

Application of the CHINESE Recovery Model in Community Integration of Individuals with Mental Disorders: A Practice-Based Study

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Abstract. Amidst rapid social transformation and accelerated living rhythms in contemporary China, mental health disorders have evolved into a pressing societal concern. Traditional treatment approaches emphasizing institutional care and pharmacological intervention demonstrate limited efficacy in achieving genuine patient rehabilitation. The recovery model, an empowerment-oriented theoretical framework focusing on intrinsic transformation and personal growth, has gained increasing attention within China while remaining inadequately explored regarding its localized applicability. Drawing upon field experience from a community-based rehabilitation project for mental health patients in J District, this study investigates the application of the Chinese Recovery Model (CRM) in facilitating community integration of individuals with mental disorders. Through multidimensional interventions encompassing physical functioning, behavioral interaction, and psychological-emotional domains, our empirical findings reveal the significant effectiveness of CRM in enhancing community engagement. Key discoveries demonstrate: (1) CRM's intrinsic value in cultivating patient potential and sustaining long-term recovery motivation through individualized empowerment strategies; (2) The necessity of strengthening familial support networks by addressing both patients' needs and caregivers' support requirements; (3) The critical role of community acceptance in establishing an inclusive social environment. The paper concludes with a critical reflection on the localization and professionalization of recovery-oriented practices within China's socio-cultural context, proposing implementable recommendations for future research and psychosocial service improvement.

Keywords: Mental Health Disorders; Chinese Recovery Model; Community Integration.

1. Introduction

The escalating prevalence of mental disorders in China, with over 6.6 million registered severe cases (NHFPC, 2021), underscores the limitations of traditional biomedicine-dominated rehabilitation models that prioritize institutionalization and pharmacological interventions. While these approaches mitigate symptoms, they often fail to address the multidimensional challenges of social reintegration, particularly stigma reduction and community participation. In response, the World Health Organization (2023) advocates for holistic "whole-person recovery" frameworks that integrate psychosocial empowerment. Emerging as a transformative paradigm, the CHINESE Recovery Model—a localized adaptation of Western recovery theory by Professor Jincheng Ye (2017)—emphasizes seven culturally attuned dimensions (e.g., Connection with Reality, Community Integration), yet empirical validation of its efficacy remains scarce.

Existing literature indicates that within structural rehabilitation models, prominent approaches include vocational rehabilitation (Cao et al., 2023), the clubhouse model (Gao et al., 2015), and the "hospital-community-family" integrated model (Shen et al., 2013). These models aim to enhance patient functioning through skill development, environmental restructuring, and family involvement, yet they predominantly rely on external intervention mechanisms, with insufficient attention to patients' autonomy and intrinsic motivation. Regarding family-social support-oriented interventions, studies emphasize social work's role in providing systemic support via vocational empowerment, marital counseling (Li Q., 2022), family resilience cultivation (Zhang, 2021), and social network strengthening (Li Y., 2020). However, current practices remain skewed toward instrumental

assistance, failing to adequately address the profound influence of familial ethics and collectivist values inherent to China's cultural context.

This study examines the Chinese Recovery Model's (CRM) effectiveness in promoting community integration for mental health patients through practice-based research. Utilizing mixed methods from a clinical internship, we identify three key CRM components: strength-based rehabilitation, culturally-adapted family support, and community empowerment strategies. The findings inform service optimization and policy development for psychosocial rehabilitation.

2. Data and Methods

2.1 Analytical Framework

The CHINESE Recovery Model (CRM), grounded in Anthony's recovery theory and localized clinical practices, employs a seven-tiered intervention framework (C-H-I-N-E-S-E) to foster progressive community integration. Surface-level interventions initiate with Reality Connection (C), establishing essential engagement with community environments through Daily Activity Anchoring (H) that reinforces functional rehabilitation via normalized routines, followed by Social Integration (I) promoting active participation in communal networks. Deep-level interventions advance through Ego Strengthening (N) to cultivate resilience and positive self-identity, Trauma Competence (E) enhancing emotional regulation and healing capacities, Hope Activation (S) igniting future-oriented aspirations, culminating in Meaning Reconstruction (E) for establishing constructive life purposes.

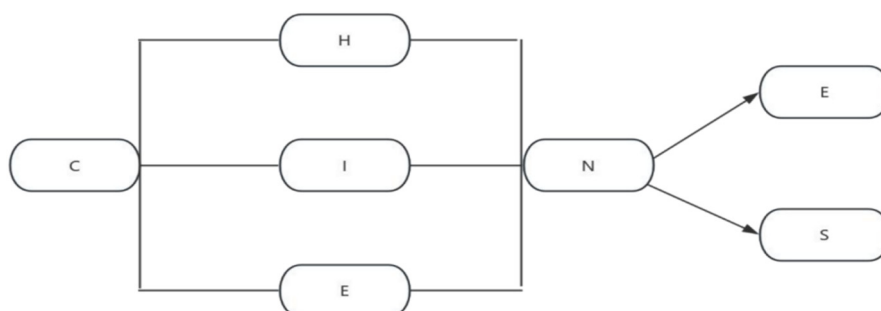


Fig 1. Hierarchical Analysis of the CHINESE Recovery Model

Social workers function as equal partners within this framework, orchestrating synergistic interactions between external support systems and intrinsic potential development. This staged intervention facilitates a transformative journey from formal integration (ensuring rights equality) to substantive integration (enabling value co-creation), forging symbiotic relationships between individuals and communities through sustainable psychosocial empowerment.

2.2 Service Recipient Profile

The psychosocial rehabilitation program in J District, administered by a social work service center under the procurement contract of S District Civil Affairs Bureau, implemented multidimensional assessments through household visits, teleconsultations, and standardized surveys. Initial data collection encompassed 200+ participants with mental health disorders, evaluating rehabilitation trajectories, familial ecosystems, social adaptation capacities, and vocational functioning. Pre-intervention profiling using the Community Integration Questionnaire (CIQ) informed the purposive selection of six paradigmatic cases demonstrating heterogeneous recovery patterns for focused investigation. This survey was conducted to respect the privacy of patients and their right to know, and to handle the confidentiality of patients' data.

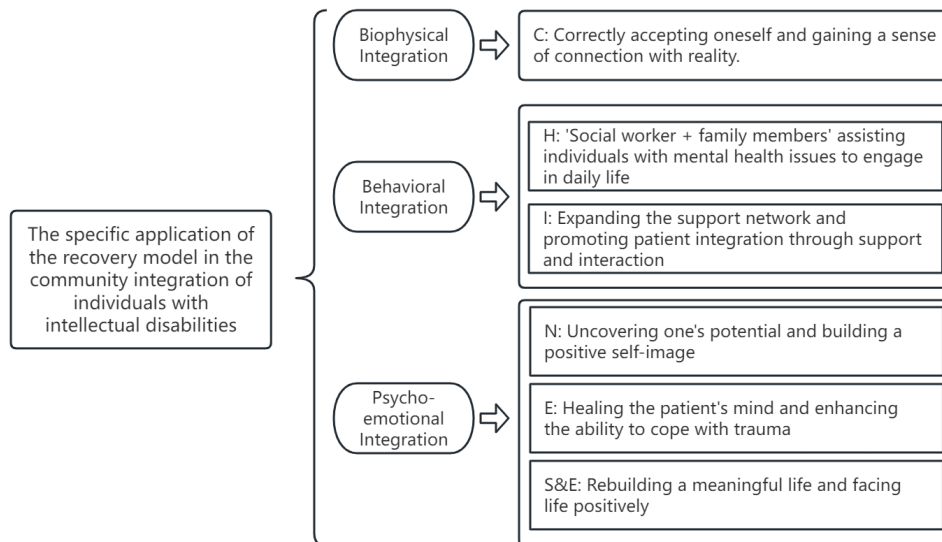
Table 1. Basic Information of Patients with Mental Disorders

No.	Alias	Gender	Age	Disease Type	Medical History	Service Elements Involved	Pre-Community Integration Test Score (Full Score: 30)
1	Zhang Yi	Female	60	Schizophrenia	5 years	C	19
2	Qing qing	Female	13	Depression	3 years	C , I ,S,E	10
3	Cai hong	Female	27	Schizophrenia	12 years	H , I ,S ,E	15
4	Mu zi	Female	29	Bipolar Disorder	8 years	I ,N	16
5	Tai yang	Female	58	Depression	2 years	E	20
6	Da li	Male	30	Epilepsy-induced Mental Disorder	10 years	E ,S ,E	15

Data source: Obtained through Field Survey

3. Service Interventions and Outcome Evaluation

The CHINESE Recovery Model (CRM) operationalizes its seven therapeutic elements through three implementation phases, as illustrated in Figure 2.

**Fig 2.** Application of the Recovery Model Service Process

3.1 Biophysical Integration

Table 2. Disease Management & Self-Awareness Group

Session	Name	Goals	Main Activities	Time Allocation
1	Mutual Bond	Clarify group purpose, disease/medication awareness	Ice-breaking, rules, symptom lecture, Q&A	90 minutes
2	Mutual Trust	Build trust, manage drug side effects	Trust exercises, side effect training, Q&A	90 minutes
3	Mutual Growth	Identify strengths, relapse prevention	Strength-sharing, case analysis, interactions	90 minutes
4	Mutual Hope	Relapse prevention, goal setting	Prevention strategies, goal planning, farewell	90 minutes

Addressing prevalent physical impairments (e.g., mobility limitations, sensory abnormalities, sleep disorders) that hinder community participation, CRM's Connection Phase (C) combines pharmacological management to stabilize symptoms and prevent relapse with psychosocial interventions to enhance self-acceptance and reality orientation.

3.2 Behavioral Integration

Targeting maladaptive social behaviors (social withdrawal, avoidance, aggression), CRM employs structured skill-building through:

Table 3. "I Can Do It" Life Skills Group

Session	Name	Goals	Main Activities	Time Allocation
1	Meet Partners	Improve communication skills	Ice-breaking, communication practice	90 minutes
2	Bed Challenge	Enhance tidying & collaboration	Bed organization, teamwork tasks	90 minutes
3	APP Adventure	Learn phone navigation & payments	App usage, shopping, transportation simulation	90 minutes
4	Embrace Sunshine	Strengthen relationships, closure	Progress review, farewell session	90 minutes

3.3 Psychoemotional Integration

Addressing emotional comorbidities (loneliness, anxiety), CRM's Psychoemotional Phase utilizes multimodal therapeutic approaches:

Table 4. Psychological Salon Group

Session	Name	Goals	Main Activities	Time Allocation
1	Master Emotions	Emotion management via music therapy	Ice-breaking, music therapy, mailbox activity	60 minutes
2	Face Pressure	Team-building, stress reduction	Gardening therapy, mailbox feedback	60minutes
3	Discover Better Self	Improve relationships, art therapy	Drawing therapy, family role analysis	60 minutes
4	Enjoy Harmonious Life	Family relationship adjustment	Role-play, farewell, mailbox closure	60 minutes

3.4 Outcome Evaluation

Post-intervention assessments conducted on six selected participants demonstrated measurable improvement across all evaluation metrics, as detailed below:

Table 5. Social Integration Effectiveness Evaluation

No.	Alias	Gender	Age	Pre-Community Integration Test Score (Full Score: 30)	Past-Community Integration Test Score (Full Score: 30)	Score improvement
1	Zhang Yi	Female	60	19	23	4
2	Qing qing	Female	13	10	18	8
3	Cai hong	Female	27	15	22	7
4	Mu zi	Female	29	16	21	5
5	Tai yang	Female	58	20	25	5
7	Da li	Male	30	15	21	6

Post-intervention assessments revealed systematic improvements across three integration domains through CRM implementation: Biophysical rehabilitation progressed through sequenced phases from reality orientation (Phase C) to relapse prevention mastery (Phase H/I), while behavioral interventions facilitated marked transitions from social withdrawal to proactive community engagement. Concurrent psychoemotional restructuring demonstrated paradigm shifts in self-perception - participants evolved from entrenched narratives of helplessness to purposeful life

reconstruction (Phase E), with quantitative gains evidenced by 4–8-point CIQ score improvements across cases. These multidimensional advancements substantiate CRM's efficacy in synchronizing biological stability, behavioral competence, and existential meaning reconstruction for sustainable community reintegration.

4. Conclusion and Reflections

4.1 Summary

The community integration of individuals with mental disorders requires a tripartite framework under The CHINESE Recovery Model (CRM): self-capacity development, family support networks, and community receptivity. First, cultivating patients' intrinsic competencies remains both central and challenging. Social workers facilitate patient self-awareness through strengths identification and incremental psychological adjustments, though sustainable recovery remains vulnerable to environmental stressors without systemic reinforcement mechanisms. Second, familial engagement significantly influences rehabilitation trajectories, as functional family dynamics enhance emotional stability and illness management. Consequently, targeted interventions to upgrade caregivers' skills and knowledge are imperative. Finally, external community systems critically shape integration outcomes, necessitating collaborative efforts among healthcare providers, community stakeholders, and families to eliminate stigma and build inclusive environments.

4.2 Reflections

While The CHINESE Recovery Model (CRM) derives conceptual foundations from Western frameworks, its cultural adaptation demands meticulous localization. Key challenges include reconciling individual-centered recovery principles with China's collectivist familial ethos, where kinship obligations disproportionately influence treatment adherence. Practitioners must prioritize cultural sensitivity by incorporating indigenous communication norms and sociocultural values into service design. Although CRM provides a robust analytical lens for patient-centered care, direct protocol transplantation proves ineffective. Instead, clinicians should develop personalized strategies through bio-psychosocial assessments while maintaining strict adherence to CRM's core tenets. Operational limitations persist, particularly the absence of standardized tools for evaluating context-specific social capital accumulation. Systematic reforms—including localized evaluation frameworks and periodic competency audits—are essential to optimize CRM's applicability and ensure sustainable community integration outcomes.

References

- [1] H. Feng, J. Ye, S. Hu, *Practice of Chinese-Oriented Recovery Model*, East China University of Science and Technology Press, Shanghai, 2017.
- [2] D. Cao, Y. Wu, Vocational Rehabilitation and Resocialization of Youth with Mental Disorders, *Youth Research* (2023) 23-34,94-95.
- [3] W. Gao, Action Research on Constructing Positive Self-Consciousness of Inpatient Psychiatric Rehabilitation from a Strengths Perspective, *Journal of Zhejiang Gongshang University* 6 (2016) 14.
- [4] J. Chen, W. Shen, Z. Zhang, Impact of Hospital-Community-Family Integrated Rehabilitation Model on Quality of Life in Schizophrenia Patients, *Chinese Journal of Evidence-Based Medicine* 13 (2013) 1176-1179.
- [5] X. Huang, Q. Li, Marital Issues of People with Mental Disorders: Potential for Social Work Intervention, *China Social Work* 13 (2022) 18-19.
- [6] M. Zhang, Service Research on Social Work Interventions for Families of Mental Disorder Patients from a Family Resilience Perspective, *Society and Public Welfare* 12 (2021) 24-27.
- [7] Y. Li, Research on Social Work Interventions in Building Social Support Networks for Mental Disorder Patients, *Think Tank Era* 7 (2020) 295-296.