A systematic review of personal recovery experiences in bipolar disorder: operationalisation and predictors of personal recovery

Protocol

Background

There has recently been an increased interest and focus on recovery in mental health services (Slade, 2009). Personal recovery as a concept is distinct from clinical recovery, since it has been defined as “the establishment of a fulfilling, meaningful life and a positive sense of identity founded on hopefulness and self-determination” (Andresen et al, 2003). In contrast with clinical recovery, which focuses on symptom reduction, personal recovery experience is an idiosyncratic component of recovery which emerges from the unique experience of patients. Furthermore, patients often refer to social and functional improvements, such as gaining wider engagement with the society and having more control over life when they define recovery (Jones et al 2013). The significance of personal recovery has been recently recognised in the UK, highlighting the importance of considering patients’ experience in order to improve outcomes of mental health treatments (Department of Health, 2011). Despite this, research into recovery in bipolar disorder has primarily focused on clinical recovery, including relapse prevention and symptom suppression and very few studies have explored personal recovery experiences systematically (Jones et al., 2013).

Previous systematic reviews of personal recovery in mental health problems have focused on three main areas. First, in line with increased interest in personal recovery experiences, instruments assessing such experiences have been developed and provided a focus for reviews. Some of the reviews concentrated on instruments assessing a particular aspect of recovery, such as functional recovery, or assessing recovery from a diagnosed mental health problem, such as schizophrenia (Lindanayer et al 2007; Mausbach et al, 2009). Most recently Sklar and colleagues (2013) conducted a comprehensive systematic review of instruments assessing recovery from a variety of mental health problems and also considers the extent of service users’ involvement in the development of the tools.

Second, the conceptual framework of personal recovery in mental health problems has been reviewed as part of a REFOCUS recovery research programme founded by the National Institute for Health Research, UK (Leamy et al, 2011). The authors examined published models and descriptors of personal recovery and identified a conceptual framework of
recovery processes, including empowerment and reclaiming control over one’s life; rebuilding positive personal and social identities (including dealing with the impact of stigma and discrimination); connectedness (including both personal and family relationships, and wider aspects of social inclusion); hope and optimism about the future; and finding meaning and purpose in life.

A third area reviewed by Tew and colleagues (2012) was of evidence linking social factors to recovery processes in mental health problems, focusing on the processes identified in the review of Leamy and colleagues (2011). Although this study contributes to the understanding of how social factors mediate personal recovery, it is not comprehensive. It is essential to review evidence examining not only social factors in recovery processes but also other aspects that have been found to mediate personal recovery experiences in individuals with a variety of mental health diagnosis, such as psychological, social and environmental factors.

Moreover, the nature of personal recovery experiences in mental health problems is inconsistent and can vary depending on the characteristics of the mental health problem. For instance, factors that indicate improvement in other mental health problems, such as optimism and engagement in social activities may be indicators of elevated mood in bipolar disorder that may have both positive and negative effects on the patient’s experience (Jones et al, 2013). Therefore it is important to investigate personal recovery experiences in bipolar disorder separated from other mental health problems.

**Present review**

The aim of the study is to conduct a systematic review of personal recovery experiences in bipolar disorder. The review will focus on definition and operationalisation of personal recovery experiences in bipolar disorder. A secondary aim will be to examine predictors of personal recovery experiences in bipolar disorder.

**Methods**

**Search strategy and data sources:**

Three search strategies will be used to identify relevant literature: electronic database search, hand-searching and an additional web-based searching.
Electronic database searches

An electronic search of the following databases Web of Science, Psycinfo and Pubmed was conducted in December, 2014. The following search terms were applied: (“bipolar disorder” OR “bipolar affective disorder” OR “manic depression” OR “rapid cycling” OR “bipolar I” OR “bipolar II” OR “bipolar 2” OR “bipolar NOS” OR “bipolar spectrum disorder” OR hypomani* OR "mixed states" OR "mixed episodes" OR cyclothymi* OR manic OR mania OR “bipolar mood disorder”) AND (recover*).

The search will return publications that included at least one bipolar disorder related search term in relation to recovery. Findings will be transferred into Endnote web (Thomson Reuters, 2014) and duplicates will be removed using the function in Endnote web program and manually. The inclusion and exclusion criteria will be applied at abstract and full-text screening. The screening process will be conducted by two coders at each stage and included regular consensus meetings. Disagreements will be discussed and resolved. The electronic search will be updated prior to data extraction.

Eligibility criteria:

*Inclusion Criteria*

- Examined personal recovery experience in adults (age>16) with bipolar disorder
- A personal recovery (other than clinical or symptomatic) definition is provided and operationalised as an outcome measure.
- Peer reviewed articles.
- English full text was available.
- Diagnosis of Bipolar Disorder was verified based on DSM or ICD criteria.

*Exclusion Criteria*

- Dissertations, theses, reviews, case studies, discussion articles
- Theoretical and policy papers
- Studies defining remission criteria or recovery from other mental health problems, substance misuse, addiction or eating disorders.
- Studies solely focusing on clinical recovery through symptoms remission and relapse prevention.
• Studies not investigating any component or predictor of recovery.
• Since the review focuses on bipolar disorder, studies solely comparing personal recovery in bipolar disorder to recovery in other mental health problems, or not investigating bipolar disorder separately from other mental health problems will be excluded.

Hand-searching:

The reference lists of the included papers will be examined to identify relevant articles, which not have been found via electronic search.

Web-based searching:

Google Scholar will be used to identify relevant literature through web-based citation tracking of each included paper.

Study quality assessment

The quality of both quantitative and qualitative articles will be assessed at the time of the data extraction, in order to minimise the risk of bias. Qualitative studies will be assessed by RATS (Clarks, 2003). The RATS incorporates 25 questions considering the relevance of the study question, appropriateness of the qualitative method, transparency of procedures and soundness of interpretive approach. The questions will be scored dichotomously 1-yes and 0-no. Accordingly each qualitative study will receive a score between 0- poor quality and 25-high quality (Leamy et al., 2011). The quality of quantitative studies will be assessed by using The Effective Public Health Practice Project (EPHPP, 2009) quality assessment tool. The tool involves 21 questions about study designs, methods and analysis. The quality assessment will be carried out by the principal investigator and a second rater will assess the 50% of the studies. Discrepancies will be discussed and resolved.

Data extraction and analysis

Extracted data from the eligible papers will incorporate two main domains, the study characteristics (year of publication, authors, location, study design, definition and
operationalisation of personal recovery as the outcome measure and main findings of the study) and the participants characteristics (sample size, inclusion criteria, diagnosis verification, age range of participants). The data extraction will be carried out by the principal investigator and 100% of the extracted data will be checked by the second rater. A narrative synthesis will be used, in order to enable the synthesis of evidence from different types of studies, including studies applying qualitative and quantitative research methods.

Research team and timeline

The research will be carried out from December 2014 to October 2015.

The team will consist of the following members:

Miss Barbara Mezes- Principal Investigator
Professor Steven Jones- Academic Supervisor
Professor Fiona Lobban-Academic Supervisor
Professor Damien Longson- Collaborator
Dr Filippo Varese-Collaborator
Miss Laura Hillier- Second coder/rater
References


