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Perspectives on mental health recovery from Egyptian mental health professionals: A qualitative study

Abstract

Introduction

Recovery-oriented mental health practice is an emerging approach that aims to empower individuals to define their goals and take responsibility for their own recovery. However, mental health practice in Egypt is still custodial.

Aim

To explore perspectives of Egyptian mental health professionals on recovery

Method

Semi-structured interviews were conducted with 15 mental health professionals identified through snowball sampling.

Results

The current study identified that functional recovery outweighed other definitions. Four facilitators of mental health recovery were identified: therapeutic relationship; family engagement; cultural sensitivity; and professionals' self-awareness. Six barriers to recovery were found, comprising mental health stigma and lack of awareness, seeking traditional healers, shortage of psychiatrists, cost of treatment, lack of training and effective rehabilitation programs.

Discussion

The concept of functional recovery predominates amongst nurses and other mental health professionals, which may be due to limited training and the historical lack of service user involvement in Egypt. Lack of support from family and society, inadequate training MHPs and perceived system inefficiencies are also major impeding factors for recovery.

Implications for Practice

There is a need nurses to be involved in designing intervention programs targeting the general public, and to support increased involvement of people with mental health issues.

Keywords: Mental Health Recovery, Recovery Meaning, Mental Health Professionals, Mental Health Nurses, Qualitative Research, Mental Health Service Planning, Enablers of Recovery, Barriers to Recovery

Relevance statement

Nurses play a critical role in mental health teams, however they face many organizational and structural challenges to be involved in recovery oriented mental health practice. Egyptian mental health law has been re-structured recently to improve mental health practice and protect patients' rights, nonetheless role expectations on mental health nurses remain focused on custodial care.

Accessible summary

What is known on the subject

- Personal recovery concept is dominant in mental health systems when service user involvement is emphasized, however service user involvement in mental health research and practice does not exist in Egypt
- Definitions of recovery from high income and English speaking countries should be carefully adapted to other settings
- Nurses providing mental health care in Egypt generally do not have specialized mental health nursing qualifications

What the paper adds to existing knowledge

- Both cultural and contextual uniqueness of Egypt as a Middle-Eastern, Low-Middle Income country were clear in the findings of this paper
- There are differences in the definition of family and service user engagement in the current study and in high-income countries
- Seeking faith healers as a barrier to mental health recovery is culturally unique
- Functional recovery prevails as a model in Egypt as there is limited service user involvement
- Nursing values and code of ethics are consistent with enablers of mental health recovery

What are the implications for practice?

- Changing the pre-registration nursing education to prepare specialized graduates in mental health nursing
- Training of mental health professionals on recovery approaches which involve service users is needed in Egypt. Mental health nurses in Egypt can use the current findings to implement national campaigns to raise public awareness of mental health problems

Background

Mental health care in Egypt is structurally under-funded. The budget allocated to mental health services in Egypt is less than 1% of the total health budget (Eshak and Saleh, 2019). This treatment gap is increased by the distribution of resources, with the majority of expenditure allocated to institutional care rather than community or primary level care (Elnemais,2017). Concerningly, almost 60% of the in-patient bed capacity in Egypt is occupied by long stay service users (Gericke, Britain, Elmahdawy, & Elsisi, 2018), resulting in less investment in psychosocial rehabilitation or community services (Sorour et al., 2014). One consequence of this under-investment is that the mental health workforce is insufficient to meet the needs of people with mental health problems. Approximately 705 registered psychiatrists, 224 social workers, and 117 psychologists serve a population of 100 million Egyptian citizens (Kamel et al., 2020). This pattern of an inadequate funding proportion for mental health, and a focus on institutional rather than community-based services, is why up to 85% of individuals with mental disorders receive no treatment in low and middle income countries (Dakić, 2020).

Cultural differences exist between western psychiatric practice and Egypt. A strong orientation towards psychopharmacological management and less emphasis on other management approaches exists in Egypt. This may explain why Egyptian service users reported that their preferences on mental health treatment are not considered by doctors (Fawzy, 2015). Furthermore, diagnoses and treatment approaches developed in the global North should be carefully analyzed (Jaafar, 2017). Although most mental health professionals (MHPs) adopt the bio-psychosocial model, this is criticized for being a disguised version of the medical model, with primacy given to the bio- component as the main causal factor while psychological and social factors are relegated to being simply triggers (Slade, 2009). On the other hand, the recent emergence of recovery-oriented practices give primacy to the person rather than the illness, with service users direct their own recovery using opportunities and resources to redefine the consequences of mental health issues (Le Boutillier, Slade, et al., 2015).

While the operationalisation of personal recovery exists, context-specific recovery practice should be investigated and operationalized (Le Boutillier et al., 2011). In non-western cultural contexts, it is important to investigate enablers and hinders to recovery (Slade et al., 2014). Recovery-oriented MHPs

(including nurses) are practitioners who can give support to people with mental health issues in their recovery journey (Roberts & Boardman, 2014). Considering the perspectives of MHPs on recovery is crucial in designing education, research, and practice to facilitate the shift toward recovery-oriented mental health care (Piat & Lal, 2012).

Recovery-oriented MHPs are practitioners who can give support to people with mental health issues in their recovery journey (Roberts & Boardman, 2014). Considering their perspectives on recovery is crucial to facilitate the shift toward recovery-oriented mental health care (Piat & Lal, 2012), However, MHPs may hold a paternalistic perspective that people cannot overcome mental health issues (Osborn & Stein, 2017). Egyptian mental health nurses perceive that they do not provide integrated mental health care (Zaki, 2016). This may be attributed to low status and the lack of transferable skills, which disempowers nurses to competently work in multidisciplinary mental health teams (Jenkins, Heshmat, Loza, Siekkonen, & Sorour, 2010). Additionally, a mental health nurses' role tends to be limited to mainly attending to patients' physical care needs with no psychosocial aspect of care involved (Hawamdeh, 2002). Therefore, understanding the perspectives of nurses and other mental health professionals on personal recovery with the aim to identify enablers and barriers to recovery from their viewpoints is vital.

Aim

The current study aims to explore Egyptian MHPs views about mental health recovery and the enablers and barriers which influence its implementation.

Methods

Design

Qualitative design

Participants

Registered and practicing MHPs (psychiatrists, psychologists, and mental health nurses) who consented to participate in the current study. For nurses, only those with a post-graduate degree in mental health nursing were eligible for participation. This is due to the structure of nursing programs in Egypt where all

pre-registration nursing education programs are generalist. Five participants were recruited via social media (Twitter and Facebook), whilst the remaining participants were recruited via snowball sampling.

Procedure

A semi-structured topic guide was developed allowing participants to talk freely about their perspectives on mental health recovery. Two pilot interviews were conducted and modifications were made to the questions to enhance clarity. The open ended interview questions included the following domains; recovery meaning; mental health recovery plan; staff knowledge and skills to work in a recovery framework; culture and staff understanding of recovery; barriers facing mental health service users to achieve recovery in Egypt; and a debriefing section. Some prompts were given by the researcher based on participants' responses.

All interviews were conducted by the first author in colloquial Egyptian Arabic through the Zoom online video meeting platform due to the current Covid-19 situation. The average length of interviews was an hour. Recruitment and interviewing took place until no new patterns emerged (Nascimento et al., 2018) and data saturation (Saunders et al., 2018) was reached. Interviews were recorded, transcribed and translated to English by the first author.

Ethics

Before commencing with the current study, Faculty ethical approval was obtained (Ref. No. P.0207). All participants gave informed written consent and were advised that they could withdraw from the research. Additionally, the confidentiality of participants' details and access to interviews' records and transcripts were explained to the participant.

Analysis

Data was analyzed using an inductive qualitative content analysis in which similarities and differences in the data were sought (Graneheim, Lindgren, & Lundman, 2017). Open coding was first performed on the data to describe all aspects of the content (Burnard, 1991). Second, all created categories were grouped under higher order headings to reduce the number of categories (McCain, 1988). Third, under the content-characteristic words, similar events were grouped together as categories (Elo & Kyngäs, 2008).

The definition of each theme and sub-theme was developed iteratively. Nvivo 12 was used to organise and code data. To maximise internal validity, the first three interviews were independently coded by (NI and EGH) who met for discussion of concordance and discrepancies where 100% concordance was reached following discussion.

The strength of theme analysis was conducted and determined by proportion of participants who contributed to each theme.

Researcher's position

The first author is a mental health nurse academic with a PhD in psychiatric and mental health nursing. She worked as part-time mental health nurse in a private setting for five years where she was able to practice psychosocial care for people with mental health issues. The researcher worked in a mental health recovery research group in England as part of her post-doctoral training which influenced her understanding of mental health recovery.

Results

Participant characteristics

A total of 15 MHPs participated, comprising 8 (53%) female and 7 (47%) male, with mean age of 34 years (SD=4.3 years). Professions comprised of psychiatrists (n=8; 54%), mental health nurses (n=4; 27%) and psychologists (n=3; 20%).

Perspectives of recovery from MHPs

Definitions, enablers and barriers to recovery were identified by participants. The coding framework is shown in Table 1.

Insert Table 1 here

(1) Definitions of recovery

Participants' accounts reflected their own definitions of mental health recovery. Six definitions of recovery emerged in the data; eleven participants (73.3%) including all participating mental health nurses defined

recovery as maintaining social and vocational functioning; emphasizing the importance of sustaining social relationships and attending to work or tasks to contribute effectively to the community:

> *''It is clients' ability to function socially through improving interpersonal relationships with people surrounding them" (≠3, nurse)*

> *"We need to consider clients' productivity; I mean work or tasks through which they can contribute to the community and that's of course according to their condition" (≠7, Psychiatrist)*

Functioning as perceived by a mental health nurse in the sample:

> *"I believe recovery is restoring functionality using clients' capabilities" (≠4, nurse)*

One psychiatrist participant had a different view of functioning:

> *"There are people who can be functioning while staying at home, I think that's totally fine as long as it is consistent with their values, preferences and principles, no problem then. I think work is not a must in order to be related to recovery or functioning" (≠6 psychiatrist)*

This participant additionally defined recovery as reaching self-mastery:

> ***"****It is the ability to control ones' life, deal with feelings, pain and disappointments and be able to do what should be done or commit to one's responsibility as a human being" (≠6)*

Nine participants (including the four participating mental health nurses) defined recovery as 'Mobilising effective coping resources', this theme has two subthemes: 1) Symptom and emotion focused coping, and 2) Perspective change and increased client self-awareness:

> *"A female patient who suffers panic attacks, she is aware of the symptoms and developed her own coping. She wrote 17 notes on a paper about the symptoms associated with the panic attack and how to deal with them from her own perspective. She found 17 solutions for the 17 symptom she has" (≠5, psychiatrist)*

"It's a state in which the person is able to understand what happens inside him, and to be able to deal with it responsibly. It means also, the person develops new perspective about the mental health issue and symptoms to control it" (≠1, nurse)

Seven participants (three nurses, two psychologists, and one psychiatrist) defined recovery as 'Helping the client to do what they can do'. This theme included two subthemes: 1) Empowerment of service users, and 2) Working on client strengths:

"For me as a therapist, recovery means helping clients develop awareness and understanding of themselves, their goals and helping them to achieve it" (≠11, psychologist)

"Focusing on patients' strengths and positive aspects, their hobbies, dreams or talents, then I may strengthen them" (≠3, nurse)

Defining recovery as subjective and client defined was reported by four participants (including a mental health nurse):

"I see recovery is defined by the person himself" (≠4, nurse)

One psychiatrist defined recovery as 'connectedness':

''Recovery means the ability to interact and connect suitably and effectively with the surrounding community according to clients' potentials" (≠7, psychiatrist)

(2) Enablers of recovery

Participants described factors that facilitate mental health recovery according to their views. Six facilitators of recovery were described which included *therapeutic relationship and communication, client and family engagement in treatment planning, cultural sensitivity of MHPs, supervision of MHPs, service users and MHPs' feedback on mental health services, and MHPs' self-awareness.* Thirteen participants (including three mental health nurses) emphasized the importance of communication and building therapeutic relationship with service users in order to help them reach their goals:

‘‘I think empathy, unconditional positive regard and dealing with patients as having self-healing capacity, we do not judge them or drive their life or choices. We provide safe environment that allows their self- healing capacity to work and express itself. The therapist is to be genuine and reliable is important too in a consistent manner” (≠12, psychologist)

MHPs’ accounts revealed engaging service users and their families in treatment planning:

“For recovery process to be effective, we cannot limit the focus to the client only; instead we have to engage the family and the small surrounding community with the client in treatment planning” (≠4, nurse)

Approximately 74% of participants (including all participating mental health nurses) described how MHPs’ awareness of service users’ culture (cultural sensitivity) may facilitate mental health recovery, a mental health nurse reported:

“If a female patient believes that recovery means to be ok and serve her children and husband, I must accept her culture in that case, as long as she thinks that this is effective for her” (≠6, psychiatrist)

Supervision and professional monitoring of MHPs was reported as an enabler by 66.7% of participants (only one mental health nurse reported this enabler):

“Supervision either by a colleague or a senior practitioner may help the nurse to know more about herself and the patient” (≠4, nurse)

Three MHPs (two psychiatrists and a nurse) who have academic posts in addition to clinical roles reported that service users’ and MHPs feedback on the mental health service should be considered:

‘‘Clients’ feedback is important, and this can be gathered either directly or indirectly, directly through questionnaires for example, or indirectly when the patient himself comes and give his feedback to me or to my supervisor” (≠ 9, psychiatrist)

"Conducting qualitative research like that one you are doing and considering different groups for example psychiatrists, social worker, occupational health professional and the patients to know their opinions about the service" (≠15, psychiatrist)

A mental health nurse participant described how MHPs' self-awareness may influence the therapeutic process and mental health recovery:

"Therapists' self-awareness is important and how to use it therapeutically. For example, why do I have an inclination towards one patient and get bored with another. I must figure out the reason of that" (≠4, nurse)

(3) Barriers to Recovery

Participants expressed two main barriers that hinder service users' recovery 'culture-related barriers' and 'mental health system-related barriers'.

Culture related barriers has two sub-themes; Mental health stigma and lack of awareness in Egypt and seeking traditional (faith) healers in Egypt:

"Some people especially in rural areas or those from low socioeconomic levels, or the strictly religious peoples, mental health awareness is deficient. It is very common in Egypt that the family of a person suffering from mental illness takes him to visit a traditional healer like Shiekh or priest" (≠15, psychiatrist)

The second barrier reported by participants was 'mental health system-related barriers'; the theme consisted of seven sub-themes:

The four participating mental health nurses and one psychiatrist reported 'Lack of effective rehabilitation programs' in Egypt, a mental health nurse stated:

"No psychosocial rehabilitation exists in Egypt treatment ends at the hospital doors and it is sometimes deficient" (≠1, nurse)

'Professional training obstacles' sub-theme was reported by five psychiatrists:

‘‘Recently, several training programs are available, however there are still many obstacles. Most of these programs come from abroad, it is very expensive. Hence not everyone can afford it” (≠9, psychiatrist)

Two mental health nurses, one psychologist, and a psychiatrist indicated the’ Lack of team coordination and communication’ as a sub-theme in mental health system-related barriers:

“There is no coordination between MHPs. Communication between them is deficient” (9, psychiatrist)

A mental health nurse said:

“I think mental health professionals in Egypt do not know how to play like a team” (≠3, nurse)

Three psychiatrists and a nurse reported cost of treatment as one of the mental health system-related barriers:

‘‘Some hospitals do not care about patients’ functioning, they aim at resolution of symptoms, and this is the school that defines recovery as being symptom free, this is their own definition for recovery” (≠2, nurse)

Two psychiatrists described work place variation in recovery vision as a mental health system-related barrier:

“public and private sector hospitals target different categories of patients, they have completely different visions for recovery” (≠5, psychiatrist)

The shortage of psychiatrists in Egypt as a mental health system related barrier was reported by a psychiatrist participant:

‘‘There is big shortage of psychiatrists in Egypt and that makes medical care deficient” (≠7, psychiatrist)

A psychologist participant additionally reported that with the lack of mental health awareness, service users may get abused by what she described as “intruders” who illegally sell themselves as MHPs:

"The field itself has some intruders, like life coaches and non-specialists who sell themselves as MHPs. They do big harm, especially with the lack of mental health awareness in Egypt" (≠11, psychologist)

Discussion

The current study aimed to explore Egyptian MHPs views about mental health recovery and the enablers and barriers to implementation.

Most MHPs defined recovery as maintaining vocational and social functioning or commonly described in the literature as functional or objective recovery (Roosenschoon, Kamperman, Deen, Weeghel, & Mulder, 2019). Only four participants defined recovery as subjective and client defined. The inclination of MHPs towards more concrete and measurable milestones in the definition of recovery is not surprising, given the absence of service users and peer led movements in Egypt. Functioning may be an easily and objectively assessed outcome, which may be valued by family members. In the current study, we refer to MHPs' understanding of recovery as functional recovery rather than clinical recovery because all participants reported that recovery can happen in the presence of symptoms, suggesting some evolution of views from the traditional notion of clinical recovery as meaning 'cure'.

All participating mental health nurses in the sample emphasized the functional aspect or recovery, perhaps this may be related to the nature of nursing education in Egypt. Nursing students are requested to inquire about patients' functioning in nursing records and history taking. Impairment or deterioration in functioning would be seen as one of the signs of mental health issues.

The majority of mental health nurses in the study highlighted the importance of communication and building therapeutic relationship with the client as the strongest enabler of recovery as reported in this study. This enabler of recovery resonates with good nursing care and the concept of skilled companionship as prerequisites to nursing practice (Cusack, Killoury, & Nugent, 2017; Vanlaere & Gastmans, 2007).

Among the enablers of mental health recovery in this study, all mental health nurses expressed the importance of cultural awareness. Nursing emphasizes cultural competency through the delivery of value

based person-centered care to patients who have different interpretations of health and illness (Markey & Okantey, 2019).

Client and family engagement in treatment planning was one of the strongest identified enablers of recovery. This is a confusing result; in Egypt, the responsibility for people with mental health issues falls on the family not the community as a whole and definitely not on the mental health system (Okasha, Elkholy, & El-Ghamry, 2012). Engagement does not necessarily mean a shared decision making process, it is possibly gaining family cooperation in ensuring service users' treatment compliance (Fakhr El-Islam, 2008). Particularly with the high cost of mental health treatment that was reported as one of the barriers of recovery in the current study, family members often carry the financial burden of treatment. Client involvement in treatment planning and implementation is not common in Egypt. This may explain the functional model of recovery described by participants in this study with the absence of Egyptian societal obligations to offer supported employment, housing, and education to people with mental health issues. All nurses in the sample reported the lack of effective rehabilitation programs in Egypt, where mental health nurses in Egypt only offer custodial care only to people with mental health issues. Nurses do not have any role in the psychosocial aspect of patients' care.

The lack of agreement on recovery meaning indicates training on the meaning of recovery and how to consider service user accounts of recovery may be needed to inform mental health service development (Roberts & Boardman, 2014) . Two participants expressed work place variation (public vs private settings) in recovery vision as barrier of recovery. Organizational priorities can impact on MHPs' understanding of recovery (Le Boutillier, Chevalier, et al., 2015). Coordination among mental health delivery systems can help in reducing disparities and enhance values-based approached to mental health care (Bailey & Williams, 2014).

Culture-related barriers, including mental health stigma and seeking traditional (faith) healers, were identified as the strongest barriers of recovery. The Arab inheritance of attributing mental health issues to evil eye, black magic and God's punishment was reported in the systematic review of Zolezzi and colleagues (Zolezzi, Alamri, Shaar, & Rainkie, 2018). Traditional or faith healers are sought by people with mental health issues in Egypt due to the lack of trust in the mental health system and issues related

to the affordability and accessibility of mental health care (Ibrahim Awaad et al., 2020). Participants in the current study reported the lack service users' trust of the mental health system and the cost of treatment as barriers of recovery. According to Brown and Calnan (2016), trust in the service is instrumental in shaping the quality of the health care.

Implications for mental health practice

This is one of the first studies in Egypt about mental health recovery, several implications for practice and training can be identified. Designing interventional programs targeting the general public alongside social integration of people with mental health issues is needed. Collecting and using service user feedback on the service may help in building their trust in the mental health system. Initiation of training for MHPs about mental health recovery, including cooperation with mental health consumers in the coproduction and co-delivery of the training, may help to reach a shared understanding of mental health recovery.

Although nursing values and code of ethics are interwoven with recovery enablers as described earlier in the discussion, however psychiatric nursing practice in Egypt is still custodial and way beyond the psychosocial caring. Pre-registration nursing educational programs need to be specialised in nature. Being a mental health nurse in the Middle eastern culture still carries a lot of stigmatizing inheritance (Hawamdeh, 2002). In Egypt, mental health nurse academics and researchers are totally detachable from clinical nursing practice perhaps due to two reasons; firstly, the low status of clinical nursing practice in Egypt, physicians are the only allowed to design and implement treatment planning. Secondly, the implementation of nursing led psychosocial interventions is merely for academic purposes, this gap between research and practice needs to be bridged through reconsidering the roles of mental health nurse academics and practitioners in Egypt.

Strengths and limitations

This is the first study to explore perspectives on recovery from Egyptian MHPs. However, the mean age of the participating sample was relatively young. Including different age groups, particularly those who have experienced the previous Mental Health Act in Egypt, would have brought different perspectives to the study. Additionally, participants in the current study did not provide feedback on the findings due to

their time constraints which is considered a limitation of the study. The small number of participating mental health nurses in the sample is among the limitations of the current study, however is related to the nature of nursing graduates in the Egyptian nursing workforce (general nurses).

In conclusion, service user engagement in mental health treatment planning and intervention may provide different insights from MHPs views about recovery. Additionally, allowing trained and specialized mental health nurses to practice recovery oriented mental health interventions and care may change mental health practice in Egypt.

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Table 1: Coding framework for perspectives on recovery from Egyptian mental health professionals (n=15)

Main theme (number of participants identifying theme) Sub-theme	**Definition of main theme**
1. Definitions of recovery	
D1 Maintain functioning (11) D1.1 Social functioning D1.2 Occupational functioning	The ability to sustain interpersonal relationships and attend to work or tasks effectively
D2 Mobilizing effective coping strategies (9) D2.1 Symptom and emotion focused coping D2.2 Perspective change and increased client self-awareness	Individuals' conscious ability to think and behave in order to manage stressful experience through an awareness of such stressor
D3 Helping the client to do what they can do (7) D3.1 Empowerment of service users D3.2Working on client strengths	A process by which MHPs enable and support service users' choices and goals. This can be achieved through working on and enabling service users' strengths.
D4 Recovery is subjective and client defined (4)	Each service user has his or her own definition and goals for recovery
D5 Connectedness (1)	The capacity to form effective bonds with others
D6 Recovery means reaching self-mastery (1)	A state in which individuals are able to effectively manage their emotions and life situations
2. Enablers of recovery	
E1 Therapeutic relationship and communication (13)	Conveying certain emotions, attitudes, and messages to the service users that help them reach their goals
E2 Client and family engagement in treatment planning (12)	Involving service users and their families in setting recovery goals
E3 Cultural sensitivity of MHPs (11)	Being aware of the service user's cultural background and its impact on their recovery process
E4 Supervision of MHPs (10)	Professional monitoring and support of MHPs
E5 Service users and MHPs give feedback on mental health services (3)	The opinions of both service users and MHPs about the service are collected and considered
3. Barriers to recovery	
B1 Culture-related barriers (11) B.1.1 Mental health stigma and lack of awareness in Egypt B.1.2 Seeking traditional (faith) healers in Egypt **B2 Mental health system-related barriers** B.2.1 Lack of effective rehabilitation programs (5)	The obstacles embedded in Egyptian culture that hinder recovery processes

B.2.2 Professional training obstacles (5) B.2.3 Lack of team coordination and communication (4) B.2.4 Treatment is costly (4) B.2.5 Work place variation in recovery vision (2) B.2.6 Shortage of psychiatrists (1) B.2.7 Non-specialists working in the field (1)	
B3 Mental health professional-related barriers B3.1 Pro medical model MHPs (7) B3.2 MHPs' own trauma (4) B3.3 Lack of agreement on recovery concept (3) B3..4 Lack of service users' trust of the service (1)	The qualities and attitudes of MHPs that hinder recovery