Editorial

Recovery in the Community

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This themed issue is about recovery in the community. An individual can lose so much as a result of a mental health diagnosis and subsequent hospital stay – loss of identity, loss of connection with others, and loss of sense of belonging. As a result, the rebuilding of one’s life after this experience can at times be an uphill battle. The community can play a key role in either promoting or hindering one’s ability to rebuild. Individual recovery has so much to do with connection, hope, and identity. By easing the transition back into the community after a mental health diagnosis and potential prolonged hospital stay, it is possible to meaningfully influence these facets of recovery and social inclusion. So many aspects of the community can assist in this endeavour – housing, leisure opportunities, social connections, and a sense of purpose such as vocational or volunteering pursuits. This issue will highlight a number of different aspects of ‘community’ as it relates to recovery, from Dick’s account of what it feels like to be ostracized by his community on the streets of Vancouver, to Berget et al.’s examination of the ways in which carers can create a sense of community and connection to one another in order to assist them with their own wellbeing. Social inclusion, or the lack thereof, is important for a variety of social and economic reasons. Adequate social inclusion and independence can enhance recovery as it leads to increased citizenship, self-managed care, and ultimately wellness or un-wellness that may lead to potential hospital readmissions. As Davidson et al. have found in their phenomenological work regarding hospital readmissions for individuals with schizophrenia, it is imperative that the community be more safe, attractive, and inviting than hospital; otherwise, prevention of re-hospitalization is the hospital’s agenda and not the preference of the service user.

This issue contains articles from authors in Australia, Estonia, Norway, Sweden Italy, Canada, the United States and the United Kingdom. Bringing together the global recovery community is the vision and essence of the journal; therefore, I am so pleased to have such far-reaching representation of recovery-related research, opinions, and viewpoints in this issue about recovery and the community.
Call for Papers

Our next issue of the journal focuses on co-occurring disorders, sometimes referred to as dual diagnosis or concurrent disorders. The term ‘concurrent disorders’ is used to describe when an individual experiences both a mental health and substance use issue. Mental and substance use disorders are very common. Global prevalence estimates establish that approximately 1 in 6 people (15-20 percent) have one or more mental or substance use disorders. It is estimated that over 1.1 billion people worldwide had a mental or substance use disorder in 2016. In Canada, more than 50% of individuals accessing services for addiction also have a co-occurring mental illness, and approximately 20% of those seeking mental health services have a co-occurring substance use issue.

When an individual has concurrent mental health and addiction issues, they are faced with a multitude of challenges as the mental health issue can create complications for the addiction and vice versa. What compounds the problem even further is that some treatment options still separate and compartmentalize the two, rather than addressing the person in a more holistic way. This is problematic because there is a high risk of relapse and generally poorer outcomes if the disorders are not treated together. So many gains have been made in understanding concurrent disorders and their impact on recovery. I look forward to publishing new and innovative insights and research on the topic.

New Editorial Team Members and Call for Reviewers

By the end of the first volume of the Journal of Recovery in Mental Health, we have grown to include over thirteen thousand article views in more than 47 countries around the world. Given this growth, I am pleased to share that our editorial team has expanded to include Dr. Melanie Stuckey from Ontario Shores Centre for Mental Health Sciences and Dr. Faisal Islam from the Centre for Addiction and Mental Health as our section editors for Original Research and Brief Reports. We are also happy to welcome Ms. Holly Harris who lends her lived experience editing to our Perspectives, Opinions, and Viewpoints section of the journal. Inherent with this growth is the need for more peer reviewers to assist the editorial team in selecting manuscripts for publication within our Original Research and Brief Report sections of the journal. To register as a reviewer, please visit the journal webpage at the following: Peer Reviewer Registration.

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References


