



National Healthcare Group
POLYCLINICS



Patient-Defined Recovery from Depression in Primary Care in Singapore

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INTRODUCTION

- Clinical recovery is typically evaluated by the expert clinician rather than the patient, and invariant across individuals¹.
- Andresen's stage of recovery model² posits that recovery occurs in five stages:



- Patient-defined recovery is distinguished from clinical recovery by its emphasis on the patient's point of view. It focuses on living a hopeful, satisfying and contributing life despite illness, and also the establishment of a meaningful life and positive sense of identity³.
- A systemic review⁴ highlighted five major processes of patient-defined recovery:



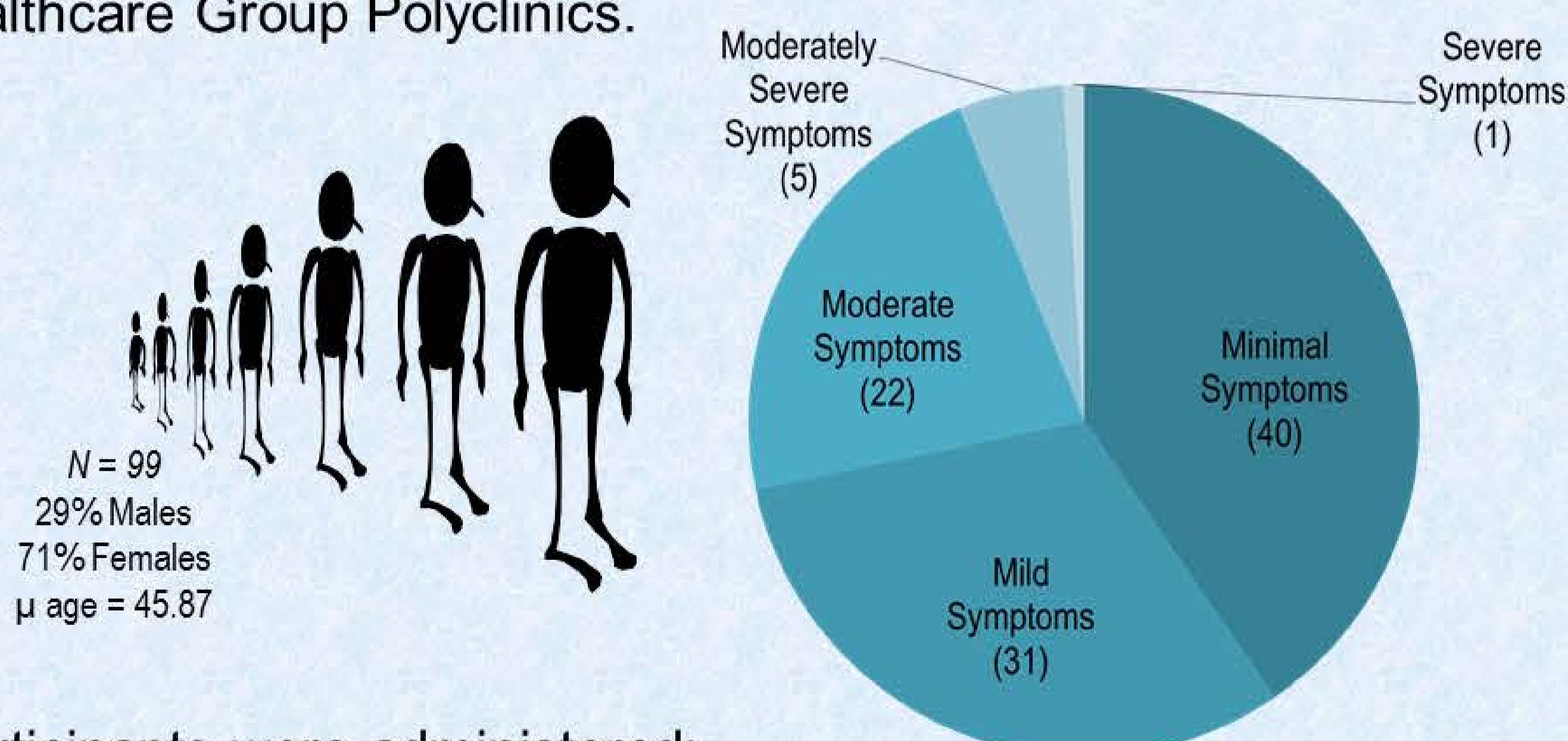
- There are limited quantitative studies on the relationship between clinical recovery and patient-defined recovery. The present study thus attempted to address the research gap.
- Most mental health recovery studies have been qualitative in nature and focused on Schizophrenia. Given that depression is a substantial concern both locally and internationally^{5,6}, and it is prevalent in primary care, the focus of the present study would be on patients with depression in primary care.

OBJECTIVE & HYPOTHESIS

The present study investigated possible relationships between recovery stages in the Andresen's recovery model and the CHIME processes. Significant correlations between the variables were predicted.

METHODOLOGY

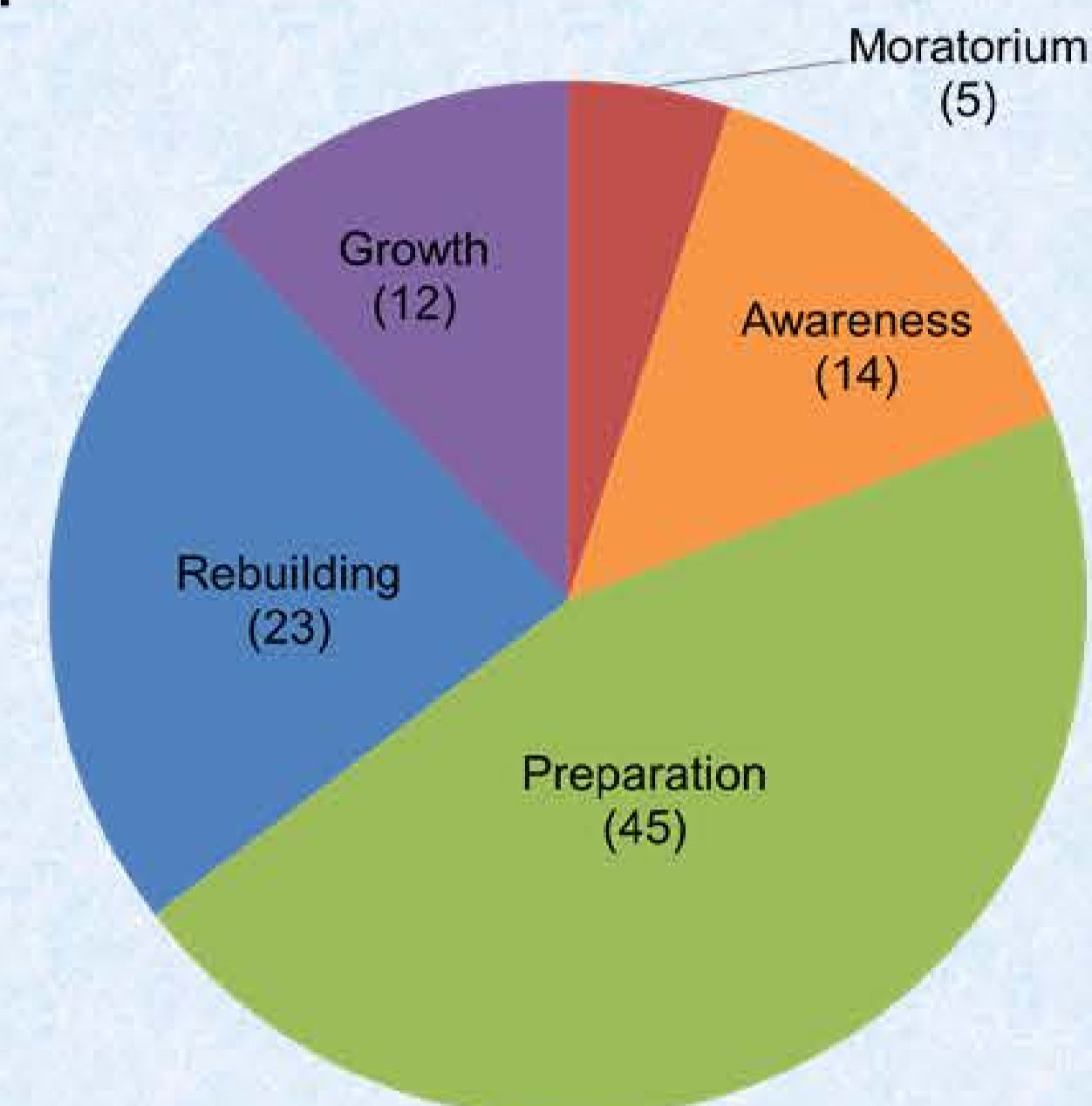
- This was a cross-sectional study. Ninety-nine patients with depression symptoms (screened with the Patient Health Questionnaire-9; PHQ-9) were recruited from the National Healthcare Group Polyclinics.



- Participants were administered:
 - Self-Identified Stages of Recovery Scale Part A (SISRC-A; recovery stage)
 - Multidimensional Scale of Perceived Social Support (MSPSS; social connectedness)
 - State Hope Scale (SHS; hope about the future)
 - Illness Identity Engulfment: Modified Engulfment Scale (MES; development of illness identity)
 - Life Engagement Test (LET; meaning in life)
 - Mental Health Self-Efficacy Scale (MHSES; empowerment over one's life and care plan)

RESULTS

- Number of participants in each stage of recovery are shown in the pie chart below.



- As the data were not normally distributed, they were analyzed by Spearman's rank order correlation coefficient.
- Significant associations were found between the recovery stages (SISRC-A scores) and processes, namely, social connectedness (MSPSS scores), hope about the future (SHS scores), development of illness identity (MES scores), meaning in life (LET scores) and empowerment over one's life and care plan (MHSES scores).

r_s	MSPSS	SHS	MES	LET	MHSES
SISRC-A	.350**	.495**	-.619**	.409**	.475**

** $p < .01$

- A multiple regression analysis indicated development of illness identity (MES scores; $\beta = -.46$, $p = .00$) might predict recovery stages (SISRC scores) ($R^2 = .42$, $F(5, 93) = 13.40$, $p = .00$).

DISCUSSION & CONCLUSIONS

- The present findings supported the hypothesis that the stage recovery stages and processes are related. The findings show consistent findings for patients with depression as with the past studies⁴ for patients with schizophrenia.
- A weak correlation was found between a higher stage of recovery and higher social connectedness. Moderate correlation was found between a higher stage of recovery and higher hope towards the future, higher sense of meaning in life and higher sense of empowerment. However, a strong correlation was found between higher stage of recovery and lower illness identity.
- Among the recovery processes, development of positive identity appeared to be the only predictor for all the recovery stages in depression in the primary care setting.
- The results highlighted possible significant indicators of recovery for depression in primary care that healthcare practitioners can assess, intervene and monitor.

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ACKNOWLEDGEMENT

We thank colleagues of the Psychology Services, Clinical Services (NHGP) and Clinical Research Unit (NHGP) for their contributions and support.