INTERNATIONAL PERSPECTIVES ON A COLLECTIVE APPROACH TO RECOVERY AND CITIZENSHIP

Perspectivas internacionais de uma abordagem coletiva para Recovery e cidadania

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Artigo encaminhado: 15/08/2020
Artigo aceito para publicação: 30/04/2021

ABSTRACT: In recent years, the citizenship framework has been refined and expanded by mental health practitioners from around the world who have applied it to their cultural and sociopolitical contexts. One driving factor in the process has been in-person cultural exchanges to observe how citizenship theory is operationalized in practice. Since 2015, Focus Act Connect Every-day (FACE) has welcomed visitors from South America, Asia and Europe to participate in its group meetings and community-building activities in New Haven, Connecticut, USA. FACE is a collective of people in recovery, mental health practitioners, and other community members that operates outside of the mental health service system and provides mutual support to its members and participates in community-building work in local neighborhoods. Using reflections on their experiences with FACE, the authors discuss how FACE and its unique application of the citizenship framework might pertain to their own contexts. Further, the authors consider the potential for

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promoting civic engagement and building community power that implementing projects similar to FACE might have, particularly among marginalized groups.
Keywords: Citizenship. Collective. Community. Mental Health. Cultural Exchange.

RESUMO: Nos últimos anos, a estrutura de cidadania foi refinada e expandida por profissionais de saúde mental de todo o mundo, que a aplicaram em seus contextos culturais e sociopolíticos. Um fator determinante no processo tem sido o intercâmbio cultural presencial para observar como a teoria da cidadania é operacionalizada na prática. Desde 2015, o Focus Act Connect Every-day (FACE) recebe visitantes da América do Sul, Ásia e Europa para participar de suas reuniões de grupo e atividades de construção da comunidade em New Haven, Connecticut, EUA. O FACE é um coletivo de pessoas em Recovery, profissionais de saúde mental e outros membros da comunidade que atuam fora do sistema de serviços de saúde mental, fornecem apoio mútuo aos seus membros e participam de trabalhos de construção comunitária nos bairros locais. Usando reflexões sobre suas experiências com o FACE, os autores discutem como o FACE e sua aplicação única da estrutura de cidadania podem pertencer aos seus próprios contextos. Além disso, os autores consideram o potencial para promover o engajamento cívico e construção do poder comunitário que a implementação de projetos semelhantes ao FACE pode ter, particularmente entre grupos marginalizados.
Palavras-chave: Cidadania. Coletivo. Comunidade. Saúde Mental. Intercâmbio Cultural.

1 INTRODUCTION

Over the past several decades, recovery has focused in large part on the process individuals pursue to reclaim aspects of their lives and identities from the narrow confines of psychiatric patient-hood (ANTHONY, 1993; DAVIDSON; STRAUSS, 1992; DEEGAN, 1988). More recently, there has been a greater emphasis on recovery occurring not only inside an individual, but also in a social environment in relation to other people (DAVIDSON et al, 2005; TOPOR et al, 2011). Collective pursuits and being an active part of the community have been identified as important components in recovery (RICCI et al, 2020). Rowe (2015) and colleagues (2016) have defined citizenship as a person's strong connection to the "5 R's" – rights, responsibilities, roles, resources and relationships, accompanied by a sense of belonging in one's community that is validated by others (ROWE, 2015; PONCE et al, 2016). Citizenship promotes social inclusion and full participation in society, including among people in recovery, while also acknowledging the structural

limitations that can disenable people from being included in the social environment (ROWE, 2015). Rowe and Davidson (2016) proposed the concept of *recovering citizenship*, which situates recovery in a complex social ecosystem and calls for centering its social justice roots. In the context of recovering citizenship, recovery is not an outcome or a condition that can be awarded by one to another; it is a "unique journey" to a state of full humanity achieved in relation to others (PONCE et al, 2016; ROWE; DAVIDSON 2016).

Societies infused with neoliberal policies that dehumanize those individuals who do not make what are viewed as sufficient economic contributions to the system require an intentionally collective approach to recovery and citizenship to protect individuals from despair and isolation (ONOCKO-CAMPOS et al, 2019; QUINN; BROMAGE; ROWE, 2019). Stigma related to negative perceptions of mental illnesses, as well as discrimination faced by people in racial, ethnic, sexual, disability and other minority groups, have deleterious effects on mental health, and compound the effects of neoliberalism, further isolating individuals from their communities (COGAN et al, 2020; RAFFERT et al, 2015). Collective approaches to "doing" recovery and citizenship can provide sanctuary and strength, countering the forces of neoliberalism, stigma and discrimination (QUINN; BROMAGE; ROWE, 2019).

Focus Act Connect Every-day (FACE) was formed in 2015 in New Haven, Connecticut, United States of America as a small collective of people in recovery from mental illness and substance use disorders, along with supporters who work in the mental health field, specifically on interventions based in the citizenship framework at the Yale Program for Recovery and Community Health (PRCH). FACE initially emerged from a series of facilitated conversations with people in recovery at a social rehabilitation program in New Haven. The stated purpose of those initial conversations was to investigate how people in recovery might work collaboratively with supportive mental health professionals and community partners to build connections in the community outside of the mental health system, and to leverage those connections to create positive community-level change. The process to achieve that purpose was left intentionally vague, so that group members could collectively set the direction and develop the culture of the group as they learned

more about one another, the community at large, and the group's potential role in impacting the community. A consensus-based decision-making process emerged quickly among members which maximized the inclusive nature of the group. Every decision that involved how group members might resolve a disagreement, set a group protocol, or develop a partnership with a community organization required all members present to agree. If the decision was particularly significant, the decision might not be made at the meeting in which it was raised, to allow for more members to share their opinions at subsequent meetings. This process is often time-consuming but is valued by FACE members since it reflects a commitment to fairness. FACE members often discuss how the group is a space that is different from the coercive and disempowering settings they encounter in the mental health system. FACE members strive to share power equitably, and they have established group norms, such as not finalizing the group's involvement in any community project until everyone is in agreement. Over the 5 years since the group's founding, FACE members have met regularly, biweekly until the coronavirus pandemic emerged then weekly since then, to increase mutual support opportunities. FACE members have also organized or participated in dozens of community-building and activist events in the past 5 years. Additionally, several members of FACE have become active in a local advocacy organization led by people with lived experience of poverty, food insecurity, and other personal struggles, extending the community impact of FACE.

Scholars from around the world visit PRCH to develop their own research and practice. Several of those scholars joined FACE while they were visiting, including the second through sixth authors. This creates a rich opportunity for bidirectional learning and cultural exchange between the scholars and FACE members. The authors live in five different locations around the world – Brazil, Chile, Hong Kong, Scotland and the United States, which leads to the diversity of cultural perspectives highlighted in this paper.

The second through sixth authors each wrote a brief narrative based on their experiences while participating in FACE meetings and, in some cases, FACE's community-building work. Each author was asked to include aspects of FACE they observed or learned while visiting FACE, and how those might apply to their practice

in their own country. The purpose of writing the narratives was to identify the most significant aspects of FACE that stood out across the experiences of the authors, as a way to collectively describe FACE, thus creating a shared understanding upon which to build this paper. The first, second, third and fourth authors met once via Zoom to discuss the five narratives and to identify common themes emerging from them. Those themes were shared with the other authors for their review and comments, and to reach consensus. The following two sections provide some of the impressions that appeared most frequently in the narratives, as well as observations about FACE's community engagement and collective action. Passages were taken from the narratives without editing to provide a direct, firsthand account of the author's experiences as visitors to FACE.

2 IMPRESSIONS OF FACE'S CULTURE AND COMMUNITY ENGAGEMENT WORK

The themes that emerged from the brief narratives include the welcoming environment that FACE creates among members, the importance of FACE existing outside of the mental health system, the new identities that FACE can unlock for people in recovery and mental health professionals alike, and the central role that community-building and activism play in FACE's culture. Based on their experiences with FACE, authors observed that the environment created by FACE members fosters the group's ability to work collectively in community settings.

Several authors noted that they experienced the welcoming nature of FACE when they first attended a group meeting. They were included immediately upon joining the group, and their voice and contributions were valued by other FACE members. This reflected a sense of belonging that permeated the authors' experiences in the group.

> "I, as a foreigner, with a low communicative repertoire due to the language...I was very well received, welcomed and inserted."
>
> "Since my first meeting I had a voice, I was supported and motivated to pursue my objectives there and beyond, felt my sense of belonging and could be a human being as if I were at home."

> “The ambiance was so warm and full of respect that every person was comfortable enough to express his or her ideas, even new participants.”
>
> “Personally, it offered me connection and friendship at a time when I was overseas and away from all that was familiar. It connected me to what I believe is important in life and reminded me of that – friendship, love, solidarity, human connection.”

This welcoming environment was enhanced by the diversity of people who are members of FACE. Group members represent a wide array of identity groups and personal experiences that do not often interact with one another.

> “I met people I would not ordinarily meet, I shared a space with a diversity of people and learned about the daily realities of life and living in New Haven...It also reminded me of collective, shared humanity.”
>
> “I could notice an incredible sense of belonging, even if we consider the participants’ diversity.”

The non-hierarchical nature of FACE was cited as another condition that enhanced the welcoming and inclusive environment.

> “Everyone involved in the group has an active voice, with the same importance in the decision-making process, which brings us to the motto ‘nothing about us, without us’.”
>
> “I realized that there were spontaneous leaders, but everyone respected and valued other people’s opinion in the same way.”

The intentional location of FACE outside of a clinical setting was cited as innovative. Meetings are held in community settings, most often coffee shops or restaurants. FACE members set the agenda for meetings, and their work in general, without influence from mental health professionals. Instead, when professionals are present, they work as common cause partners, fellow members in fact, offering their insights and knowledge of community resources that might foster further connections. This kind of autonomous setting was cited as uncommon in the professional experiences of the authors, and it was overwhelmingly regarded as a positive aspect of FACE. It was observed that mental health professionals leave their clinical roles at the door when entering FACE. The setting inspired several authors

to think differently about autonomy and their role in promoting autonomy as mental health professionals.

> "The environment where the meetings take place is also something innovative. Being out of health services, being able to circulate as a group, with debates and speeches in a public space, about community issues, planning actions, feeling like belonging to the community is a way of rescuing the subjects' citizenship and [is a] stigma reduction strategy."
>
> "I think it is extremely important to consider linking our service users to community-based groups that already exist in their local area, because they provide a space without the guidelines of professionals and diagnostic labels. After my time with the FACE group, I came to the idea that I really needed to [differentiate] the role of therapeutic groups and community-based collectives."
>
> "The values of FACE and how meetings and work take place in the community allow recovery and therapeutic effects to happen outside the therapy room through empowering members and creation of new identities."

Authors observed that FACE meetings are focused on members supporting one another to pursue shared community-building work. Rather than focusing specifically on mental illness as the unifying bond between members, the group finds common cause in their roles as engaged citizens contributing to the growth of their community.

> "FACE has set a beautiful example of how the elements of connection and community engagement are integral to the recovery among people with lived experience. Through regular planning meetings, individuals can be empowered by forming a social network and exchanging support with their peers."

Authors noted that "giving back" to the community is a motivator for many FACE members. The concept of making a valued contribution through its community-building work is central to FACE's approach.

> "Among the group principles 'giving back to the community' is a very relevant concept, which was crucial in their speech and was

> reflected in all the activities they carried out. I had not seen this principle being emphasized with such importance in other groups, so that caught my attention from the beginning of the experience."

As has been discussed, FACE members create a space to discuss problems they observe or experience in the community at large. The second author describes that space as a "stepping stone", through which members can develop a collective voice that can lead to taking action in the community to address the problems.

> "As an activist and advocacy worker in Scotland I learnt that it is important to have 'stepping stones' such as FACE as a way for people to start to have a collective voice. The mental health system often locates the burden of responsibility for 'recovery' within the individual, obscuring the complex social, political and economic factors, structural factors, which often lead people to come into contact with the mental health system. Individualizing narratives are hegemonic, people internalize them."

3 INTEGRATING LEARNING FROM FACE BACK AT HOME

In this section, authors explore how FACE might inform or align with practices in the various sociopolitical and cultural contexts where the authors live and work. The observations are divided up by country or region - Brazil, Chile, Hong Kong, and Scotland, and written primarily by the author from that country or region. The origins and practices of FACE in its home context in the United States are described in other sections of this paper, thus are not included here.

3.1 Brazil

Although recovery, and to a lesser degree citizenship, are part of the modern Brazilian psychiatry movement, they are not a reality throughout the country. People suffering from mental illness, or who experience intense social vulnerability, have no real assistance from governmental agencies, including access to adequate healthcare services. Many experience an intense sense of stigma, living with the same prejudice people lived with during the asylum era, but now the asylum has no gates and the chains are medicine cocktails. Initiatives like FACE could be an ideal method to promote social inclusion, and to build a new reality for these people who

are struggling so profoundly. Promoting a productive and fruitful life in community in a similar way to FACE's method could promote mental health and prevent emotional illness mainly by turning peer support into practice. And, offering people receiving mental health services the freedom to simply be human beings, the best version of themselves, can be deeply important when systems are dehumanizing. We can think of a group, similar to FACE, featuring the opportunity to speak and listen where there is a prospect of reestablishing and strengthening citizenship, creating community bonds and circulation in spaces other than the usual ones (i.e. mental health services). In addition to the physical space, it is necessary to rethink the central focus of the meetings. It is essential to encourage autonomy, the responsibility of each person to the group and the larger community. In a country where changes are needed, creating opportunities for emancipatory spaces for those marginalized groups is something with transformative power.

In response to the need for changes and emancipatory spaces, initiatives have been undertaken recently to build an institutional safety net for women victims of violence, an institutional compliance policy based on social justice, and a television talk show to allow people to have a voice and share their practices of emancipation and recovery. Each of these was inspired, in some measure, by an underlying principle encountered when visiting FACE and PRCH, namely that we all fundamentally deserve to have the support and resources we need to reach our full human potential. This is at the heart of the citizenship framework.

3.2 Chile

Currently, and precipitously since 2019, Chile is going through a moment of crisis that has been called "the social outbreak" by the media, a natural consequence of years deepening of a neoliberal socio-political model, which places the individual above the collective, making it precarious to maintain minimum living conditions. There is a great sense of mistrust in and a chronic perception of abuse by institutions, leading to deterioration in the social fabric and the isolation of citizens. Citizens are mobilizing by raising their voices for the first time in years, under the collective motto "*Until dignity becomes customary*".

This historic moment has allowed a great opportunity for society to question existing beliefs about mental health. The traditional and individualistic biomedical models are being abandoned for other ways of understanding how challenges in mental health originate, from a disease model to a social logic, and to start looking for how to rebuild a collective space where recovery may take place. In addition, this generalized questioning of the institutions directly challenges the mental health service system to make a gesture of humility by recognizing its limited role in the recovery processes and also to take responsibility for how the system itself can dehumanize its users through stigmatization and institutionalization.

It is absolutely necessary to promote and value spaces outside the health network where people can exercise their citizenship beyond labels and beyond the paternalism of a clinician. The reconstruction of interpersonal relationships can only occur in natural and spontaneous support spaces, where each person feels free to participate without restrictions, and where other people respect me and see me as an equal, creating a group that can define their identity and objectives in their own terms. It is in this kind of space that recovery of citizenship can take place. My impression is that the precise moment that Chilean society is going through allows us a unique opportunity to strengthen this type of initiatives and ways of understanding recovery.

3.3 Hong Kong

The implementation of a recovery-oriented approach in the mental health system in Hong Kong started approximately a decade ago. It has emphasized peer support, empowerment, strengths and other related elements in services. It was not uncommon to observe a sense of helplessness among people experiencing homelessness in Hong Kong, a majority of whom have a history of trauma across their lifespan. Many believe that they do not have the ability and power to make social changes, hence they often take a passive role and to rely on social workers, clinicians and other service providers to influence the government's decisions. In addition, discussing social and political issues in therapy or other service-based settings is not a usual practice. Many providers might have the impression that struggles with basic physiological and safety needs hinder individuals in their civic

participation, so they leave out that discussion when talking with people receiving their services. Mental health professionals who are part of FACE, on the other hand, take up the new role as a peer in collective action instead of the traditional role of helping “patients” or delivering treatment. In other words, individuals are provided with a supportive and inclusive space to express opinions, which lead to improving the civic life of the community. Such practice is not yet common in Hong Kong.

FACE members demonstrate perseverance and enthusiasm through their active involvement in community affairs. FACE has set an example of how the elements of connection and community engagement are integral to recovery among people struggling with mental illness. In order to take it to the next level, which is increasing participation in advocacy, it will require fostering tighter ties with community resources and partners. This work has begun among people in recovery in Hong Kong, along with allies in professional roles who are training in the theory and practice of citizenship.

3.4 Scotland

Collective advocacy in Scotland is about groups of people, who experience similar issues, coming together to campaign for change. In Scotland there has been momentum for several years to de-center purely biomedical understandings of mental health. Activists have long been calling for this change, and now the policy landscape recognizes the urgent need for a “human rights” based approach. But there are challenges in turning this rhetoric into meaningful change in the lives of disabled people, including people with mental health issues.

As part of our collective advocacy work at Oor Mad History (CAPS ADVOCACY, 2010) we have used community and oral history as a tool to help strengthen the collective voices of mad people or people with lived experience. We recorded the history of the mental health service user movement locally and created an archive. Inspired by work in Toronto, Canada teaching Mad People's History, we set up a Scottish course based at Queen Margaret University (BALLANTYNE et al, 2020). Mad Studies, an emerging form of activism and scholarship, aims to disrupt the dominance of bio-medical determinism, by re-centering the experiences, knowledge and ideas of “Mad” people, people with mental health issues, service

users or survivors. Work around Mad People's History and Mad Studies in Scotland is about recognizing the personal, collective and political agency of people with mental health issues, and that people with lived experience are not just "passive receivers of care" but are active agents of change (COSTA, 2013) With strong links to collective, social movement history of madness and to other critical theory-based disciplines, Mad Studies offers a hopeful opportunity to challenge and de-center dominant understandings of mental health and illness. (BERESFORD, 2014). It offers a politicized lens and a means to scrutinize current policy and political imperatives.

Many FACE members make the journey to political change-focused groups, through opening a social movement learning space (HALL, 2006; KILGORE, 1999) space. In the case of FACE, this new social movement learning space has been informal and, in some ways, unintentional. People learn "in the struggle" (COX, 2018), rather than through formal training. FACE endeavors to gain understanding in community settings, and, in the case of many members, by joining activist organizations working for political change. Through this process of "learning by doing", FACE members build a sense of themselves and their voice as valuable. They create a collective space that is led and controlled by people with lived experience of mental health struggles, where people experience being "in control" and not "controlled".

4 CONCLUSION

The authors acknowledge that FACE is only one example of the citizenship framework in action. FACE is an *idea* and a *value*, which can be adapted and applied in various cultural contexts. It is an attitude collectively embraced and put into practice, usually organically and non-linearly, to foster leadership and direction-setting among all of the people engaged in the process. FACE members rely on their own abilities to be agents of change rather than on a social worker, clinical provider, or other mental health professional to mediate that change for them. In fact, we have argued that FACE has thrived because it operates in equal partnership with mental health professionals, rather than under their watchful eye. In the process, a more

multifaceted identity can emerge for both people in recovery *and* mental health professionals.

To date, no formal model, set of standards, or practice manual to codify the various elements of FACE have been considered. Perhaps, more important than a notion of fidelity to one citizenship model is the flexibility to apply FACE's approach to a given socio-political context where a group like FACE might take root. As one of the Brazilian authors observed during his visit to the United States, FACE is a space to shift one's presuppositions and to reflect on what to bring back home, *to get the idea, not the recipe*. Additionally, by focusing on the community, rather than narrowly on mental health service settings, FACE is poised to absorb and integrate ideas and practices from community and activist groups its members encounter while taking part in community-building work. It is vital not to assign responsibility for making this change solely to people in recovery, however. As several authors have clearly indicated, mental health professionals must make commitments, including taking bold steps to go beyond current conceptualizations of the role of mental health workers, to support meaningful engagement with the community including fighting for long-denied rights, both for people receiving their services and for themselves as citizens of their communities.

One direction that FACE, or a group based on components of FACE, might explore further is developing solidarity with groups that are actively engaged in political change. Many FACE members have gotten involved with a local anti-hunger organization because they and people in their social networks regularly experience struggles with getting sufficient, nutritious food. Groups like FACE can play a vital role in a process through which people in recovery attain more full citizenship by demanding their basic right to survive, thrive, and determine their own lives, by organizing with each other and with groups fighting for similar causes.

A platform beyond the local context that has shown promise for advancing the work of FACE and groups like it is the International Recovery and Citizenship Collective (IRCC). The IRCC is an international collective of researchers, people with lived experience, advocates, mental health and substance use practitioners and others with a central interest in enhancing knowledge dissemination and the practice

of citizenship as an applied framework of social inclusion, especially for those marginalized by stigma and discrimination, poverty, and mental health challenges. Over the past seven years, the IRCC has been a vehicle for supporting work being done in individual member countries, and to share knowledge across its network. FACE has facilitated presentations at symposia of the IRCC. Additionally, most of the authors are members of the IRCC. It is our belief that the IRCC can build on the kinds of cultural exchanges and shared learning opportunities highlighted in this paper, and it can expand unique approaches like FACE to a wider, more international audience. That audience might, in turn, enhance the way FACE does its work.

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