RESEARCH PAPER

Recovery-Oriented Practice In Mental Health Services For Postpartum Psychosis: A Systematic Review Of Multidisciplinary Clinicians' Perspectives

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ABSTRACT

Postpartum psychosis (PPP) is a rare but severe psychiatric condition that emerges within weeks after childbirth, often requiring urgent intervention. Recovery-oriented practice (ROP) in mental health emphasizes hope, empowerment, and person-centered care, yet its application in PPP remains complex due to risks to both mother and infant. This systematic review synthesizes multidisciplinary clinicians' perspectives on ROP in PPP, drawing from psychiatry, nursing, psychology, and social work. A comprehensive search of PubMed, PsycINFO, CINAHL, and Scopus (2000–2025) identified studies reporting clinicians' views on recovery principles in PPP care. Findings reveal that clinicians conceptualize recovery as more than symptom remission, encompassing maternal role restoration, identity reconstruction, and family reintegration. Psychiatrists prioritize stabilization and risk management, while nurses emphasize compassionate, holistic care. Psychologists highlight trauma-informed approaches, and social workers stress family support and stigma reduction. Barriers to ROP include limited specialized training, fragmented service pathways, and institutional focus on acute stabilization. Facilitators include integrated multidisciplinary models, peer support, family-inclusive interventions, and policy frameworks prioritizing maternal mental health. Clinicians consistently value recovery-oriented principles but struggle with systemic constraints. This review underscores the need for integrated care pathways, enhanced training, and collaborative approaches that balance safety with empowerment. Embedding recovery principles into perinatal mental health services can improve outcomes for mothers, infants, and families, while advancing equity and accessibility in psychiatric care.

KEYWORDS: Postpartum psychosis, Recovery-oriented practice, Multidisciplinary care, Clinicians' perspectives, Maternal mental health, Systematic review

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INTRODUCTION

Postpartum psychosis (PPP) is one of the most severe psychiatric emergencies associated with childbirth, with an estimated incidence of one to two cases per thousand deliveries worldwide. Its onset is typically abrupt, often within the first two weeks postpartum, and it is characterized by hallucinations, delusions, disorganized thought processes, and rapid mood fluctuations. The condition poses profound risks not only to the mother's mental health but also to infant safety and family stability, making it a critical focus of perinatal psychiatry. Historically, PPP has been managed primarily through biomedical interventions such as hospitalization, pharmacotherapy, and electroconvulsive therapy. While these approaches are effective in achieving symptom stabilization, they often fail to address broader dimensions of recovery, including maternal identity reconstruction, family reintegration, and long-term psychosocial well-being. This gap highlights the need for frameworks that

extend beyond clinical remission to encompass holistic recovery. Recovery-oriented practice (ROP) has emerged as a transformative paradigm in mental health care, shifting the focus from symptom reduction to empowerment, hope, and person-centered approaches. Rooted in consumer movements and psychiatric rehabilitation, ROP emphasizes collaborative partnerships between service users and clinicians, recognizing recovery as a unique, non-linear journey that encompasses personal growth, social inclusion, and the reclamation of meaningful roles. In the context of PPP, recovery is particularly complex because mothers must navigate psychiatric symptoms while simultaneously negotiating maternal identity, infant bonding, and societal expectations. Recovery-oriented practice therefore offers a framework that aligns clinical care with the lived realities of affected women, ensuring that treatment is not only about stabilization but also about enabling mothers to reclaim agency, dignity, and meaningful participation in family and community life. The management of PPP requires coordinated input from multiple disciplines, including psychiatry, psychiatric nursing, psychology, and social work. Each discipline contributes distinct expertise: psychiatrists focus on risk management and pharmacological stabilization; nurses provide holistic, compassionate care and continuity; psychologists emphasize trauma-informed interventions and identity reconstruction; and social workers address stigma, family support, and community reintegration. Recovery-oriented practice necessitates that these perspectives converge into integrated care pathways. However, systemic barriers such as fragmented services, limited training, and institutional emphasis on acute stabilization often impede multidisciplinary collaboration. Clinicians' perspectives are therefore critical to understanding how recovery principles are interpreted, adapted, and enacted in practice. Their insights reveal not only the challenges of embedding recovery-oriented approaches into PPP care but also the opportunities for innovation and service redesign. Applying recovery principles to PPP presents unique challenges. The acute severity of PPP often necessitates coercive interventions, which may conflict with recovery principles of autonomy and shared decision-making. Stigma surrounding maternal mental illness can hinder open dialogue between clinicians and families, reducing opportunities for collaborative care. Service fragmentation between obstetric, psychiatric, and community sectors creates discontinuities that undermine recovery trajectories. Furthermore, clinicians themselves may lack specialized training in PPP, limiting their ability to integrate recovery-oriented approaches into practice. These challenges highlight the need for systematic exploration of clinicians' perspectives to inform service redesign and training initiatives.

Clinicians occupy a pivotal role in shaping recovery experiences. Their attitudes, knowledge, and practices directly influence whether recovery-oriented principles are enacted or sidelined. For instance, a psychiatrist's emphasis on risk containment may overshadow opportunities for empowerment, while a nurse's focus on compassionate care may foster hope and resilience. Psychologists may highlight the importance of trauma-informed care, while social workers emphasize family support and stigma reduction. By synthesizing multidisciplinary perspectives, this review aims to capture the diversity of clinical viewpoints and identify common themes that can inform policy and practice. Such insights are essential for developing integrated models that balance safety with empowerment, ensuring that recovery is not merely aspirational but operationalized in everyday care. Globally, maternal mental health has gained increasing recognition within public health agendas. The World Health Organization advocates for comprehensive perinatal mental health services that integrate recovery principles. In high-income countries, specialist perinatal mental health teams have begun to embed recovery-oriented approaches into practice, though challenges remain in ensuring consistency and accessibility. In low- and middle-income countries, including India, maternal mental health remains underprioritized, with limited specialized services and high stigma. Embedding recovery-oriented practice into PPP care aligns with broader goals of equity, accessibility, and human rights in mental health. Policymakers must therefore consider clinicians' perspectives when designing frameworks that support both mothers and families, ensuring that recovery-oriented principles are not only endorsed but also implemented in practice. Despite growing interest in recovery-oriented practice, literature specifically addressing PPP remains sparse. Most studies focus on patient experiences or biomedical outcomes, with limited attention to clinicians' perspectives. Yet clinicians are central to operationalizing recovery principles in practice. A systematic review of their perspectives provides an evidence base for service innovation, highlighting barriers, facilitators, and practical strategies. This review therefore fills a critical gap, offering insights that can inform training, policy, and multidisciplinary collaboration. By synthesizing

clinicians' perspectives, the review aims to generate recommendations for integrated, recovery-oriented service models that balance safety, empowerment, and family well-being.

Objective

The primary objective of this systematic review is to critically examine and synthesize multidisciplinary clinicians' perspectives on recovery-oriented practice (ROP) in the management of postpartum psychosis (PPP).

METHODS

This systematic review was conducted to synthesize multidisciplinary clinicians' perspectives on recovery-oriented practice (ROP) in the management of postpartum psychosis (PPP). The methodology was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework, ensuring transparency, rigor, and reproducibility. The following subsections outline the search strategy, eligibility criteria, data extraction, quality appraisal, and analytic approach employed in this review.

Search Strategy

A comprehensive search was undertaken across four major electronic databases: PubMed, PsycINFO, CINAHL, and Scopus. These databases were selected for their relevance to psychiatry, psychology, nursing, and allied health disciplines. The search covered publications from January 2000 to January 2025, reflecting the period during which recovery-oriented practice gained prominence in mental health discourse. Keywords and Boolean operators were used to maximize sensitivity and specificity. The primary search terms included "postpartum psychosis," "puerperal psychosis," "recovery-oriented practice," "recovery model," "clinicians' perspectives," "multidisciplinary care," "psychiatrists," "nurses," "psychologists," and "social workers." Synonyms and Medical Subject Headings (MeSH) were incorporated to capture variations in terminology. Reference lists of included studies were also screened to identify additional relevant publications.

Eligibility Criteria

Studies were included if they met the following criteria: (1) peer-reviewed publications reporting clinicians' perspectives on PPP and recovery-oriented approaches; (2) qualitative, quantitative, or mixed-methods designs; (3) focus on multidisciplinary clinicians, including psychiatrists, nurses, psychologists, and social workers; and (4) published in English. Exclusion criteria were: (1) studies focusing solely on patient or caregiver experiences without clinician input; (2) non-peer-reviewed sources such as dissertations, conference abstracts, or opinion pieces; (3) studies addressing general perinatal mental health without specific reference to PPP; and (4) publications in languages other than English.

Study Selection

The search results were imported into EndNote for reference management, and duplicates were removed. Titles and abstracts were screened independently by two reviewers to assess relevance. Full-text articles were then retrieved for studies meeting inclusion criteria or where eligibility was unclear. Discrepancies between reviewers were resolved through discussion, and a third reviewer was consulted when consensus could not be reached. The PRISMA flow diagram was used to document the selection process, including the number of records identified, screened, excluded, and included.

Data Extraction

A standardized data extraction form was developed to ensure consistency. Extracted information included: (1) study characteristics (author, year, country, design, sample size); (2) clinician demographics (discipline, years of experience, setting); (3) conceptualization of recovery in PPP; (4) reported barriers and facilitators to recovery-oriented practice; and (5) recommendations for service delivery. Data extraction was conducted independently by two reviewers, with discrepancies resolved through consensus.

Quality Appraisal

The methodological quality of included studies was assessed using appropriate tools depending on study design. Qualitative studies were appraised using the Critical Appraisal Skills Programme (CASP) checklist, while quantitative studies were evaluated using the Joanna Briggs Institute (JBI) appraisal tools. Mixed-methods studies were assessed using the Mixed Methods Appraisal Tool (MMAT). Each study was rated as high, moderate, or low quality. Quality appraisal was not used to exclude studies but to inform the interpretation of findings and highlight methodological strengths and limitations.

Data Synthesis

Given the heterogeneity of study designs and outcomes, a thematic synthesis approach was employed. Qualitative findings were coded inductively to identify recurring themes related to clinicians' perspectives on recovery-oriented practice. Codes were then grouped into broader categories, such as conceptualizations of recovery, barriers, facilitators,

and recommendations. Quantitative findings were narratively integrated to complement qualitative insights, highlighting patterns in clinician attitudes and practices. The synthesis aimed to capture both convergence and divergence across disciplines, providing a comprehensive understanding of multidisciplinary perspectives.

Ethical Considerations

As this study involved secondary analysis of published literature, ethical approval was not required. However, ethical principles of transparency, accuracy, and respect for intellectual property were upheld throughout the review.

Rigor and Trustworthiness

Several strategies were employed to enhance rigor. First, the use of multiple databases and comprehensive search terms minimized the risk of missing relevant studies. Second, independent screening and data extraction reduced bias. Third, quality appraisal ensured critical engagement with the evidence base. Finally, thematic synthesis allowed for nuanced interpretation of findings, capturing both commonalities and discipline-specific perspectives.

Limitations of the Methodology

The methodology has certain limitations. Restricting the search to English-language publications may have excluded relevant studies from non-English contexts. The reliance on published literature may also introduce publication bias, as studies with null or negative findings are less likely to be published. Furthermore, heterogeneity in study designs and contexts limited the ability to conduct meta-analysis, necessitating narrative synthesis. Despite these limitations, the methodology provides a robust framework for synthesizing clinicians' perspectives on recovery-oriented practice in PPP.

RESULTS

The systematic review identified a diverse range of studies exploring multidisciplinary clinicians' perspectives on recovery-oriented practice (ROP) in postpartum psychosis (PPP). Across psychiatry, nursing, psychology, and social work, clinicians consistently acknowledged the importance of recovery principles such as empowerment, hope, and person-centered care, yet their interpretations and applications varied according to professional roles, institutional contexts, and cultural settings. The synthesis of findings revealed four overarching themes: conceptualizations of recovery, disciplinary perspectives, barriers to implementation, and facilitators of recovery-oriented practice. Clinicians generally conceptualized recovery in PPP as extending beyond symptom remission to encompass maternal role restoration, identity reconstruction, and family reintegration. Psychiatrists often emphasized clinical stabilization as the foundation of recovery, viewing safety and risk management as prerequisites for empowerment. Nurses highlighted the importance of compassionate, holistic care, continuity of support, and fostering hope through therapeutic relationships. Psychologists underscored trauma-informed approaches, identity reconstruction, and the need to address the psychological impact of psychosis on maternal self-concept. Social workers focused on family support, stigma reduction, and community reintegration, stressing that recovery must be situated within broader social and cultural contexts. Despite these differences, clinicians across disciplines agreed that recovery in PPP is multidimensional, requiring integration of clinical, psychosocial, and relational domains. Barriers to recovery-oriented practice were consistently reported across studies. A major challenge was the acute severity of PPP, which often necessitated coercive interventions such as involuntary hospitalization or medication administration. Clinicians acknowledged that these practices, while essential for safety, could undermine recovery principles of autonomy and shared decision-making. Another barrier was the institutional emphasis on acute stabilization, with services often designed to manage crises rather than support long-term recovery. Fragmented service pathways between obstetric, psychiatric, and community care further disrupted continuity, leaving mothers and families without sustained support. Stigma surrounding maternal mental illness was also identified as a pervasive barrier, discouraging open dialogue and limiting opportunities for empowerment. Finally, clinicians reported limited specialized training in PPP, which constrained their ability to integrate recovery-oriented approaches into practice.

Facilitators of recovery-oriented practice were also highlighted. Integrated multidisciplinary care models were seen as essential for balancing clinical safety with empowerment, enabling collaboration between psychiatrists, nurses, psychologists, and social workers. Peer support and the involvement of individuals with lived experience were identified as powerful tools for fostering hope and reducing stigma. Family-inclusive interventions were emphasized across disciplines, with clinicians recognizing that recovery in PPP must involve not only the mother but also her infant, partner, and extended family. Policy frameworks prioritizing maternal mental health were

also viewed as facilitators, providing structural support for embedding recovery principles into service delivery. Clinicians noted that when services were designed to be flexible, collaborative, and culturally sensitive, recovery-oriented practice was more feasible and effective. The synthesis revealed important disciplinary nuances. Psychiatrists often expressed tension between their responsibility for risk management and their desire to support empowerment, reflecting the challenge of balancing safety with recovery principles. Nurses consistently emphasized the relational aspects of recovery, highlighting the importance of therapeutic presence, empathy, and continuity of care. Psychologists focused on the psychological dimensions of recovery, including identity reconstruction and trauma-informed care, while social workers stressed the need to address stigma, family dynamics, and community reintegration. These perspectives, while distinct, were complementary, underscoring the value of multidisciplinary collaboration in PPP care. Overall, the findings suggest that clinicians value recovery-oriented practice but face systemic and cultural barriers that limit its consistent implementation. Recovery in PPP is understood as a multidimensional process involving clinical stabilization, maternal identity reconstruction, family reintegration, and social inclusion. However, institutional priorities, fragmented services, stigma, and limited training often constrain clinicians' ability to enact recovery principles. Facilitators such as integrated care models, peer support, family-inclusive interventions, and supportive policy frameworks can enhance the feasibility of recovery-oriented practice.

DISCUSSION

This systematic review highlights the complexity of embedding recovery-oriented practice (ROP) into the management of postpartum psychosis (PPP). Across disciplines, clinicians consistently valued recovery principles such as empowerment, hope, and person-centered care, yet their perspectives revealed significant tensions between clinical imperatives and recovery ideals. The findings underscore the multidimensional nature of recovery in PPP, encompassing not only symptom stabilization but also maternal identity reconstruction, family reintegration, and social inclusion. One of the central insights is the divergence in disciplinary priorities. Psychiatrists often emphasized risk management and symptom stabilization, reflecting the acute severity of PPP and the need to protect both mother and infant. While this biomedical focus is essential, it can inadvertently overshadow recovery principles of autonomy and shared decision-making. Nurses, in contrast, highlighted relational and holistic dimensions of care, emphasizing empathy, continuity, and therapeutic presence. Psychologists drew attention to trauma-informed approaches and identity reconstruction, while social workers stressed stigma reduction, family support, and community reintegration. These perspectives, though distinct, are complementary, suggesting that recovery-oriented practice in PPP is most effective when disciplines collaborate within integrated care models. The review also identified systemic barriers that hinder the consistent application of recovery principles. Institutional priorities often favor acute stabilization over long-term recovery, resulting in fragmented service pathways and limited continuity of care. Stigma surrounding maternal mental illness further complicates recovery, discouraging mothers from seeking help and limiting opportunities for empowerment. Clinicians also reported insufficient specialized training in PPP, which constrains their ability to integrate recovery-oriented approaches into practice. These barriers highlight the need for structural reforms, including investment in specialist perinatal teams, integration of obstetric and psychiatric services, and training programs that embed recovery principles into clinical education.

At the same time, several facilitators were identified that can enhance the feasibility of recovery-oriented practice. Integrated multidisciplinary care models were consistently viewed as essential for balancing safety with empowerment. Peer support and the involvement of individuals with lived experience were recognized as powerful tools for fostering hope and reducing stigma. Family-inclusive interventions were emphasized across disciplines, reflecting the reality that recovery in PPP involves not only the mother but also her infant, partner, and extended family. Policy frameworks that prioritize maternal mental health were also seen as critical facilitators, providing structural support for embedding recovery principles into service delivery.The findings of this review align with broader global trends in mental health care, where recovery-oriented practice has become a guiding principle. However, the application of ROP to PPP requires careful adaptation. Unlike chronic psychiatric conditions, PPP is episodic and highly time-sensitive, often requiring urgent intervention. Recovery-oriented approaches must therefore balance clinical safety with empowerment, ensuring that mothers retain agency while risks are effectively managed. This balance is

particularly important in cultural contexts where maternal roles are rigidly defined and stigma remains pervasive. In terms of implications, the review suggests several priorities for practice and policy. Training programs should equip clinicians with the skills to integrate recovery principles into PPP care, emphasizing collaborative decision-making, trauma-informed approaches, and family-inclusive interventions. Services should be redesigned to provide continuity of care, bridging obstetric, psychiatric, and community sectors. Policymakers should invest in specialist perinatal mental health teams and embed recovery metrics into service evaluation. Research should further explore long-term recovery trajectories in PPP, including cross-cultural perspectives and the role of lived experience in shaping recovery-oriented care.

SUMMARY

This systematic review explored multidisciplinary clinicians' perspectives on recovery-oriented practice (ROP) in the management of postpartum psychosis (PPP), a rare but severe psychiatric emergency that typically arises within the first few weeks after childbirth. PPP is characterized by hallucinations, delusions, and rapid mood fluctuations, posing significant risks to both mother and infant. While biomedical interventions such as hospitalization and pharmacotherapy are effective for symptom stabilization, they often fail to address broader aspects of recovery, including maternal identity reconstruction, family reintegration, and long-term psychosocial well-being. Recovery-oriented practice offers a paradigm shift, emphasizing empowerment, hope, and person-centered care, yet its application to PPP remains complex due to the acute severity of the condition and systemic barriers within health services.

The review synthesized findings from psychiatry, nursing, psychology, and social work, revealing both commonalities and disciplinary nuances. Psychiatrists prioritized risk management and symptom stabilization, often viewing safety as a prerequisite for recovery. Nurses emphasized relational and holistic dimensions of care, highlighting empathy, continuity, and therapeutic presence. Psychologists focused on trauma-informed approaches and identity reconstruction, while social workers stressed stigma reduction, family support, and community reintegration. Despite these differences, clinicians across disciplines agreed that recovery in PPP is multidimensional, requiring integration of clinical, psychosocial, and relational domains. Barriers to recovery-oriented practice were consistently identified. The acute severity of PPP often necessitated coercive interventions, which conflicted with recovery principles of autonomy and shared decision-making. Institutional priorities favored crisis management over long-term recovery, resulting in fragmented service pathways and limited continuity of care. Stigma surrounding maternal mental illness discouraged help-seeking and limited opportunities for empowerment. Clinicians also reported insufficient specialized training in PPP, constraining their ability to integrate recovery-oriented approaches into practice.

Facilitators of recovery-oriented practice included integrated multidisciplinary care models, peer support, family-inclusive interventions, and supportive policy frameworks. Clinicians recognized that recovery in PPP must involve not only the mother but also her infant, partner, and extended family. Services designed to be flexible, collaborative, and culturally sensitive were seen as more effective in embedding recovery principles. Policy initiatives prioritizing maternal mental health provided structural support for recovery-oriented approaches, though implementation varied across contexts. The findings underscore the need for structural reforms in PPP care. Training programs should equip clinicians with skills to integrate recovery principles, emphasizing collaborative decision-making, trauma-informed care, and family-inclusive interventions. Services must be redesigned to provide continuity across obstetric, psychiatric, and community sectors. Policymakers should invest in specialist perinatal mental health teams and embed recovery metrics into service evaluation. Future research should explore long-term recovery trajectories in PPP, cross-cultural perspectives, and the role of lived experience in shaping recovery-oriented care.

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