

## Creating an international platform to emplace recovery from psychosis in cities

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### Background and Rationale

The concept of recovery is increasingly employed in service delivery, mental health policy and psychiatric research as a guiding principle focusing on building resilience of people with mental illness (Bonney & Stickley, 2008; Davidson, 2005; Ramon et al., 2007). In defining recovery, community mental health promotes the principle of person-environment fit (Rappaport, 1987), focusing on resource exchanges among individuals for the benefit of the community as a whole (Trickett, 2009). It also stresses the importance of patient-driven definition of care (Ornelas et al. 2019) and embeddedness in patients' daily lives, calling for growing use of participatory methodologies and development of new context-specific strategies.

In this regard, cities represent a context of special importance. While urban living is an established risk factor for non-affective psychoses in high income countries (Abrahamyan Empson et al., 2019; Krabbendam et al., 2020), it also correlates with better access to health care and lower rates of treatment resistant schizophrenia. Thus, besides its potential negative impact on mental health, various aspects of urban living may contain resources in the recovery processes; data in this regard is however scarce. Based on these elements and on our own previous research showing that patients struggle in cities after the emergence of psychosis and develop "city avoidance" (Conus et al., 2019), we suggest that city-specific strategies are necessary to emplace recovery in the urban milieu.

Up to date, there is no comprehensive city-specific strategy fostering recovery from psychosis. Indeed, the recovery from psychosis in urban environments can be reached not only by mitigating environmental and societal risk factors, but also by fostering individual capacities to bounce back from an experience of adversity by facilitating the access to urban resources for recovery. Recently, a set of possible interventions, *Urban Remediation*, was discussed (Baumann et al., 2020), but a lot remains to be done before this program can be usefully proposed to patients.

*Urban Remediation* is an umbrella term grouping multilevel interventions, stretching from urban planning, health policy, community action (raising awareness and fighting stigma, promoting connectedness and interdependence among community members, shaping urban planning towards the creation of a more psychosis-friendly environment) to individual level interventions (dealing with delirious ideation, hallucinations, or negative symptoms of psychosis in city contexts). An ongoing Swiss National Science Foundation funded project aims to develop a city capable of promoting the recovery of people living with a diagnosis of psychosis. The project's overarching aim is to identify the key elements of an 'urban recovery milieu' for psychoses in a pilot neighbourhood of Lausanne through use of Living Lab methodologies<sup>1</sup>.

Living Labs are quasi-experimental approaches characterised by user participation and co-creation. The aforementioned project aims to think, design, and promote a healthier city, through an innovative strategy, designed and carried out jointly with patients, peer practitioners, service user organisations, community care facility representatives, health care



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professionals, geographers, and municipality actors. This transdisciplinary panel will constitute an ongoing think tank throughout the project to ensure the project's continued relevance, applicability, and sustainability.

Building on this ongoing work, we would like to push further the participative methodologies, by exploring the possibility to create an international platform to foster recovery from psychosis in different cities. Indeed, international partnerships around mental health friendly cities attract growing interest by allowing the mutualisation and transfer of knowledge. In doing so, they bring to life guiding roadmaps based on shared principles, all the while developing concrete initiatives embedded in local contexts. Most notable of those, Thrive (Belkin et al., 2016) and citiesRise (Sinha et al., 2019), that test collective action approaches and provide opportunities to share ideas and knowledge that can later be generalised. But there's no psychosis-focused recovery-oriented platform yet, which will bring together initiatives and knowledge from different horizons and localities. We anticipate that further contacts with researchers working on different facets of recovery from psychosis in urban areas will be an important impetus towards more efficient and context specific research.

### **Project's relevance for WUN- RDF and international partners**

The problematic we're trying to treat lies on the intersection between mental health, urbanization, and social justice, making it relevant for WUN Research Development Fund's focus. If successful, the WUN grant will be used to explore current international initiatives tending towards the same goal and form a network to foster recovery from psychosis in cities. The grant applicants will act as liaison officers for different international projects through team meetings and a field visit to bring together knowledge drawn on different geographical and cultural contexts. Alongside informing local research teams, this collaboration will enable the establishment and dissemination of reports and articles to influence policies and prepare the ground for fundraising for a further comparative analysis to study which locally developed solutions can be generalizable, conduct comparisons between different contexts, and examine the feasibility to scale-up those interventions to an international level.

Our team has already established contacts with Prof Turner, from Bristol University, a key partner in the local Applied Research Collaboration to guide and support Patient and Public Involvement in Research (<https://arc-w.nihr.ac.uk/>). A forthcoming PhD application by a mental health nurse Mark Batterham under Prof Turner's supervision will be looking to design a prototype intervention to help individuals diagnosed with first episode psychosis and living in large settlements to (re)engage with their neighbourhoods to enhance functioning and support recovery. Mr Batterham has already paid a research visit to our Swiss team, a visit that was mutually beneficial for above mentioned projects. Besides obvious overlaps in goals, this research is specifically relevant thanks to its utilisation of peer-practitioner investigators and contacts it undertook, for instance with Centre for Sustainable Planning and Environments at the University of the West of England and the SHINE Health Integration.

We are currently in search of a third partner institution. Even though this grant proposal originates from challenges posed in the field of psychiatric care, it strongly relies on research concepts and methodology deriving from social sciences, making interdisciplinary collaborations with **sociologists, environmental psychologists, and urbanists** of special interest alongside with **psychiatrists and public health and administration specialists**.

<sup>i</sup> In sum, this project consists of 4 iterative phases. It starts with a *participatory mapping* of city resources and barriers to recovery to portray and analyse practices, identify resources, and needs, as well as relevant stakeholders in Lausanne, Switzerland (**exploration phase**). It will pursue with **co-creation phase** to elaborate specific solutions to minimize these barriers, facilitate access to resources, and develop social relations of care in a pilot neighbourhood. The following **experimentation phase** comprises testing and evaluating those prototype solutions in a 'real-life' setting. Finally, **implementation** and **upscaling** aim at embedding beneficial solutions and strategies from the experimental phase into a broader context and perpetuate them. The exploration phase of our research project has kicked-off and will result in detailed mental health map of Lausanne city. We anticipate that urban resources to recovery in different cities can have common denominators and by 2024 we can inform international partners on locally identified targets for action. In return, our project can be better informed on methodologies to develop therapeutic interventions with patient and public involvement and on results of different initiatives with specific focus (urban planning, civil society actions, community-based interventions to promote connectedness and belonging, place appropriation etc.) done elsewhere. Those inputs can be crucial for our team for co-creation phase set to begin mid 2024 and for later experimentation phase.