes in relation to social work are not suggested or explored.

Response:

We have defined the CHIME framework in the introduction and note the overlap with the principles of recovery noted by frameworks used by other countries such as the United States, Canada, and Australia. We have also cited some of the papers by Le Boutillier (some are co-authored papers with Slade).

Page 4

Researchers in the United Kingdom developed a CHIME framework to describe 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.

Reviewer Comment:

The work of Tew on recovery capital should be included as part of social work's contribution to the wider socio-political context.

Response:

We appreciate this comment and agree that Tew's work on recovery capital has made important contributions to research on addictions and mental health. We added a statement explaining recovery

capital in the paragraph that discusses addictions specifically and recognize that as a social work faculty member, Tew makes important contributions to the field of social work, mental health and recovery.

Page 5

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]

Reviewer Comment:

Methodology

There is not sufficient justification why a scoping review and not a systematic review has been chosen as the methodology, especially as grey literature has been excluded? Is this due to the number of research questions, namely five and therefore the depth of the review? The research questions are very wide ranging moving from conceptual definitions to practice to barriers to implementation. I suspect a more succinct review in each of these two areas – conceptual and practice would make the ultimate output of higher quality and more focused.

Response:

A scoping review is well suited for this topic under investigation because they are “used to map the concepts underpinning a research area and the main sources and types of evidence available.” [31] The Joanna Briggs Institute also notes that scoping reviews provide broad overviews of topics, clarify definitions, conceptual boundaries, examine emerging evidence, and ask broad questions when there is still uncertainty on the most relevant specific questions (JBI, 2015). Unlike systematic reviews, scoping reviews provide a broad overview of the topic and do not appraise study quality. Systematic reviews have specific questions, appraise study quality, examine a narrow group of studies meeting eligibility criteria, and test hypotheses [31] (Munn et al., 2018).

- Joanna Briggs Institute. (2015). Methodology for JBI scoping reviews. *The Joanna Briggs Institute: The University of Adelaide, Adelaide, SA, Australia.*
- Munn, Z., Peters, M. D., 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.

Reviewer Comment:

Also, it is not clear why certain other methodologies eg focus groups with practitioners could not be used to assess fit with social work values, and/or barriers to implementation?

Response:

We recognize the value of focus groups and in-depth insight they can provide. In future, focus groups and other methodologies would be beneficial to answer important questions and findings anticipated from this scoping review. The use of focus groups will certainly be important to augment our understanding of this research area in the future.

VERSION 2 – REVIEW

REVIEWER	Mary Bartram McGill University Canada
REVIEW RETURNED	31-May-2020

GENERAL COMMENTS	<p>Page 5 Line 19 Please change to "Although many countries such as Canada have adopted a recovery framework for their national mental health strategies, ..."</p> <p>I can't think of a country that has a recovery oriented MH AND addiction national strategy, Canada has a recovery oriented MH strategy.</p> <p>Thank you for the responses to my suggestions and questions, including to the question about the search terms.</p>
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VERSION 2 – AUTHOR RESPONSE

RESPONSE TO COMMENTS BY REVIEWER #1

Comment 1:

Please change to "Although many countries such as Canada have adopted a recovery framework for their national mental health strategies, ..."

I can't think of a country that has a recovery-oriented MH AND addiction national strategy, Canada has a recovery oriented MH strategy.

Response:

Thank you for your comment. We noted it in this way because the Canadian Centre for Substance Use and Addictions (CCSA), as well as SAMHSA have adopted recovery models, although we agree that it is not a unified mental health and addiction strategy at this time. We have deleted two words ("and addiction") from that sentence on page 5 and it now reads "Although many countries such as Canada have adopted a recovery framework for their national mental health strategy..."