Defining and Operationalizing Recovery from Mental Disorder

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Conflicting Definitions of Recovery

- Traditional medical definition: below threshold level of symptoms and absence of significant associated impairment
- Personal definitions:
  - The experience of recovery from mental illness
  - Current appraisal of the illness (e.g., self-stigma, empowerment)
  - Importance to individuals of functioning well in areas such as social relationships, work, and self-care, regardless of symptoms
- Is there potential convergence across the definitions?
“Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.” (Anthony, 1993)
What are People Recovering From?

- Impact of mental illness on functional life (work, relationships, etc.)
- Sense of self: loss of self-worth, self-esteem, self-efficacy
- Trauma
  - Traumatic effects of psychiatric symptoms
  - Traumatic reactions to coercive treatments
  - Posttraumatic stress disorder (PTSD) symptoms
- Recovery from vs. recovery within distinction (Davidson/Roe)
A More Nuanced Definition of Recovery

“Recovery is a process, a way of life, an attitude, and a way of approaching the day’s challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup, and start again.”
...The need is to reestablish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the inspiration is to live, work, and love in a community in which one makes a significant contribution.” Patricia Deegan, 1988
Areas of Potential Convergence or Overlap

- Objective measures of psychosocial functioning (social, work/school, independent living) are related to both medical and personal definitions of recovery
- More severe symptoms (especially depression and psychotic symptoms) are associated with lower well-being, self-esteem, and self-efficacy
- Some evidence also indicates that better psychosocial functioning is related to higher subjective well-being and related constructs
  - Obtaining competitive work is associated with increased self-esteem, self-efficacy, and reduced mood symptoms
Areas of Potential Convergence or Overlap

- However, associations between psychosocial functioning and subjective evaluations are much stronger for mood disorders than schizophrenia-spectrum disorders
  - Reality distortion may influence ability to accurately perceive quality of one’s own functioning vs. others
  - Good insight in schizophrenia related to worse mood and subjective experience, despite predicting better psychosocial functioning over time
- Defining “recovery” in terms of psychosocial functioning (area of greatest overlap in definitions) can lead to models that integrate symptoms, objective functioning, and subjective experience
  - E.G.: The NAVIGATE treatment model for first episode psychosis
Conceptual Model for the NAVIGATE Program

- **Illness Management**
  - Medication
  - Illness Self Management
  - Substance Abuse Treatment

- **Psychosis/Schizophrenia**
  - Psychosis
  - Negative Symptoms
  - Depression
  - Cognitive Impairment
  - Substance Abuse

- **Recovery**
  - Social / Leisure
  - Well-Being
  - Role Functioning

- **Rehabilitation**
  - Social Rehabilitation
  - Resiliency Training
  - Supported Employment & Education

**Family Education Program / Social Support**

**Color Key**
- IRT = Individual Resiliency Training
- FPE = Family Education Program
- SEE = Supported Employment and Education
- Pharm = Pharmacological Treatment
But there are limitations to this convergence...

- “Non-linear” nature of recovery
  - Recovery in different areas are not strongly related
  - Psychosocial treatment effects tend to be domain-specific, with minimal impact on other areas of functioning
- There is only a modest relationship between symptom severity and functional outcomes (e.g., relationship between cognition, symptoms, and work)
- Difficulty mapping some aspects of subjective experience (e.g., self-determination, hope) onto objective indicators of functioning
- The nature of recovery reflects heterogeneity in the impact of mental illness, and the process of improvement
- Conclusion: no single objective or subjective definition is sufficient to encompass entire concept of recovery
Percentage of Studies Reporting Significant Associations Between Cognitive Functioning, Symptoms, and Work in General Psychiatric Samples and Samples of Clients Receiving Vocational Rehabilitation

Connecting Objective and Subjective Recovery on the Personal Level

- Different dimensions of recovery important to characterize in order to understand relationships within and between individuals.
- Broad distinction between objective and subjective aspects of recovery.
- Proposed conceptualization of a “recovery profile” aimed at measuring critical dimensions of recovery.
Recovery Profile: Objective Dimensions of Recovery

- **Role functioning**
  - Work
  - School
  - Parenting
- **Health**
  - Mental health (symptoms)
  - Physical health
- **Independent living**
  - Stable housing
  - Independence
  - Self-care
- **Social**
  - Friends
  - Family
  - Leisure
Recovery Profile: Subjective Dimension of Recovery

- Well-being
  - Hope
  - Confidence
  - Self-determination

- Sense of purpose

- Internal processes related to mental illness
  - Acceptance
  - Empowerment
  - Resiliency
  - Self-stigma (absence of)
Recovery Profile: Subjective Dimensions of Recovery (cont’d)

- External processes related to mental illness
  - Proactive coping
  - Illness self-management
  - Personal medicine (Deegan)
Exploration of Potential Relationships Between Objective and Subjective Dimensions of Recovery

Example: Sense of purpose and role functioning

- Sense of purpose often related to what one does, such as work, school, or parenting
- How is sense of purpose related to other subjective aspects of recovery?
- Presumably improved role functioning enhances sense of purpose
- What are the effects of creating new valued roles for a person (or people) with mental illness on his/her (their) sense of purpose and other aspects of recovery, both subjective and objective?
Recovery Profile: Implications for Measurement

- Recovery profile including objective and subjective dimensions is solution to inherent heterogeneity of recovery
- Multiple measures of each dimension already exist, but no systematic approach to collecting or combining information, or interpreting scores
- Doubtful feasibility of collecting all relevant information with existing instruments: participant and researcher burden!
- Should effort be expended towards development of a new instrument to measure the Recovery Profile?
  - Potential tool for research on improving outcome of serious mental illness
  - Potential tool for individual treatment/rehabilitation planning and review of progress towards goals