



EXPERIENTIAL KNOWLEDGE AND ITS CONTRIBUTION TO RECOVERY ORIENTED MENTAL HEALTH CARE SERVICES

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RESEARCH QUESTION

What is the value and impact of experiential knowledge for mental health services?

RESEARCH AIM

This research aims to evaluate the usage of experiential knowledge of professionals and the recovery outcomes for clients. This is expected to provide a deeper understanding on how experiential knowledge can contribute to personal and social recovery. It will also contribute to insights how experiential knowledge is related to the development of recovery supportive mental health care in the Netherlands.

Subsequently the research aims to:

- To develop new knowledge and notions of reflexivity in co-constructions between professionals with experiential knowledge, peer workers and other professionals;
- To transfer this knowledge to mental health services;
- To transfer this knowledge into teaching materials which can be used in Bachelor and Master programs at universities.

METHOD & DESIGN

The research consists of both a literature review (A) and an empirical study (B). The usage of responsive evaluation forms a substantial part of this study based upon the international quality standards of the International Collaboration for Participatory Health Research.

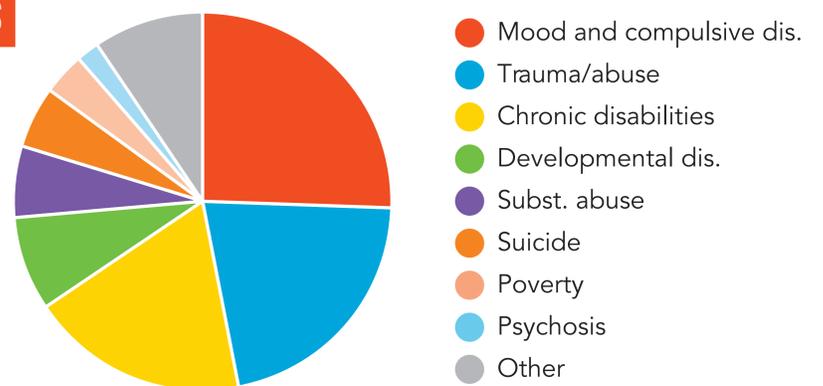
INTRODUCTION

Personal and social recovery from serious mental illness has been studied over the past 30 years. Recovery is often described as learning to live with the overwhelming impact of an illness (Anthony, 1993). In this way recovery is also connected to sources of tacit and experiential knowledge on how to live with distress from clients perspective. The usage of lived experiences seems to fit the recovery movement, and might be considered as a new (re)source, alongside professional and scientific knowledge (Weerman, 2016).

The contribution of experiential knowledge is increasingly acknowledged and formalized (NKO, 2016). Current developments have great impact on all Mental Health professionals. The introduction of peer workers as new members of teams, facilitated the coming out of lived experiences from social workers, nurses but als psychiatrists. This readiness leads to new questions regarding ethics and professionalism (Van Meekeren, 2017), because until now, personal experiences have been positioned outside the professional arena (Banks, 2012). From research being done so far, we learn that an impressive number of professionals has been exposed to previous traumatic and disruptive experiences in their lives. Estimations of the number of MH professionals with lived experiences fluctuate between 45% and 75% (Zerubavel & O'Dougherty Wright, 2012).

PRELIMINARY RESULTS

The pre-study (n=1728) in 2017 reveals approximately 45% incidence of potential experiential knowledge amongst Mental Health professionals.



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Collaboration with partners

