
The role of support system in improving mental health prognosis

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Unquestionably, a vital contributing factor to the success of patients recovering from a major mental health condition is their natural support system. As the chronicity of a person increases, their prognosis, conversely, is usually framed, justified, and projected to be less favourable than a person carrying an acute diagnosis or condition. In order to provide people with resources to improve their odds of lasting recovery, practitioners examine, assess, and make use of factors which may positively contribute to a person's condition and outcome. This is done not only by connecting people carrying a diagnosis with the best and most appropriate treatment pathways but also by strengthening their natural networks in the community. To date, research has not evaluated methods of cultivating, strengthening, and creating new networks of support for people with a diagnosis. This presentation explores the role of support for people with a chronic mental health condition, methods for creating new, lasting community networks, and pathways for consumers to self-manage their connections to improve their odds of a full and lasting recovery. The intention is to establish clinical practices in the future that integrate more than hope into a person's recovery journey and provide consumers with compatible life skills and interventions needed to take on the challenges of transforming the system into a more person-centred, accessible, and fully integrated partner in recovery. An effective use of discussions around prognosis means practitioners will be framing and exploring symptoms that will complicate interpersonal relationships and interfere with prosocial interactions.

Keywords: mental health, prognosis, recovery, support system, treatment

Burnout exists among practitioners and the caregivers of people carrying a mental health diagnosis. Our allies, collateral contacts, and both natural and artificial supports are all susceptible to burnout. This presentation is designed to prevent and disrupt behaviours that contribute to burnout among people working with those who have psychiatric disabilities. Burnout will be evaluated twofold: 1) caregiver burnout and, 2) practitioner burnout for the purpose of improving continuity of care and uninterrupted service delivery by systems of care, family members, and organizations that provide mental health treatment. This article follows the assumption that when burnout decreases among allies in recovery, the quality of life for people carrying a mental health diagnosis will improve. There are several stages of burnout, and each stage is visible to a third party vested in the care of people with psychiatric disabilities and to the consumer receiving services. Not only is burnout visible, it is a visceral sensation to the person experiencing symptoms and a product of inadequate self-care, self-awareness, and tolerance of extreme exhaustion with a repetition of behaviours, circumstances, and unfortunate turns in a person's recovery. Burnout is experienced in several ways by caregivers and practitioners. All allies in the recovery process can be victims of burnout, but in most cases, it is very much preventable with experience practicing mental health treatment and with access to psychoeducation of the family member's diagnosis (Bautista, Relojo, Pilao, Tubon, & Andal, 2018).

During my own recovery, I observed burnout among members of my treatment team. It is painful to watch, especially knowing that I might have contributed to the problem. And while some might term this self-awareness, no such feelings should be experienced by consumers; it is not a question of the depth of client insight into their own behaviours. Instead, consumers should be able to focus on their own feelings without having to worry about the emotional state of their treatment team. I am not suggesting abusing your staff or therapist, but the focus of your treatment should not include the biases and insecurities of your workers. Sufficient focus, consideration, and insight will need to be cultivated by consumers to work on their own concerns.

I have also observed burnout among family members and friends with a vested interest in my mental health treatment. I have seen friends abandon my journey and walk away because it was just too difficult. Therefore, when unpacking the negative patterns that contribute to burnout among friends and family, it is important to consider age, maturity, education and resources available to the ally to continue investing in their loved one or friend, who may not be able to produce the same for themselves. People carrying a diagnosis may or may not be able to contribute in the same way their healthy counterparts do in various areas of the social and interpersonal landscape through which allies journey alongside peers struggling with a diagnosis (Keyes, 2005).

Simply put, healthy clinicians and healthy family members will provide better treatment and care to their loved ones. It is demoralising for people carrying a diagnosis to work towards their recovery and feel as though they are a burden at the same time they are seeking out help. Healthy workers are less likely to abuse or mistreat people with a mental health diagnosis or take out their personal problems on vulnerable groups that are institutionalised (Pinto-Coelho & Relojo 2017). The benefits are without bounds, but ultimately, it is most critical to improve the quality of life for people carrying the diagnosis. Burnout is a temporary symptom (Capone & Petrillo, 2018) and it may signal to some workers to seek work in another field, but it should also gesture to the profession that without proper administration of treatment delivery, expecting positive outcomes in care and hiring or retaining staff with the skills to provide treatment without collapsing is irrational and unlikely without further research into self-care practices and best practice in mental health care.

We need to continue researching, from both the peer perspective and through the professional lens, how burnout can be prevented without clients experiencing harm from staff or negligent family members who have had enough of caregiving for their family members because of an increase in uncontrolled symptoms. A more chronic diagnosis that is more severe symptomatically means truly knowing how to manage everyday disruptions and ongoing breakthrough symptoms that complicate life on a moment-

by-moment basis, sometimes for months at a time, without relief. Continued progress towards recovery and a good prognosis will mean understanding every setback as a learning moment to improve your rate of reconstitution and return back to baseline because the disruptions will be reoccurring indefinitely (Byrne, Schoeppe, & Bradshaw, 2018).

This means learning to live a life of constant reflection to improve insight and develop deeper, more complex coping skills, thereby reducing the impact of disruptions spilling over to other parts of your life and becoming too overwhelming to manage independently without psychiatric hospitalisation to regroup and stabilise. Full adherence to medication and psychotherapy for severe mental health diagnoses unfortunately does not guarantee living symptom free. It only means living life with the least risk of symptom disruption. Radical acceptance that there will always be some symptom management will be helpful in maintaining the momentum required in living with an illness that you will carry for a lifetime. Pace yourself and worry less about what's wrong and more about what can go well with continued hope and hard work.

The payoff is knowing that you have done everything possible to live your fullest despite what's been thrown in your way of success and well-being. It has long since been accepted by research in mental health treatment that keeping socially active while carrying a diagnosis is crucial to the recovery process (Fratiglioni, Paillard-Borg, & Winblad, 2004). People need human connections to feel connected to and with their environment and accepted by their peers. For psychotic disorders, socialisation is even more important (Evert, Harvey, Trauer, & Herrman, 2003). Maintaining a connection to other people means staying tuned in to the world. For affective disorders, it might mean levelling off mania and taking grandiosity or other distortions (Acharya & Relojo, 2017) associated with dysregulated emotions down a notch.

Research suggests consistent patient attempts to make social connections, maintenance of activities of daily living (ADLs), and maintaining schedules will trump unpredictable shifts in symptom management (Anthony & Liberman, 1986). More discussion needs to focus on the mental health system and what it is doing to promote realistic, long-lasting natural connections. To date, the system provides settings within the context of mental health and is very much connected and under the direction of the treatment team. This is a problem for consumers involved in the recovery process, who could benefit from learning how to make truly organic connections.

Clinicians need to provide psychoeducation to friends and relatives of people with a diagnosis, not only to the patient, to truly expect cultivating natural support that will have a lasting impact on the lives of those in recovery. Without psychoeducation and proper training to respond to the diagnosed person's particular set of needs to maintain and access social support and resources, friends, relatives, and other collateral support not only are ineffective players in the recovery process but can put the diagnosed person at risk of relapse or worsening symptoms. Even more critical is providing recovery-focused attitudes around what to expect from someone with a specific diagnosis in terms of their capacity to socialise and access social support appropriately according to where they are in the recovery process (Leamy, Le Boutillier, Williams, & Slade, 2011).

Setting realistic terms around prognosis is a skill that can be as simple as telling someone to make a friend so that they have someone else besides a therapist or case manager in their lives. Without practitioners teaching realistic expectations and having a skill set that targets specific disorders and courses of treatment, expect little in return for the person diagnosed or, better, prepare to listen to that patient explain the heartache incurred because their friends were unprepared when they acted out and misbehaved. There is no question that preparing all support system members with a realistic clinical picture might just protect the patient's feelings while trying to move forward in recovery.

The limits of radical acceptance: Renegotiating support and eliminating practitioner-consumer burnout

A full recovery is possible for people who have a serious mental health diagnosis and who also have meaningful friendships, with time spent socialising and enjoying plain, wholesome fun. This becomes complicated and a struggle for diagnosed individuals with symptoms that cultivate feelings of isolation or, even worse, delusional content or hallucinations activating displays or bizarre behaviour.

Carrying a mental health diagnosis without social support or the skill to evaluate which supports can be considered as true allies in your recovery is taking unnecessary steps towards relapsing. Instead, by radically embracing what the diagnosis actually means, you are more able to connect with your gut and understand your instincts when it comes to treatment and mental health care. There is no scientific method for this process, and the above entry is based on my experience as a peer, a professional, and a problem solver. As professionals and people living out our natural lives when we enter the unknown, we all have questions in our lives that have no clear resolution. Our instincts tell us, in many ways, how to navigate the unknown when all other information and experience fails us. Instinct drives treatment forward through the dark annals of the unknown and creates solutions when there are no answers.

Instincts are thoughts and feelings wrapped in a visceral response to what we are witnessing as professionals. Getting in touch with these basic and most important feelings and thoughts is essential to any clinician or professional in mental health. To do this, you must get underneath the plausible and the facts. Sometimes in logic, sometimes in chaos, but definitely between what is known and what remains to be revealed, there is a space where problems are transformed into solutions. Getting past the glory of being the miracle maker that 'righted the ship' is fundamental. Sometimes the answer is accepting death and accepting failure, and you can express yourself through writing (Relojo, 2015). You may be the bearer of bad news. Ultimately, if the news is what needs to be communicated to move your client in the right direction, then be transparent enough to make this clear during the intervention (Mahdi, Mahmoodi, & Siddiqi, 2018). This might entail being bold and confident in the face of uncertainty, always remembering that people who are unsure of the future can be fearful. People benefit from a confident and down-to-earth worker who can meet consumers where they are at but who are also capable of driving treatment in a better direction, regardless of the patient's mental status, risks, and issues at stake.

Your actions and words will create a space for your consumers' next steps. Be the worker that sets a standard for their path to recovery. Trust your instincts and teach your consumers to trust theirs. You will not always be there for them. Pass along this skill. It will be a device that serves your clients in their darkest hour as it served you in your search for their treatment options when there were more questions than answers. There are many symptoms that truly make prosocial interaction more complex to navigate (Mikulincer & Shaver, 2007). Unfortunately, during the recovery process, planning and preparedness will only go so far with alerting friends to possible problems associated with your particular set of symptoms. Remember, some old symptoms will manifest unpredictably, and new ones may emerge during your recovery. Understanding this will go a long way toward reducing possible resentment and anger from allies who may hold you accountable for explainable behaviours or symptoms, which you aren't prepared to effectively manage, that are interfering with the relationship. But where is the line drawn? This, hopefully, will be a mutual decision based on how comfortable your friend is with your symptoms and how satisfied you are with the support you receive from your friend. Sometimes, like all relationships, the decision will not be mutual (Woltmann & Whitley 2010). Be prepared for that sobering possibility. There is no question that friends of someone carrying a mental health diagnosis deserve our unconditional radical acceptance of their burnout symptoms and their journey toward recovery. Begin to evaluate the level of empathy and understanding you receive during an episode and when you are at baseline. Don't wait to evaluate a friend's response to your behaviour until you are in crisis. As always, when this journey puts you or anyone at risk of harm, never hesitate to

contact the authorities. You are not only preserving the safety of your friend but allowing your friend to continue on in their recovery without risk of further harm.

Healing and chronic illness: Setting the pace for sustainable recovery

For people with a chronic illness and a long-standing mental health diagnosis, finding the right pace for recovery and healing can be difficult and, at times, even misleading during the life of a disorder. Acute disorders provide people with the space and room for misapplied energy and focus. Often, people can expend their energy dealing with their issue because that particular symptom will be inactive soon enough. However, when people have a severe chronic mental health diagnosis, a miscalculated action while applying energy and symptom management can leave a person vulnerable and open to breakthrough symptoms and other unwelcome reactive symptoms because of the mismanagement of misidentified opportunities to heal and recover, with a very small window for people to experience mistakes. From the moment I began my battle with schizoaffective disorder, I learned that positive outcomes for people in recovery required a degree of self-awareness of one's symptoms, their chronicity, and their intensity. As a clinician, it became obvious that if I were to have true ownership of my disorder, I would have to apply science and the available technologies in the field to measure symptoms from baseline to, hopefully, an inert or managed state. This level of sophistication in measuring progress, or the lack thereof, requires the completion of steady activities. When a person goes to work every day or has steady collateral contacts, it is easy for everyone, including the diagnosed person, to have a barometer for how well they are able to complete their day, despite their symptoms. When these ADLs aren't present, or a person becomes isolated, it becomes more unclear how to measure the client's wellbeing without the presence of a third-party observer like a case manager, therapist, or any collateral support who can eye-ball the functioning of a person when he does not participate in the usual demands of the day.

Therefore, lasting recovery in the wake of chronic illness requires a depth of insight that only allies with a vested interest in my recovery can produce when a person isolates or does not work (Picardi & Gaetano, 2014). Given the turnover of caseworkers, friends and family are the real point-people and allies in recovery. Moving into each new phase of recovery will necessitate drawing from supports and partnering with them for the seasonal, round-the-clock, and year-long support required when someone has a chronic, severe diagnosis. There will be times when symptoms become active, and there will be times when a person is vulnerable. Only natural supports and the organic point-person can help the person with a chronic illness achieve a sustainable pace for healing and recovery. Artificial and hired workers assigned to people with a chronic illness are simply more out-of-touch with the organic needs of someone who continues to struggle with and battle their illness long after a case manager gets reassigned or leaves the agency and the client's journey in recovery. Family, friends, and natural point-people are simply more connected, real allies to people with a chronic disorder. Conscripted Hessian case managers will leave when the insurance has a problem or the funds run dry. These people are not to be depended upon when thinking of recovery as a sustainable path to healing.

Next to insight, sustainable healing requires the challenging of previous assumptions. There are skills to be learned for every phase of recovery, so plan to use every device available in your arsenal for healing. Never discount the importance of further adapting old skills to target new problems (Hollenbaugh, 2018). Assume nothing will work to manage new or existing symptoms in your recovery until every avenue has been explored and each solution put to the test. Challenging assumptions every day, everywhere, with applied scientific reasoning may mean the difference between symptoms becoming active again or breakthrough symptoms demoralising the progress of someone with a chronic mental health diagnosis. Given the mood instability and collateral chaos I experienced for so many years, I learned to appreciate the safety of a static, unchanging and healthy mental status. While we all live with residual symptoms, either active or in remission, acknowledging the dangers that lurk behind every turn in your recovery will prepare you for the pitfalls that one who still has not accepted the chronicity of

their disorder might experience. A giant first step is accepting that self-control, behavioural and otherwise, means seeking and accepting help. Since no one can ask for help and seek it out all the time, organic connectors in care, such as family and other natural point-people, can connect the dots between artificial support networks like your treatment team, and they can be available at times and in ways that allow you to feel comfortable and creative with your chosen journey through recovery. It is said that recovery is a stance. There is no moment when a person magically becomes undiagnosed or even asymptomatic. Instead, it is a process of reinventing the manner in which a person handles the struggles around something unfortunate in that person's life. This is my perspective on recovery. I hope it has inspired yourself or others to share your own story and to keep fighting on towards a better future.

Retooling therapeutic interventions to target both chronic illness and acute disorders

We all feel differently on a day-to-day basis. Most of us, in our own way, self-assess how we are doing with friends or family members, and sometimes in our own inner dialogues. There are indicators that can help effectively map out recovery in practical, real-life terms. As always, please discuss the tools used in online resources such as blogs (Relajo, 2017) with your therapist and psychiatrist before implementing them in your living environment.

General appearance is an excellent start for tracking your own mental status. While we all dress differently, day-to-day hygiene, neatness of appearance, and other factors play into how you present yourself to others are solid markers of your capacity to self-manage and control the impact of how your symptoms affect how you present to others and care for yourself. Next, mood and affect are especially important for those carrying a diagnosis that disrupts the regulation of your mood and how others perceive your mood during interpersonal communication and interactions with others socially, at work, and with family (Bhui, 2018). In addition to understanding your emotions with greater sophistication, how others perceive your moods from day-to-day is important to be mindful of because when we know how others perceive us, we sometimes are more inspired to cultivate the strength to regulate further we are feeling deregulated.

More complex indicators of mental status like speech, thought process, and fund of knowledge are critical factors for learning how your diagnosis is impacting your capacity to speak, access language, and utilise your learned knowledge to complete daily tasks. Generally, I recommend self-monitoring your day-to-day interactions with the usual participants in your interpersonal life. Are you nervous when speaking to them? Are you thinking one thing but saying another? Are your words jumbled? Or are you speaking normally to the people you normally engage in conversation? In terms of communicating, are your thoughts clear, or are they more circular in nature (e.g., it is hard to get the point across, your thoughts do not seem to connect, and you are unable to provide context). Ultimately, how is your capacity to access your learned knowledge? Can you remember things as they happened? All of these questions are important to track your cognition for disorders that impact your thought process (i.e., symptoms that include psychosis and thought disorders). Knowing how symptoms are affecting these indicators, weekly and monthly, will clue you in on your success with managing your disorder and reveal whether you need to cultivate more effective maintenance techniques to stay at your baseline, survive, and thrive.

Finally, orientation, insight and judgement are crucial for the most basic functions of life. In terms of orientation, do you know where and when you are? Start and go from there. How aware are you of your surroundings? Are you running into traffic or crossing at the crosswalk? This feeds into insight and judgement. How are your decision-making skills? Are you making the right choices? These are important markers for feeling comfortable with your capacity to manage life functions safely and without incident. If symptoms are affecting your insight and judgement, you are probably experiencing issues with the law or problems at work, or even engaging in risky behaviours such as drug abuse and other activities that put you at great risk of harm to yourself and others.

Ultimately, daily changes in your mental status could mean just about anything clinically, with the exception of traumatic events that hopefully will never happen or happen too infrequently to track trends. But general trends over weeks and months are more important to pay attention to and could mean that you may need to adjust your self-management techniques or be more mindful of new symptoms evolving from your diagnosis. As always, planning and practice are essential; remembering that setbacks in executing these skills are learning moments in your recovery.

The power of support

We all need support in our lives. Obviously, support and its power to create a space of safety and even asylum for people to survive and thrive, regardless of their problem, is critical for those battling extreme conditions. More importantly, and more practically, this article intended to expand and supplement people's understanding of how to access support that will be a powerful resource in your recovery. There is no question that all people need human contact, regardless of medical or psychiatric status. The most powerful forms of human contact are derived from healthy support and contact with people with fresh and different perspectives who expand and diversify your worldview. Beyond perspective lies basic human contact. Even in the midst of a deep break from your 'reality', staying in contact with others is the best medicine. People supply us with an opportunity to stay connected to the world through communication and friendship and present us with a safe harbour in the midst of our worst nightmares.

When you have been in the mental health system, sometimes your perspective on what constitutes being an ally and friend is skewed. When it comes to friends, we are told to take what we can get. We are told to not trust our instincts when we are interacting with friends and allies. I've experienced this countless times with therapists. The person with the diagnosis is told that they need to adjust, and their ally is "right" because the diagnosed is who has to go about relations with people in a different way. Sometimes, this might be true. But there is no question that a diagnosed person can have a more grounded and healthy perspective than their ally. So, an ally that is going to be crucial to your recovery is going to be healthy and willing to listen to your gripes, whatever they may be, and able to say that you're right, instead of defending their point at all costs. The importance of healthy support is vital to your recovery. Supports and allies who are healthy will let people who are going through difficulties be comfortable with feelings of hurt and pain without automatically trying to reframe and move toward a supposed happier space. Sometimes, someone's safety means sitting with the pain and processing it with an ally who allows us to be ourselves and authentic, even if it means introducing risk into the relationship. Support goes beyond just our medical and psychiatric conditions. It encompasses all aspects of our lives. Support must mirror the diversity in your life. We take risks and manage risks every day, and our allies must accept this about the people they support.

Care and case managers are excellent point-people while they are active service providers in your recovery. However, this service provider, both the person providing case management and the agency, can change hands several times during the tenure of your recovery. After the rise of care management, health homes, and the state-wide shift away from intensive case management services with changes in Managed Medicaid (McCall, Wrightson, Paringer, & Trapnell, 1994), you can expect periodic changes to service providers and episodic changes in the programme's capacity to provide the teeth necessary to carry the torch of your recovery beyond transitions in your provider. While there is no question that this service also has a global picture of your support networks and care providers, do not rely on this service to carry you through gaps in care unless family or friends are unavailable to do so. Family and friends most likely make up the best pool of possible point-people to select from among all the service providers and allies vested in your recovery.

When you feel like a family member won't make a great point-person, then choose a friend, but choose someone who will be present and active in your recovery and accepting of the implications of diagnosis.

The point-person will need to possess certain qualities and have a very special relationship with you. He will need to be able to be present for you during times when you may not be present for yourself. That means a point-person may need to be comfortable making medical, psychiatric, and legal decisions on your behalf, as well as in other aspects of your life, including housing and treatment options. Ultimately, this is a very special relationship in which the point-person will need to know himself as thoroughly as you and your history and navigate boundaries between you and your supports to make it all work out in everybody's best interest at all times.

Repurposing psychiatric hospitalisation in the community mental health setting

If you suffer from chronic mental illness, you are no stranger to the hospital. There are many people who have been hospitalised so many times they cannot remember each admission or are so traumatised that they would rather not remember the experience altogether. There are many perspectives, feelings, stigmas, and thoughts people with and without diagnoses have on in-patient psychiatric hospitalisation. Some of them include: *Do I need to go in? When is it the right time? How long do I need to be here? What will my friends and people at work think about my being here?* And so on. None of these are fun topics to think about and discuss with your therapists. Nevertheless, they are some of the most crucial questions to start an ongoing dialogue about when you live with chronic mental illness.

Knowing when a hospitalisation is necessary is not the first step in giving up the fight against mental illness; it is the first step you can take towards your recovery. This is the reason hospitalisation should not be feared by people diagnosed with mental illness. In fact, hospitalisation and the work put in by patients towards their recovery upon admission until their ultimate discharge should be celebrated by everyone in the recovery process, including supports, family, and friends. Preparing for hospitalisation is something to be done once you are first diagnosed. Waiting and putting off planning a possible admission is the worst thing you can do if you suffer from chronic mental illness because you are not only ruling out the safest possible space when you are at imminent risk of harming yourself but also limiting your choices for how to proceed with your recovery at the most difficult time in the course of your treatment. There is no reason to put yourself at further risk of harm when you are so far from baseline even your therapist and closest supports are worried about you and your safety in your living environment.

This means getting to know your local hospitals. This includes phone numbers to emergency rooms, best transportation routes to get there when you are not feeling safe, and providing this contact information and your plan to go in to friends and family. Getting adjusted and feeling safe in the hospital will make each next hospitalization that much easier and organic to everyone involved in your recovery and will reduce the stigma associated with your 'first admission' as the process becomes normalised as just another step you've taken toward your recovery. It is also a giant step taken toward reducing your risk of hospitalization in a state facility because you're so far from your baseline that you are unmanageable and unsafe at a local hospital and require the resources of state-level, long-term care.

CONCLUSION

Ultimately, we all need to survive in this world, regardless of our diagnosis of medical or psychiatric disability. The problem for most of us lies somewhere between access to services and the risks associated with ignoring the dangers of the wrong treatment fit. When mental health care is inconsistent with your personal beliefs and stance on recovery, the therapeutic alliance not only is jeopardised but has the potential to cause unforeseen setbacks, which can very demoralising. This can make us lose sight of hope. Hope comes in all forms. Hope circulates through our subconscious at night and erupts in strange mysterious ways during our waking hours. For those carrying a mental health diagnosis, hope is even more challenging to discover or rediscover. People in recovery nevertheless require hope to continue successfully managing symptoms and learning skills to be successful in their living environment.

This article is motivational in nature, with the purpose of helping people access their innermost dreams regardless of their affliction. There is no question that the state mental health system has it right. Their motto: hope and recovery. They are interlinked. Hope and recovery belong together because without the other no person could even begin to contemplate battling their affliction with the level of resolve that not only heals but strengthens the soul. While the state health system declares hope and recovery to be their philosophy of care, so much more needs to be done to promote this type of thinking at every level of care and service targeting mental health and wellness. I recommend that practitioners to do more than treat the problem. Practitioners need motivate their clients to be excited and positive in their recovery. Hope is not something that should be tucked away for a rainy day. Hope must be nurtured and cultivated throughout the recovery process to stay alive and continue to be a vital resource in a person's recovery.

At the root of it all, practitioners, peers and therapists with a vested interest in recovery for people with a mental health diagnosis must believe in the possibility of healing and provide people walking the path to recovery something more than hope to hold on to in their darkest hour. Make no mistake about it, sitting down with your clients and simply talking about the future and what that will look and feel like in improved health can be just what a person needs to keep hope in the heart as they deal with the crisis of the moment, which makes it almost impossible to stay future-oriented. There are many creative ways to help people in recovery stay future-oriented. There are also many ways to eclipse the dreams of those hoping for better days ahead. Finally, consider yourself on a path where you most know yourself, even more than those challenging you to discover relief from your struggles, regardless of what you are battling in the moment. You are a Sherpa in this journey and in the challenges looming ahead. I recommend staying future-oriented at all times toward tomorrow's endeavours and the prospects associated with remission from diagnosis. There are so many possibilities that will be critical in balancing hope with your recovery from mental illness. Remembering the why, what for, and how of the healing potential of hope will go a long way during moments of feeling the most helpless and hopeless as the journey through recovery continues. The very act of putting the theory and the belief in hope sets the stage for realising, experiencing and living a recovery-oriented today.

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