

Resilience, Psychosis and Childhood Trauma

Shaun Sweeney

Discipline of Psychiatry and Discipline of Medicine

School of Medicine

Faculty of Health Sciences

University of Adelaide

THESIS SUBMITTED FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

March 2015

TABLE OF CONTENTS

TABLE OF CONTENTS	1
Abstract	7
Declaration	9
Acknowledgements	11
List of Publications and Conference Presentations	14
List of Tables	16
List of Figures	18
Preamble	19
Chapter 1	21
Introduction	21
1.1 Overview	21
1.2 Research Origin	22
1.3 Research Questions	24
1.4 Topic Overview	25
1.5 Research Aims	27
1.6 Health and Social Context	28
1.7 Research Method and Design	29
1.7.1 Research Methodology	29
1.7.2 Research Design	30
1.8 The Use of Terminology	30
1.9 Combined Thesis and Journal Papers	32
1.10 Chapter Overview	33
1.10.1 Chapter 1	33
1.10.2 Chapter 2	33
1.10.3 Chapter 3	33
1.10.4 Chapter 4	34
1.10.5 Chapter 5	34
1.10.6 Chapter 6	34
1.10.7 Chapter 7	35
1.10.8 Chapter 8	35
1.10.9 Chapter 9	35
1.11 Conclusion	36
Chapter 2	37
Literature Review	37
2.1 Introduction	37
2.1.1 Literature Search	37
2.1.2 The Conceptualisation and Terminology of Resilience	39
2.1.3 The Conceptualisation and Terminology of Illness Recovery	40
2.2 Resilience	41
2.2.1 The Psychological and Social Concept of Resilience	41
2.2.2 The Evolution of the Concept of Resilience	42
2.2.3 The Concept of Resilience: Personality and Biology.....	49
2.2.4 Psychological Protective Factors.....	52
2.2.5 Trauma Prevalence, Post-Traumatic Stress Disorder (PTSD) and Post-Traumatic Growth (PTG).....	54

2.2.6 Resilience and Social Contexts	56
2.2.7 Resilience Measures in Psychological, Health and Social Research	57
2.2.8 Resilience in Summary	58
2.3 Psychosis	59
2.3.1 The Symptoms and Prevalence of Psychosis	59
2.3.2 CTA and Psychosis	62
2.3.3 Psychosis and Social Disadvantage	64
2.3.4 Psychosis, Social Capital and Social Defeat	67
2.3.5 Psychosis and Stigma	68
2.3.6 Psychosis in Summary	70
2.4 Childhood Trauma and/or Adversity (CTA)	71
2.4.1 Conceptualisations of Trauma and Adversity	72
2.4.2 The Lifetime Prevalence of Trauma and/or Adversity	74
2.4.3 The Health and Social Effects of CTA	74
2.4.3.1 The Psychological Effects of CTA	77
2.4.4 CTA and Resilience	78
2.4.5 CTA in Summary	80
2.5 Recovery	81
2.5.1 The Concept of Illness Recovery	81
2.5.2 Contested Notions of Illness Recovery	84
2.5.3 Illness Recovery and this PhD Research	86
2.6 Literature Review- Conclusion	87
Chapter 3	91
Theoretical Framework and Methods	91
3.1 Introduction	91
3.2 Quantitative and Qualitative Research	91
3.2.1 Quantitative Research	92
3.2.2 Qualitative Research	95
3.3 Mixed-Method Research	98
3.4 Data Analysis	100
3.4.1 Study One: Quantitative Data Analysis	100
3.4.2 SHIP Research Typology	100
3.4.2.1 SHIP Psychosocial, Demographic, Diagnostic and Cognitive Assessments	101
3.4.3 SHIP Statistical Analysis	102
3.4.4 The Identification of CTA	103
3.5 Study Two: Qualitative Data Collection	103
3.5.1 Pilot Study	104
3.5.2 Selection Criteria for Study Two Participants with CTA	105
3.5.3 Refusal to Participate	105
3.5.4 Study Two Interviews	106
3.5.5 Interview Scheduling and Location	107
3.5.6 Note Taking	107
3.5.7 Audit Trail	108
3.5.8 Study Two Interviews in Practice	109
3.5.9 Data Transcription	111
3.5.10 Measures of Resilience	111
3.5.10.1 The Resilience Scale	112
3.5.10.2 Suitability of the Resilience Scale	113
3.6 Qualitative Data Analysis	114
3.6.1 Study Two Qualitative Data	114
3.6.2 Data Familiarisation	117
3.6.3 Indexing the Interview Data	117
3.6.4 Theme Saturation	118
3.6.5 Ethical Considerations	119
3.7 Reflexivity in Research	120
3.7.1 Issues of Perspective	121
3.7.2 Questions of Participant Voice	123

3.7.3 Issues of Research Relevance.....	124
3.7.4 Matters of Research Depth.....	125
3.8 Conclusion	126
Chapter 4	127
Study One	127
4.1 Introduction.....	127
4.1.2 The Quantitative and Qualitative Context.....	127
4.1.3 Aims of Study One.....	128
4.2 Study One: Quantitative Analysis of the SHIP Data.....	129
4.2.1 Study One Context	129
4.2.2 Study One Method.....	130
4.2.2.1 SHIP Research Design	130
4.2.2.2 South Australian SHIP Study Sample	133
4.2.2.3 SHIP Measures and Assessments.....	134
4.2.2.4 Functioning.....	137
4.2.2.5 Physical Health.....	138
4.2.2.6 Socioeconomic Status.....	138
4.2.2.7 Alcohol, Drugs and Smoking	138
4.2.2.8 ABS and the SHIP Catchment Demographic Information.....	139
4.2.2.9 Data Analysis.....	139
4.3 Study One Results.....	140
4.3.1 The Demographic, Social and Economic Status of the South Australian SHIP Cohort.....	140
4.3.1.1 Prevalence of Childhood Trauma	144
4.3.1.2 Sample characteristics	145
4.3.1.3 Psychological and Physical Health.....	146
4.3.1.4 Social and Economic Characteristics of the SHIP Sample.....	160
4.4 Study One: Discussion	172
4.4.1 Overview	172
4.4.2 Prevalence and Type of CTA	173
4.4.3 Socio-demographic and Functional Differences	174
4.4 Physical and Psychological Symptoms	177
4.5 Service Utilisation	179
4.6 Multivariate Models	180
4.7 Study One Findings	182
4.7.1 Study One- Limitations	184
4.8 Study One Conclusion	187
Chapter 5	189
The Physical and Psychological Manifestation of Childhood Trauma and/or Adversity in People with Psychosis	189
Statement of Authorship	189
5.1 Abstract	192
5.1.1 Aims	192
5.1.2 Methods	192
5.1.3 Results	192
5.1.4 Conclusions	192
5.1.5 Key Words.....	193
5.2 Introduction.....	194
5.3 Materials and Methods.....	197
5.3.1 Subjects	197
5.4 Ethics Statement	198
5.5 Assessments	198
5.6 Childhood trauma and/or adversity.....	199
5.7 Statistical Analyses	199
5.8 Results	200
5.7.1 Types of trauma and/or adversity experienced by the sample	201
5.7.2 Physical and psychological health.....	202
5.7.3 Physical and psychological health profile	204
5.8 Discussion	205

5.9	Limitations.....	208
5.10	Acknowledgements	209
5.11	Conflict of Interest.....	209
5.12	Funding Source	209
Chapter 6	210
	Study Two: Thematic Analysis.....	210
6.1	Introduction.....	210
6.1.1	Study Two Interviews	210
6.1.2	Thematic Structure	211
6.1.3	The Study Two Cohort: Demographics and CTA Histories	212
6.1.4	Resilience and the Measure of Resilience: The Resilience Scale	212
6.2	Theme One: Resilience	215
6.2.1	Introduction	215
6.2.2	The Manifestation of Resilience.....	215
6.2.3	Psychological Coping and the Reframing of CTA.....	222
6.2.4	Resilience: Conclusion	226
6.3	Theme Two: Childhood Trauma and/or Adversity.....	228
6.3.1	Introduction	228
6.3.2	Conceptualisations of CTA	229
6.3.3	CTA: The Psychological and Social Challenges.....	232
6.3.4	Emotional Trust.....	237
6.3.5	CTA Counselling.....	240
6.3.6	CTA: Conclusion.....	245
6.4	Theme Three: Psychosis.....	247
6.4.1	Introduction	247
6.4.2	The Manifestation of Psychosis	248
6.4.3	Psychosis: The Challenges	250
6.4.4	Personal and Strategic Illness Management of Psychosis.....	253
6.4.5	Recovery from Psychosis	257
6.4.6	Psychosis: Conclusion.....	262
6.5	Theme Four: Reconciliation, Post-Traumatic Growth and Speculative Change	263
6.5.1	Introduction	263
6.5.2	Reconciliation and Post-Traumatic Growth.....	264
6.5.3	Speculative Change	270
6.5.4	Reconciliation, Post-Traumatic Growth and Speculative Change: Conclusion.....	272
6.6	Discussion: Study Two	274
6.6.1	Introduction	274
6.6.1.2	The Interconnection between Themes.....	274
6.6.1.3	Participant Engagement in Study Two	275
6.6.2	Participant Conceptualisation of Resilience.....	275
6.6.3	Resilience and Recovery from Psychosis.....	276
6.6.4	The Assessment of Resilience	278
6.6.5	CTA, Resilience and Post-Traumatic Growth.....	279
6.6.6	CTA and Clinical Mental Health Settings.....	280
6.6.7	Psychosis	281
6.6.8	Illness Recovery	282
6.6.9	Speculative Change, Psychosis and CTA.....	284
6.7	Study Two- Limitations.....	285
6.8	Study Two: Conclusion	287
Chapter 7	290
	Psychosis, socioeconomic disadvantage and health service use in South Australia: findings from the Second Australian National Survey of Psychosis.....	290
	Statement of Authorship	290
7.1	Abstract	293
7.1.1	Aims	293
7.1.2	Methods.....	293

7.1.3 Results	293
7.1.4 Conclusion	293
7.1.5 Key Words	294
7.2 Introduction.....	295
7.3 Materials and Methods.....	297
7.3.1 Subjects	297
7.3.2 Assessments.....	297
7.3.3 Statistical Analysis	298
7.3.4 Ethics Statement	298
7.4 Results	298
7.5.1 Physical Health.....	299
7.5.2 Social Networks and Support	300
7.5.3 Health Service Use	301
7.6 Discussion	302
7.7 Limitations.....	304
7.8 Acknowledgements	305
7.9 Funding	305
7.10 Conflict of Interest.....	305
Chapter 8	307
Research Findings and Contributions	307
8.1 Introduction.....	307
8.1.1 Research Context.....	307
8.1.2 Research Aims and Methods	309
8.1.3 Finding One: Prevalence and Significance of CTA	309
8.1.4 Finding Two: Prevalence and Significance of Psychological Resilience and Post-Traumatic Growth	312
8.1.5 Finding Three: Social Disadvantage, Psychosis and the SHIP Cohort	314
8.1.5.1 Psychosis and Physical Health Outcomes	314
8.1.6 Finding Four: Clinical Mental Health Services and CTA	315
8.1.7 Finding Five: Psychological Resilience Measures	315
8.2 Research Contributions.....	316
8.2.1 Introduction	316
8.2.1.1 Research Context.....	317
8.2.2 Contribution One: Clinical Service Initiatives	318
8.2.3 Contribution Two: Service Development Initiatives.....	322
8.2.4 Contribution Three: Addressing Social Disadvantage	326
8.2.5 Contribution Four: Psychological Resilience Measures for Psychosis Populations	328
8.2.6 Contribution Five: Further Research	330
8.3 Conclusion: Finding and Contributions	333
Chapter 9	337
Conclusion	337
9.1 Introduction.....	337
9.2 Significance and Contributions of the Research Findings	337
9.3 Additional Questions Raised by the Research Findings and Contributions	339
9.4 The Limitations of the Research	340
9.5 The Strengths of the Research	341
9.6 Concluding Statement	343
References.....	345
Appendices.....	393
Appendix 1.....	393
Appendix 2:	399
Appendix 3:	405
Appendix 4:	407
Appendix 5:	409
Appendix 6:	411

Appendix 7:413

Abstract

This research investigates resilience. It examines the influence of childhood trauma and/or adversity on resilience in adults diagnosed with a psychotic illness. In the research I grounded resilience in the lived experience of psychosis and childhood trauma and/or adversity and framed these topics within a health, psychological and social perspective.

This research comprises two studies. I utilise quantitative and qualitative research data sets in a mixed-method research design. I drew the quantitative study data from the Survey of High Impact Psychosis research project conducted in the northern region of Adelaide, South Australia in 2010. I combined this quantitative study with a qualitative study based on data from additional interviews involving a smaller participant group sourced from the SHIP research project. I selected interview participants for the qualitative study because they identified as having experienced childhood trauma and/or adversity.

The mixed-method research design provides the capacity to identify the prevalence of childhood trauma and/or adversity within a psychosis cohort. It allows for the examination of the effects of childhood trauma and/or adversity and psychosis on the development and manifestation of resilience. I also consider the influence of a psychotic illness on health, and economic and social functioning. The qualitative phase of the research examined individual interpretations of the experience(s) of childhood trauma and/or adversity, psychosis and resilience. I analysed this qualitative data thematically and identified some of the common understandings of not only the construct of resilience, but also the lived experience of psychosis.

This research establishes that resilience has a crucial role in optimising social and health functioning. It identified how childhood trauma and/or adversity is a contributor to the

development of resilience in people with psychosis. In addition, the research demonstrates that resilience is fundamental to long-term recovery from psychosis. I also consider the implications of the research findings for enhancing the effectiveness of clinical mental health approaches to psychosis treatment. A more intentional focus on the development of resilience in clinical mental health practice emerged as one of the primary recommendations from the research.

Declaration

I, Shaun Sweeney, certify that this work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution, and, to the best of my knowledge and belief, it contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

I give consent to this copy of my thesis when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

I acknowledge that copyright of published works contained within this thesis (as listed below) resides with the copyright holder(s) of those works.

I give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library catalogue, the Australasian Digital Theses Program (ADTP) and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

Signed:

Shaun Sweeney

Date: 16th June 2015

Acknowledgements

Having seemingly reached the end of this academic challenge, I would like to express my genuine thanks to all those people who assisted and supported me along the way.

My Supervisors

I would especially like to thank my academic supervisors, Professor Cherrie Galletly and Dr Lana Zannettino. I know each of you will miss receiving my endless emails that read more like appeals for help, the countless drafts that flooded your inboxes, and the endless schedules and timetables I constantly asked you both to adhere to. Thank you both for working with me to develop my skills as an academic researcher and as a writer. Without your support, guidance and opportunity this PhD research would not have been possible.

Professional Editing

This thesis has been professionally edited by Kate Leeson.

The Survey of High Impact Psychosis

This PhD is based on data collected from the 2010 Australian National Survey of High Impact Psychosis. The members of the Survey of High Impact Psychosis Study Group are: V. Morgan (National Project Director), A. Jablensky (Chief Scientific Advisor), A. Waterreus (National Project Coordinator), R. Bush, V. Carr, D. Castle, M. Cohen, C. Galletly, C. Harvey, B. Hocking, A. Mackinnon, P. McGorry, J. McGrath, A. Neil, S. Saw and H. Stain. I would like to thank these national directors for not only providing me with the opportunity to participate in collecting this data, but also the chance to use this data in a PhD research project. I would also like to acknowledge the hundreds of mental health professionals who participated in the preparation and conduct of the 2010 Australian

National Survey of High Impact Psychosis and those with a psychotic illness who gave their time and whose participation helps form the basis of this PhD research.

To Andrea Baker, my SHIP counterpart in Queensland. Thank you for never failing to answer my questions and the unflinching encouragement and support you provided from afar.

Research Participants

I would like to acknowledge all of the research participants' personal contributions to this study and their willingness to disclose personal insights into their lives. Without their input this study would not be possible.

Discipline of Psychiatry

I am grateful also to the professional and academic staff of the Discipline of Psychiatry, University of Adelaide. Thanks also to Sofia Zambrano Ramos and Sonia Masciantonio who as my compatriot PhD students provided support and friendship that was imperative to guiding me through this journey and ensuring that my time at university was productive and enjoyable.

SA Health

Thank you to the clinical and support staff at SA Health, Northern Adelaide Local Health Network - Mental Health Division for your interest and support. In particular to Jim Chaousis, who was an ongoing source of support and encouragement throughout both my clinical mental health career and during this PhD journey.

Funding Providers

Thank you to the Graduate Centre at the University of Adelaide and the Australian Postgraduate Award for providing me with a full-time scholarship. Thank you also to the School of Psychology for providing additional income support for PhD-related travel.

Thank you to the Australian Government Department of Health and Ageing for funding the 2010 Australian National Survey of High Impact Psychosis.

Personal Acknowledgements

I am especially grateful to Tracy Air who has been instrumental in providing me with ongoing technical advice, emotional support, generosity and unwavering friendship during this PhD process. Thank you.

To Richard Lavazanian who for many years has been an outstanding friend, one who has never failed to exhibit exceptional generosity, kindness of spirit and a sense of humour.

To Sofia Hallwas, your influence throughout my life has been more significant and enduring than you could ever know.

Most importantly, I would like expressly to thank Sigrid Sweeney for her incredible encouragement, her advice, unflinching intellectual support, insightful contributions and for her enduring support when encouraging me in the pursuit of this important personal goal. This PhD research project is dedicated to you.

Finally, to everyone mentioned above, thank you for accompanying me throughout the years and for your faith in my capacity to achieve this important personal goal.

List of Publications and Conference Presentations

Publication List

- Sweeney, S., Air, T., Zannettino, L., Galletly, C. (2014). 'The physical and psychological manifestation of childhood trauma and/or adversity in people with psychosis'. *PloS One*, submitted for review on the 4th February 2015.
- Sweeney, S., Zannettino, L., Air, T., Galletly, C. (2014). 'Psychosis, Socioeconomic Disadvantage and Health Service Use in South Australia: Findings from the Second Australian National Survey of Psychosis'. *PLoS One*, submitted for review on the 15th May 2015.
- Shah, S., Mackinnon, A., Galletly, C., Carr, V., McGrath, J., Stain, H., Castle, D., Harvey, C., Sweeney S., Morgana V. (2014). 'Prevalence and impact of childhood abuse in people with a psychotic illness: Data from the second Australian national survey of psychosis'. *Schizophrenia Research* 159 (2014): 20–26.

List of Conference Presentations Based on this Thesis

- ‘The Survey of High Impact Psychosis: A national research project from a South Australian perspective’.
Shaun Sweeney, Prof Cherrie Galletly, Dr Lana Zannettino
TheMHS Conference. Adelaide, South Australia, 6–9 September 2011.
- ‘Trauma in childhood and the outcomes for psychosis cohorts’.
Shaun Sweeney, Prof Cherrie Galletly, Dr Lana Zannettino
The 7th Annual World Conference on the Promotion of Mental Health and Behavioural Disorders. Perth, Western Australia, 17–19 October 2012.
- ‘Resilience, childhood trauma and the outcomes for psychosis populations’.
Shaun Sweeney
Statewide Mental Health Workers’ Seminar. Glenside Hospital Campus. Adelaide, South Australia, 6 December 2013.
- ‘Resilience, psychosis and childhood trauma’.
Shaun Sweeney.
School of Medicine Research Highlights. Adelaide, South Australia, 9 September 2014.

List of Tables

Table 4.1a: The Socio-Economic Indexes for Areas (SEIFA) demographic information	141
Table 4.1b: The Socio-Economic Indexes for Areas (SEIFA) demographic information cont.	142
Table 4.1c: The Socio-Economic Indexes for Areas (SEIFA) demographic information	143
Table 4.2: Types of abuse as identified by SHIP participants	144
Table 4.3: Basic socio-demographic characteristics of the CTA group, non-CTA group and whole cohort	146
Table 4.4a: ICD-10 diagnosis for CTA and non-CTA groups, stratified by gender .	147
Table 4.4b: Age of onset, duration of illness and suicidality for CTA and non-CTA groups, stratified by gender	148
Table 4.4c: Key symptoms: Lifetime	149
Table 4.4d: Experience of key lifetime symptoms for CTA and non-CTA groups, stratified by gender	150
Table 4.5a: Body mass index (BMI) for CTA and non-CTA groups, stratified by gender	151
Table 4.5b: Experience of hypertension for CTA and non-CTA groups, stratified by gender	152
Table 4.5c: HDL, total cholesterol, triglycerides and glucose blood results for CTA and non-CTA groups, stratified by gender	153
Table 4.6: Lifetime alcohol, cannabis and other substance abuse/dependence for the CTA and non-CTA groups, stratified by gender	154
Table 4.7: Smoking status for CTA and non-CTA groups, stratified by gender	155
Table 4.8: Lifetime and current alcohol use for CTA and non-CTA groups, stratified by gender	156
Table 4.9: Lifetime and current cannabis use for CTA and non-CTA groups, stratified by gender	156
Table 4.10: Self-reported lifetime history of physical conditions for CTA and non-CTA groups, stratified by gender	157
Table 4.11: Health service utilisation for CTA and non-CTA groups, stratified by gender	159
Table 4.12: Level of schooling completed and age left school for CTA and non-CTA groups, stratified by gender	160
Table 4.13: Employment status in the week and year prior to interview for CTA and non-CTA groups, stratified by gender	161
Table 4.14: Reasons for not looking for work among those not in the workforce (n=245)	162
Table 4.15: Income per fortnight for CTA and non-CTA groups, stratified by gender	163
Table 4.16: Day-to-day functioning for CTA and non-CTA groups, stratified by gender	164
Table 4.17: Means and standard deviations for the Assessment of Quality of Life (AQOL) Questionnaire for CTA and non-CTA groups, stratified by gender ...	165
Table 4.18a: Social functioning in the 12 months prior to interview, for CTA and non-CTA groups, stratified by gender	166
Table 4.18b: Social contact in the 12 months prior to interview, for CTA and non-CTA groups, stratified by gender	167
Table 4.18c: Supportive relationships in the 12 months prior to interview, for CTA and non-CTA groups, stratified by gender	168

Table 4.19: Social stigmatisation in the 12 months prior to interview, for CTA and non-CTA groups, stratified by gender	169
Table 4.20: Victimisation and offending, in the 12 months prior to interview, for CTA and non-CTA groups, stratified by gender	170
Table 4.21: Relationship between CTA and demographics, psychological and physical health profiles in people with psychosis, stratified by gender	171
Table 5.1: Socio-demographic and diagnostic data and course of disorder for people with psychosis, comparing those who had experienced CTA with those who had not	201
Table 5.2: Types of CTA reported by participants	202
Table 5.3: Lifetime physical conditions	203
Table 5.4: Psychological symptoms: lifetime	204
Table 5.5: Relationship between CTA and demographics, psychological and physical health profiles in people with psychosis, stratified by sex	205
Table 6.1: Resilience Scale (RS) Study Two participant scores	214
Table 7.1: Socio-demographic and lifestyle from the SHIP sample	299
Table 7.2: Physical Health of the SHIP Sample	300
Table 7.3: Social Contact in the SHIP Sample	301
Table 7.4: Health Service Utilisation in the SHIP Sample	302

List of Figures

Figure 1.1: Research Typology	30
Figure 3.1: The thematic structure of the Study Two interview data	118
Figure 4.1: Phase 1 – South Australia SHIP Census Enumeration	132
Figure 4.2: Phase 2 – South Australia SHIP Sampling and Interviewing	133
Figure 6.1: Thematic Structure for Study Two	212
Figure 6.2: Thematic Structure of Theme One	215
Figure 6.3: Thematic Structure of Theme Two	228
Figure 6.4: Thematic Structure of Theme Three	247
Figure 6.5: Thematic Structure of Theme Four	263

Preamble

To the reader,

This is a ‘hybrid thesis’ comprising a traditional research thesis format including two additional journal articles. An advocacy position for a stronger clinical focus on resilience in mental health practice is evident in this research, a position that emerged through the experience of conducting this research. Furthermore, in my work as a mental health clinician with broad mental health experience I have observed firsthand how psychosis can affect a person’s physical and psychological health, employment opportunities, educational outcomes and their participation in community life. Despite these obstacles, many people with a psychotic illness maintain resilience and optimism about their futures. However, there is still much to be done to improve mental health praxis to ensure that people with a psychotic illness can live meaningful and contributing lives as members of their communities.