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Recovery in Psychotic Disorder Patients: Towards an Integrative Perspective

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Introduction

More than a decade ago, Whitley et al. [1] suggested a dimensional structure for the concept of recovery in psychotic disorder patients. This perspective of multiple objective and subjective dimensions of recovery (e.g. symptomatic, personal and functional recovery) opened a wide range of topics of practical relevance for mental health services. Future research was encouraged to address the question whether progress in one dimension of recovery is predicated by progress in another. However, a recent systematic review of personal recovery in people with a psychotic disorder observed that studies on other than clinical factors as determinants of personal recovery are scarce, as are studies of changes in dimensions of recovery over time [2]. Thus, in spite of a long standing interest in recovery in people with severe mental illness by consumers, clinicians, and policy makers, the field is still faced with a triple fold challenge: (1) to combine different perspectives, (2) to get longitudinal information (including the course of recovery when patients are not in mental health care anymore), and (3) to develop interventions aimed at improving personal and functional recovery from psychosis. In a ten years longitudinal cohort study in the Netherlands [3], we aim to meet these challenges by focussing on the interrelation of dimensions of recovery and modelling the process of recovery across time.

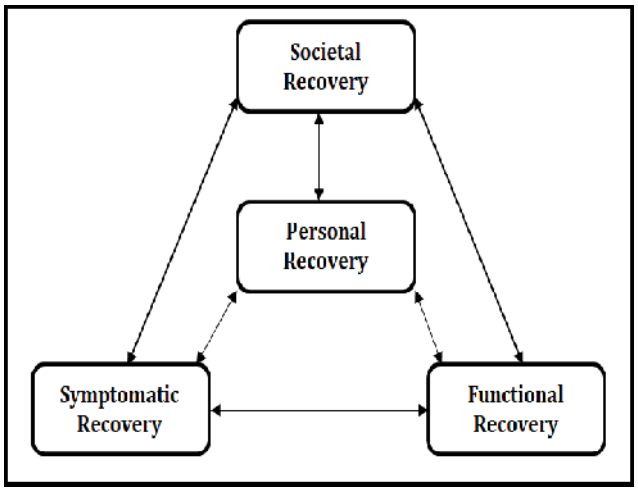

Figure 1: The four dimensional framework of Van Der Stel [4].

Concepts of Recovery

Recovery can be seen as a multidimensional concept. **Figure 1** visualizes recovery as a four-dimensional framework of symptomatic, functional, and societal recovery, and personal recovery at the centre emphasizing the importance of patient's narrative of their own life-course [4].

For each of these dimensions researchers selected and tested instruments for assessing them. The Positive and Negative Symptom Scale-Remission [5] for example, can be selected to assess symptomatic recovery. Functional recovery can be defined in terms of executive functioning, including concentration and attention or skills like planning and self-regulating. The level of functional recovery can be assessed using tests like the Tower of London and a self-rated questionnaire: BRIEF-A [6]. Societal recovery is a broad concept including social relationships, housing, finance and activities. In our study, we focus on how important patients find their different social roles and the difficulties encountered in performing these roles, as assessed by the Social Role Participation Questionnaire [7]. Finally, personal recovery is by itself a multidimensional concept. Slade [8] developed the CHIME conceptual framework and in line with this well-known framework, personal recovery will be assessed in our study by the 10-item Recovering Quality of Life scale [9] and the Individual

Recovery Outcome Counter [10]. These dimensions of recovery are interrelated, but not necessarily interdependent and are expected to reciprocally affect each other over time.

Longitudinal Perspecive

Experts by experience were involved in the design of the study, development and implementation of study protocols, monitoring the study process and enhancing follow-up procedures to follow the progress of recovery over a ten years period. Interestingly, the experts by experience involved as advisors in our study, choose personal recovery as the most important outcome variable to focus on. Therefore, we choose this to be our primary outcome variable. Personal recovery rates in schizophrenia and other psychotic disorders are currently estimated to be about 14% [11]. Although these rates are highly dependent on definitions of personal recovery, we think that studying determinants of personal recovery and developing interventions is urgently needed.

Using a longitudinal design enables us to disentangle time-dependent relationships between the dimensions of recovery and to discover subgroups. Symptomatic recovery, for example may be beneficial for some patients to gradually retrieve executive functioning and have the ability to pick up old or new skills, improve daily functioning and restore their quality of life. For others, social roles like being a family member, neighbor or co-worker could first be restored, and as a consequence psychotic symptoms may decrease. Societal recovery may be a step by step development which, when successful, provides grounds for functional and symptomatic recovery. Personal recovery from a psychotic disorder can occur, either without or with psychiatric symptoms being present [12,13]. Individual experiences of hope and empowerment can be evoked by functional and societal recovery, or be its catalysator. Relevant associations will help develop tailored interventions to improve recovery rates.

Conclusion

Personal recovery rates in schizophrenia and other psychotic disorders should be higher, especially since mental health services are increasingly assessed against clear outcomes. Whitley & Drake argued that future research “may help in the reconfiguration of mental health services so that they become truly recovery oriented and person centered”. About a decade later that plea still stands. Consensus is growing that recovery in severely ill patients is a multidimensional concept and requires a longitudinal perspective. However, convergence of ideas in pursuit of an overarching view and the development of practical interventions is slow. Future studies should focus on the longitudinal interplay of different dimensions and determinants to facilitate the process of recovery.

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