

What is INCREASE?

Inventory of Characteristics of Recovery Stories (INCREASE) is an instrument to characterise mental health recovery narratives. The term 'recovery' is defined here as 'a way of living a satisfying life, with or without the continuation of mental health problems'. INCREASE summarises specific narrative and narrator characteristics. It is not a judgment about the quality or value of a narrative.

Who can use INCREASE?

INCREASE can be used by anyone, although it is more reliable when used by coders with personal and/or professional experience of mental ill-health and recovery. Reliability of coding is improved by (a) practising coding with several narratives and (b) two coders independently completing INCREASE on narratives to assess concordance and discuss disagreements. Using INCREASE involves engaging with mental health recovery narratives, some of which can cause emotional distress. Therefore we recommend allowing adequate time for coding, and planning self-care and emotional support approaches for coders in advance.

Who developed INCREASE?

INCREASE was developed in the UK, as part of the NEON Programme funded by NIHR (reference: RP-PG-0615-20016). All sections can be modified to increase cultural relevance. The citation for INCREASE is:

Llewellyn-Beardsley J, Barbic S, Rennick-Egglestone S, Ng F, Yeo C, Roe J, Hui A, Franklin D, Deakin E, Hare-Duke L, Slade M (2019) *Inventory of Characteristics of Recovery Stories (INCREASE): an instrument to characterise recorded mental health recovery narratives*, in submission.

Instructions for completion of INCREASE

For each item:

- If the response cell is blank (e.g. item 1) then tick if the item applies to the narrative and leave blank if the item does not apply to the narrative
- If the response cell asks for a quantity (items 9 and 10 only) then record your estimate in the response cell
- If the response cell has categories (e.g. item 11) then circle the relevant category

In all cases, if the response is not identifiable then leave blank.

Details of narrative and coder	
Narrative ID number	
Title of narrative (if present)	
Date coded	/ /
Name of coder	
Time taken to review and code narrative	

SECTION 1: NARRATIVE ELIGIBILITY

Coding instructions for Section 1: This section codes whether the narrative is a mental health recovery narrative as defined in the NEON study. For the purposes of the NEON study, a story is a mental health recovery narrative if all four items in Section 1 are ticked. This section is optional, and can be modified if required. In NEON, we coded Sections 2 to 7 only if all four Section 1 questions were ticked.

#	Item	Description	Response (tick all that apply)
1	Is this a lived experience account?	Represents the narrator's real-life lived experience of mental health problems, i.e. their own experience of their own mental health. Narratives presented in the third person are acceptable if they are identifiably about the narrator's own real-life experience, e.g. through an accompanying author biography or introduction. Do not tick if the account is about supporting someone else e.g. from perspective of a family member or worker. Tick for all image-only narratives.	
2	Is this a narrative?	Represents a series of events or actions occurring over a period of time. Do not tick if the piece is mainly e.g. an argument, discussion or description of something (e.g. a condition). For image-based narratives, tick if the image contains identifiably sequential detail or an indication of transition.	
3	Does the narrative contain elements of adversity or struggle?	Narrative contains narrator-defined experiences of adversity or struggle in relation to mental health problems. These aspects may range from a very small part to a very large part of the story. Adversity or struggle may take many forms and may have been experienced over short or long periods of time.	
4	Does the narrative contain elements of success, strengths or survival?	Narrative contains narrator-defined experiences of successes, strengths or survival in relation to mental health problems. These aspects may range from a very small part to a very large part of the story. Success, strengths or survival may take many forms and may have been experienced over short or long periods of time.	

SECTION 2: NARRATIVE MODE

Coding instructions for Section 2: Narratives may be a mixture of modes, e.g. containing both images and sound (e.g. film), or containing image and text (e.g. piece of art with accompanying author biography). Tick each item which is present.

#	Item	Description	Response (tick all that apply)
5	Does the narrative contain text?	Narrative contains any written elements e.g. prose, poetry, memoir, transcript of speech, text-based author details or biography accompanying an image or video-based narrative.	
6	Does the narrative contain audio?	Narrative contains any sound-based elements e.g. speech, song, podcast.	
7	Does the narrative contain moving images?	Narrative contains any changing visual elements e.g. film, video.	
8	Does the narrative contain static images?	Narrative contains non-changing visual elements e.g. art, graphic novel, photography, Photovoice, photograph of author accompanying a written text.	
9	Total length of text	State the total length (in words) of any form of text in the narrative. We suggest copying and pasting into e.g. Word where available, otherwise please estimate. Leave blank if narrative contains no text.	Number of words:
10	Total length of audio or video	State the total length (in minutes) of all audio or video elements. Leave blank if narrative contains only text or static images.	Number of minutes:

SECTION 3: NARRATOR CHARACTERISTICS

Coding instructions for Section 3: For items 11 to 15: choose a response if (1) narrator explicitly refers to or identifies that response OR (2) the narrative comes from a collection from this specific group OR (3) if no specific reference in either narrative or collection, make your best guess. Leave blank if estimate is impossible e.g. in some image-based narratives.

For items 16-30: choose a specific response ONLY if narrator explicitly identifies that response OR if the narrative comes from a collection from this specific group. Leave blank if not specifically identified by the narrator i.e. avoid making assumptions.

#	Item	Description	Response (circle one per item)
11	Gender	Answer 'other' if the narrator identifies as e.g. trans, transgender, non-binary or any other gender identity.	Male
			Female
			Other
12	Age		0-25
			26-40
			41-65
			66+
13	Ethnicity	Indian; Pakistani; Bangladeshi; Chinese or any other Asian background.	Asian
		African; Caribbean or any other Black, African or Caribbean background.	Black/African/Caribbean
		Black, Caribbean and White; Black African and White; Asian and White, or any other dual or multiple ethnic background.	Dual/multiple ethnic group
		Arab or any other ethnic background.	Other ethnic group
		English; Welsh; Scottish; Northern Irish; British; Irish, Gypsy or Irish Traveller, or any other White background.	White

14	Stage of recovery	Moratorium/pre-contemplative stage: not currently engaged in thinking about or working towards recovery or wellbeing.	Not yet thinking about recovery
		Awareness/contemplation/preparation stage: re-awakening of hope, awareness of dependency, making a decision to rebuild life.	Thinking about recovery
		Rebuilding/action/maintenance & growth stage: active engagement, rebuilding life, living beyond disability.	Working on recovery
		Narrator explicitly rejects the concept of 'recovery' as used in mental health services.	Rejects recovery
15	Location of narrator	Select the continent in which the majority of events take place within the narrative.	Africa
			Asia
			Australasia
			Europe
			North America
			South America
16	Sexuality	Leave blank if sexuality is not identified by the narrator.	Bisexual
			Gay man
			Heterosexual
			Lesbian/gay woman
			Other
	Disability	Tick if narrator refers to having substantial and long-term difficulties due to mental or physical health problems. 'Mental health difficulties' is not included as a category because all narratives will by definition include these. Leave blank if no disability is identified by the narrator i.e. avoid making assumptions.	Response (tick all that apply)
17	Visual difficulties	Blindness or partial sight. Do not tick solely based on narrator wearing glasses.	
18	Hearing difficulties	Deafness or partial hearing.	
19	Mobility/stamina difficulties	Difficulty e.g. walking, climbing stairs, lifting and carrying OR stamina or breathing difficulties.	
20	Cognitive difficulties	Difficulties with learning (e.g. intellectual disabilities), remembering (e.g. due to dementia), or concentrating	
21	Self-care difficulties	Difficulty with self-care such as washing or dressing.	

	Diagnosis	For items 22-29, tick if the narrator identifies the category as their diagnosis. Do not tick items 22-29 if the narrator identifies the category as having been applied to them, but rejects it. If no category is identified AND item 30 does not apply, leave items 22-30 blank.	Response (tick all that apply)
22	Neuro-developmental related	e.g. Autism spectrum (ASD), Asperger's syndrome.	
23	Eating or food-related	e.g. anorexia, binge eating, bulimia.	
24	Mood-related	e.g. anxiety, bipolar 1 and 2, cyclothymia, depression, dysthymia, manic episodes, panic attacks, phobias, post-natal depression (PND).	
25	Personality-related	e.g. borderline personality disorder (BPD), narcissistic personality disorder, paranoid personality disorder.	
26	Obsessive-compulsive related	e.g. obsessive-compulsive disorder (OCD), body dysmorphic disorder.	
27	Schizophrenia or other psychosis-related	e.g. schizophrenia, delusional disorder, schizo-affective disorder, hearing voices.	
28	Trauma/stress-related	e.g. adjustment disorder, acute stress disorder, post-traumatic stress disorder (PTSD).	
29	Substance-related	e.g. problematic use of alcohol, cannabinoids, cocaine, other stimulants, opioids, hallucinogens, sedatives, solvents.	
30	Uses a non-diagnostic framework	Actively rejects use of diagnosis OR uses other terms instead of referring to diagnosis, such as hearing voices, trauma-based distress, being a survivor of services, self-identifies as Mad, OR uses an alternative explanatory framework, such as spiritual emergency. Do not tick just because items 22 to 29 are not ticked.	

SECTION 4: NARRATIVE CHARACTERISTICS

Coding instructions for Section 4: Choose the closest matching response for each item. Many narratives may fit more than one of these responses. Please give your best estimate as to the response which best fits the narrative overall.

#	Item	Description	Response (circle one per item)
31	Genre	Main focus is on narrator's escape from or resistance to factors identified as preventing their recovery, e.g. difficult family or other circumstances, damaging or unhelpful services/treatment, forms of injustice, disputed diagnosis, rejection of diagnostic framework.	Escape
		Main focus is on narrator's survival and ability to keep going despite prolonged conditions of e.g. distress, loss, trauma or difficult circumstances. Circumstances may be ongoing or in the past.	Endurance
		Main focus is on narrator's ways of maintaining their recovery or achieving wellbeing, e.g. activities/attitudes/learning/relationships which help, ways of managing or restoring order, achievements or attaining goals.	Endeavour
		Main focus is on narrator's transformation of their understanding or perspective of their situation, e.g. finding a new explanatory framework; their own empowerment or self-actualisation; a quest or journey of exploration; a sense of redemption through something greater than self, either humanistic or spiritual.	Enlightenment
32	Positioning	Mental health treatments/services described on the whole as positive factors in narrator's recovery e.g. through treatments or services that worked, having positive relationships with mental health workers, or through delivering services (e.g. employment as a peer support worker).	Within services
		Mental health treatments/services described on the whole as negative factors in narrator's recovery, actively preventing recovery or making mental health distress worse e.g. abusive treatment, negative staff attitudes, loss of rights or dignity.	Despite services
		Mental health treatments/services are not mentioned, e.g. narrator recovered through other means, or accessed alternative treatments/services; or they feature only minimally e.g. narrator found treatments/services neutral or ineffective but not damaging.	Outside of services
33	Tone	Positive states e.g. buoyant, content, hopeful, proud, optimistic, reflective.	Upbeat
		Negative states e.g. agitated, apologetic, frenetic, pessimistic, sad, shaken, self-critical .	Downbeat
		Provocative or stimulating, e.g. angry, challenging, defiant, protesting.	Critical
		Flat, e.g. matter of fact, disenfranchised, resigned, e.g. 'this is just how it is'.	Neutral

34	Relationship with recovery	Mental health problems are described mainly in the past tense, e.g. narrator does not expect to experience them in future; speaks of 'being recovered'.	Recovered
		Recovery/sense of wellbeing is described as well-established, e.g. narrator is mainly experiencing wellness, is confident that future mental health problems will be manageable.	Living well
		Recovery/sense of wellbeing is described as improving e.g. narrator is experiencing wellness and also regularly experiencing times of distress, is fearful that future mental health problems may not be manageable.	Making progress
		Recovery/sense of wellbeing is described as challenging or tentative, e.g. narrator is focused on getting through a situation, is persistent in the face of very difficult circumstances, expects mental health problems to continue in the future.	Surviving day-to-day
		Narrator rejects the concept of 'recovery' as used in mental health services.	Rejects recovery
35	Trajectory	Shape of the narrative overall is an ascending progression towards recovery or wellbeing. Narrative may contain setbacks/periods of distress but focus is on progression	Upward
		Shape of the narrative overall is one of both upturns towards health/wellbeing and downturns towards distress. Ups and downs may be dramatic/rollercoaster changes or more drawn out over time but narrative is more or less equally distributed between ups and downs.	Up and down
		Shape of the narrative overall contains no significant upwards or downturns, e.g. narrator may describe a sense of stagnating or taking one day at a time.	Horizontal
		Shape of the narrative overall is interrupted by a single crisis or difficulty before resuming its former shape and direction, e.g. narrator experiences a traumatic event or accident after which life returns to 'normal'.	Interrupted
		Shape of the narrative overall cycles through sequences of distress/difficulty, gradual recovery, period of wellbeing and a return to distress/difficulty, where any previous sense of recovery, gain or wellbeing is lost or absent.	Circular
36	Use of metaphor or symbolic language	If the narrative contains text or speech, is metaphorical or symbolic language used? Select yes for all image-based narratives.	Yes
			No

SECTION 5: CONTENT WARNINGS

Coding instructions for Section 5: Tick all items mentioned in the narrative. Aspects may range from a very small part (brief mention) to a very large part (main subject) of the story. Examples given are not exhaustive. Err on the side of caution i.e. tick all items which may apply. Do not tick if a narrator refers only to unspecified trauma, e.g. 'the trauma I experienced' or 'the terrifying events I experienced'.

#	Item	Description	Response (tick all that apply)
37	Abuse or sexual violence	Direct experiences or witnessing of any form of sexual, physical or emotional abuse, neglect, partner/domestic violence or acts of sexual violence, including e.g. rape or attempted rape, sexual assault, female genital mutilation (FGM), modern slavery, sex trafficking, child sexual exploitation, subjection to pornography or witnessing sexual acts, unlawful/inappropriate use of restraint, misuse of medication (e.g. over-sedation), forcible feeding or withholding food, enforced social isolation (preventing someone from e.g. accessing services or seeing friends), bullying, coercion, cyber-bullying, harassment, humiliation, intimidation, use of threats, verbal abuse.	
38	Loss of life or endangerment to life	Direct experiences or witnessing of e.g. admission to intensive care, bereavement, diagnosis of a life-threatening condition, loss of pregnancy, natural disaster, serious accident, suicide or attempted suicide, terrorist attack, torture, traumatic birth, traumatic termination of pregnancy, violent death of another, being threatened with a weapon, war/military combat.	
39	Self-harm including eating disorders	Direct experiences or witnessing of e.g. deliberate injury or harm to oneself, neglect of self, alcohol or substance misuse, eating disorder-related behaviours.	
40	Violence or aggression	Direct experiences or witnessing of e.g. acts of aggression, fights, rioting.	
41	Injustice, prejudice and discrimination	Direct experiences, witnessing of or reference to e.g. hate speech, prejudice or discriminatory actions/behaviours/decisions on the basis of e.g. colour, disability, ethnic origin, gender identity, nationality, race, religion, sexual orientation. Experiences may be at individual/interpersonal level, organisational/institutional level (e.g. mental health services, prisons) or systematic/structural level (historical, cultural, legal, political or economic systems).	

SECTION 6: TURNING POINTS

Coding instructions for Section 6: Tick ONLY if narrator identifies the item as a turning point, or uses similar language e.g. ‘after X, things were different/better/easier’; ‘the moment/time/person/book/situation/event that changed things was X’; ‘the decision to X was the biggest factor’; ‘I realised after X that things had to change’. Leave blank if item is not present, or is present but not identified by narrator as a turning point i.e. avoid making assumptions. Leave blank if estimate is impossible e.g. image-based narratives.

Narrative content relating to turning points, i.e. decisive factor(s) leading narrator from distress to recovery			
#	Item	Description	Response (tick all that apply)
42	Taking charge	Change after taking charge e.g. of own illness, recovery process, problematic substance use, or own life generally. May be sudden and decisive or a longer process. May be accepting or rejecting help or treatment e.g. deciding to take or stop medication.	
43	Interventions/support from others	Change after e.g. accessing helpful medication, treatment, groups or services (whether directly mental health-related or not), receiving support from family or friends, being confronted by family or friends.	
44	Self-acceptance	Change after e.g. an increase in confidence, growth in self-awareness, emotional release, moving away from internalised stigma. This may occur through own learning/inner work, involvement with support or other groups, or counselling/therapy.	
45	Spiritual/existential experience	Change after e.g. finding a sense of meaning/purpose, experiencing a large shift in perspective, joining a spiritual/religious community, undertaking spiritual practices, conversion experiences, dreams, positive visions, being prayed for, support of a guide/teacher.	
46	‘Rude awakening’	Change after a shock or realising how bad things have become, e.g. being admitted to hospital, being moved to a long-term ward, seeing negative effects on family members, the death of someone close, a suicide attempt.	
47	Shift in identity	Change after reclaiming a stigmatised identity e.g. based on ethnicity, gender, sexuality, mental health status. This may occur through finding others with similar experiences, own learning, own inner work or becoming involved in activism.	

SECTION 7: NARRATIVE CONTENT

Coding instructions for Section 7: Tick all topics which are a significant part of the story. Do not include brief mentions or factual statements only, such as a brief mention of medication. For topics not presented as being Mainly Positive or Mainly Negative (e.g. narrator is neutral, or has equally positive and negative experiences), tick Present. Each item should be either blank (if topic is not present in the narrative) or have exactly one cell ticked.

#	Item	Description	Present	Mainly positive	Mainly negative
48	Pregnancy/birth	Positive examples: wanted pregnancy, pregnancy as upward turning point Negative examples: traumatic pregnancies/birth experiences, unwanted pregnancy, abortion, post-natal difficulties, difficulties with getting pregnant or ability to have children.			
49	Family	Positive example: emotional or practical support or care from family members, relationships with family as source of happiness or resilience Negative examples: own or parents' divorce, separation, relationship breakdown or ongoing conflict, death or loss in the family.			
50	Being in care	Positive or negative experiences of adoption, living in foster care or non-parental care.			
51	Education	Positive examples: having positive opportunities for learning/training, engaging in self-education/self-help. Negative examples: difficulties in school, school refusal, being excluded, not enjoying school being required to attend a course.			
52	Friendships	Positive examples: support of friends. Negative examples: breakdown of friendships, loneliness, social isolation, death of a loved one.			
53	Relationships	Positive examples: supportive partner, new relationship bringing hope. Negative examples: difficulties or conflict with partner.			
54	Housing	Positive examples: having own home, home being a source of pride or sanctuary. Negative examples: being vulnerably housed or homeless.			
55	Income	Positive examples: income enabling choices, improvement in income. Negative examples: debt, financial difficulties, poverty, experience of the benefits system.			

56	Work	Positive examples: providing meaning and purpose, developing positive identity. Negative examples: burnout, work-related stress, unstable employment, unemployment, unwanted retirement.			
57	Criminal justice system	Positive examples: prison providing security, a turning point or opportunities. Negative examples: being arrested, being in prison or young offenders' institution, family member being in prison.			
58	Diagnosis	Positive examples: makes sense of a situation, is a relief, provides answers or sense of hope. Negative examples: disagreement with diagnosis, feeling stigmatised, loss of hope.			
59	Medication	Positive examples: felt better, relief, hope. Negative examples: felt worse, did not help, was not voluntary, had unwanted side effects.			
60	Relationship with mental health professional	Positive or negative experiences of relationships with e.g. community mental health team worker, crisis team, mental health nurse, psychiatrist, psychologist, social worker.			
61	Peer support	Positive or negative experiences of providing or receiving individual or group-based peer support. May be formal e.g. within mental health services or recovery colleges, or informal e.g. from support groups such as AA, Depression Alliance, Hearing Voices Network.			
62	Involuntary use of mental health services	Positive or negative experiences of experiences of e.g. being sectioned in hospital, compulsory medication, community treatment orders.			
63	Hospitalisation	Positive or negative experiences of voluntary or involuntary psychiatric hospitalisation.			
64	Psychological services	Positive or negative experiences of experiences receiving or delivering talking therapies or counselling e.g. arts or creative, CBT, DBT, group therapy, psychotherapy, person-centred, psychoanalytic, psychodynamic, solution-focused.			
65	Alternative therapies/healing	Positive or negative experiences of e.g. acupuncture, homeopathy, massage, meditation, Reiki, traditional Chinese medicine (TCM).			
66	Being in natural environments	Positive or negative experiences of the natural environment or outdoor activities, green therapy.			
67	Animals/pets	Positive or negative experiences of contact with animals including with therapy / emotional support dog, or care of a pet.			

68	Community activities	Positive or negative experiences of engagement with community-based groups or organisations, whether or not mental health-related.			
69	Hobbies/interests/creative activities	Positive or negative experiences of leisure activities, hobbies, recreational interests or creative activities e.g. art, crafts, music (listening or playing), performance, reading, dance, writing.			
70	Physical activities	Positive examples: gaining or maintaining fitness, being involved in sports or other physical activities. Negative examples: being unable to participate in such activities, participation leading to feeling worse.			
71	Activism	Positive examples: participation in political or other activities to achieve change in a group, organisation, service or system. Negative examples: participation in the above leading to e.g. burnout, being overwhelmed.			
72	Spiritual/religious activities	Positive examples: attending a religious/spiritual community, group or place of worship, participating in spiritual practices e.g. prayer, meditation, retreats. Negative examples: above activities as compulsory or contributing to mental health distress.			
73	Stigma	Positive examples: rejecting or overcoming stigma or shame due to mental health issues or for other reasons, e.g. ethnicity, gender. Negative examples: experiencing disapproval of others, or own shame due to mental health issues or other reasons.			
74	Caring responsibilities	Positive example: care of someone else giving a sense of pride. Negative example: care of someone else worsening own mental health problems.			
75	Family experiences of mental health issues	Positive example: mental health issues of other family members leads to a shared sense of understanding. Negative example: mental health issues of other family members has detrimental effect on narrator's own mental health.			
76	Diet/nutrition	Positive or negative experiences of diet or nutrition linked to improving, maintaining or worsening narrator's mental health.			
77	Volunteering	Positive or negative experiences of any unpaid work.			