JOURNAL OF MENTAL HEALTH
2023, VOL. 32, NO. 4, 736–743
https://doi.org/10.1080/09638237.2023.2182431

RESEARCH ARTICLE

OPEN ACCESS

Check for updates

Mental health professionals' perspectives regarding how recovery is conceptualized in Singapore: a constructivist grounded theory study

Jonathan Han Loong Kuek[a], Toby Raeburn[b], Angelina Grace Liang[c] and Timothy Wand[a]

[a]Susan Wakil School of Nursing and Midwifery | Sydney Nursing School, Faculty of Medicine and Health, The University of Sydney, Australia; [b]Faculty of Nursing and Midwifery, Health Sciences & Physiotherapy, The University of Notre Dame, Australia; [c]School of Psychological Sciences, Monash University, Melbourne, Australia

ABSTRACT

Background: Mental health recovery has shifted from clinical conceptualizations to more personal ones. However, much of the lived experience literature has focused on people living with mental health conditions, and less attention has been placed on various mental health professionals, especially in Asian countries, where the personal recovery literature base is in its nascent stage.

Aim: We sought to contribute to a growing body of work by exploring recovery from the lens of different mental health professionals in Singapore.

Methods: Mental health professionals in Singapore were invited to participate in an online interview through social media. The recordings were transcribed verbatim and analyzed using a constructive grounded theory approach.

Results: Nineteen participants were interviewed. A single core category, "living in society once more", and three categories, "An ongoing process", "Regaining ability to function in society", and "A normality report card" were identified from our data.

Conclusions: Recovery within the Singapore mental health professional perspective focuses on helping individuals return to society and function productively while considering existing societal norms such as the highly competitive and pragmatic culture in Singapore. Future research can explore in greater depth the impact of these factors on the recovery process.

ARTICLE HISTORY
Received 8 September 2022
Revised 31 January 2023
Accepted 7 February 2023
Published online 25 February 2023

KEYWORDS
Recovery, personal recovery, mental illness, mental disorder, Asia

Introduction

Mental health conditions are a growing concern globally, with over 1.1 billion people experiencing such challenges (Dattani et al., 2021). A robust understanding of the issues and interventions that can support the recovery from mental ill health is therefore required. However, recovery can mean different things based on how it is conceptualized. For example, in more traditional interpretations of recovery, the focus is simply on reducing the symptoms individual experiences and providing treatments designed to facilitate a remission of symptoms and return to clinical notions of health (Anthony, 1993; Jacob, 2015). More recently, the "personal recovery" approach has gained widespread acceptance. Within frameworks and models of personal recovery, people who experience mental health conditions are viewed as experts in their life journey, and appreciating their life experiences, insights and strengths is viewed as essential to the recovery process. This is reframed as coping with experiences and circumstances in pragmatic personalized ways, rather than remission of symptoms in accordance with clinical notions (Leamy et al., 2011; Slade, Leamy, et al., 2012; Slade, Williams, et al., 2012). From this perspective, recovery involves empowering people to gain greater autonomy, find new ways to manage their conditions and empowering them to live a life they find meaningful. Increasing acceptance of the concept of personal recovery has led to a rise in studies exploring the lived experiences of people with mental health conditions to better understand their perspectives (Baxter and Fancourt, 2020; Bejenaru, 2021; Chua et al., 2021; Corrigan et al., 2020; Hickmott and Raeburn, 2020; Huang et al., 2020; Ipci et al., 2020; Iseselo and Ambikile, 2020; Lim et al., 2020; Sims et al., 2022; Subramaniam et al., 2020; Thornhill et al., 2022; Yahyavi and Shahvari, 2022).

The shift towards a lived experience research focus indicates that the personal recovery movement is increasingly being embraced and accepted. However, despite this evolving focus, the sentiments of people (i.e. mental health professionals; MHPs) providing various forms of mental health support also warrant careful investigation. This is due to the reality that recovery journeys are seldom experiences alone. Many stakeholders play critical roles in the recovery process such as formal care providers (e.g. mental health professionals, paid caregivers) and informal care providers (e.g. friends, family, and social networks), whose contributions should be acknowledged (Efendi et al., 2022; Goh et al.,

CONTACT Jonathan Han Loong Kuek hkue4882@uni.sydney.edu.au Susan Wakil School of Nursing and Midwifery | Sydney Nursing School, Faculty of Medicine and Health, The University of Sydney, Australia.

© 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (http://creativecommons.org/licenses/by-nc-nd/4.0/), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way.

2022; Gunasekaran et al., 2022; Gurtner et al., 2022; Haugom et al., 2022; Richards et al., 2022; Thornhill et al., 2022; Yoder et al., 2021; Yu et al., 2021). While several studies have focused on MHPs and informal caregivers in westernized societies, limited research has been conducted exploring mental health professionals' experiences in Asian or collectivistic societies, where such relationships commonly have quite different influences on individual's daily lives (Baxter et al., 2022; Chang & Chen, 2022; Della et al., 2021; Gerain & Zech, 2021; Iseselo and Ambikile, 2020; Jacobson and Farah, 2012; Kuek et al., 2020; Lam et al., 2022; Lauzier-Jobin & Houle, 2022; Paradiso & Quinlan, 2021; Stuart et al., 2020; Subandi et al., 2021; Yuen et al., 2019).

Consequently, there is a need to address this gap and better understand how MHPs conceptualize the notion of recovery in Asia as they are the main providers of such support. Specifically, by unpacking what recovery means to MHPs, we can better understand their perspectives and how they view the interventions they use targeted at supporting people with mental health conditions. Hence, this study aimed to provide greater insights into definitions of recovery from MHPs' perspectives in Singapore.

Method

Qualitative data used in this study of MHPs perspectives were collected as part of a larger project investigating various aspects of the mental health recovery journey of people in Singapore. This broader project included participants with a lived experience of mental health challenges, who worked as an MHP, and people who provided informal care to people with mental health conditions with the goal of providing multiple perspectives on the topic of mental health recovery. The Consolidated Criteria for Reporting Qualitative Research checklist informed the preparation of this paper (Tong et al., 2007). This included items such as ensuring information relating to the research team were provided, study design details (e.g. sampling, interview guide preparation, etc.) and information about the analysis and reporting procedures (e.g. theme reporting, quotations presented, etc.). A constructivist grounded theory lens was applied to better appreciate how participants discussed their lived experiences and perspectives (Charmaz, 2017a, 2017b). This choice was made as a social constructivist approach would allow us to better understand how participants construed their lived realities. It is this commitment to representing the voices of participants from their worldviews that sets it aside from other forms of grounded theory.

Recruitment

Participants with some connection to mental healthcare in Singapore were invited through various social media platforms such as LinkedIn, Facebook, WhatsApp, and Instagram through a mix of convenience and snowball sampling approaches due to the COVID-19 pandemic. They were required to register via these publicly available links, following which a member of the research team would send an information sheet containing details about the study. Participants were informed that taking part in this study was completely voluntary and they could withdraw at any time and informed that any information shared was only accessible to the research team. They were also told that their information would be stored on a secure server maintained by the University of Sydney. Lastly, they were given an opportunity to ask questions about the study before the consent form was sent to them for their signature. Singapore is a small country in southeast Asia with a population of approximately 5.8 million residents made up of various ethnic (e.g. Chinese, Malays, Indians, etc.) and religious backgrounds (e.g. Christians, Buddhists, Muslims, etc.). It is a culturally diverse setting with each ethnicity having their own sets of values and beliefs. A total of 19 MHPs were used in this component of the study, and 45 individuals participated in the project overall. The other 26 participants were individuals with lived experience of a mental health condition or informal caregivers to people with mental health conditions. Their data were not included for analysis in this paper as they belonged to a separate population. Consistent with a constructivist grounded theory framework, we ensured adequate representation of a variety of professionals through intentional sampling procedures during the snowballing process. While generalization was not the purpose, we wanted to ensure different professions were included as mental health professionals are a diverse group of individuals. Hence, the main types of mental health professionals such as a psychiatrist, mental health nurses, and allied health professionals were our target samples.

Interview process

Semi-structured interviews were developed to guide the interviews conducted in English via zoom between May 2021 and November 2021, lasting between 30 and 60 minutes. The guide was developed by the main author who is well-versed in personal recovery concepts and was checked by two Australian personal recovery mental health researchers. Additionally, the interview guide was not meant to be prescriptive and was designed to allow participants to guide the process. Examples of questions included, "What does recovery mean to you?" and "Why do you define recovery in this manner?". Interviews were conducted online due to the COVID-19 pandemic and various travel restrictions that were in place during the data collection period. The first author conducted the interviews to ensure consistency and has previously been part of qualitative research teams, having been trained in conducting qualitative interviews. Field notes were also taken throughout the interviews on word documents to record key points that participants shared that the interviewer wished to bring up later in the session and also used during data analysis. For example, if a participant brought up an interesting experience that could be discussed further, this was noted down in brief detail.

Reflexivity

As the lead researcher in this study is from Singapore, there was potential for personal perspectives to influence data collection and analysis. However, based on a constructivist grounded theory perspective (Charmaz, 2017a, 2017b), it is crucial to recognize that complete objectivity does not exist as researchers bring their experiences and values to the process. Nonetheless, steps should be taken to reduce the researcher's influence on such studies. Hence, the inclusion of two Australian academics with expertise in mental health recovery research provides an external perspective throughout the study. Additionally, the lead author was careful not to allow personal experiences to influence the interview process, by adhering to the prepared questions, and only delving into additional information when it surfaced during the discussions. Reflection upon the completion of each interview was also undertaken to ensure he was not becoming too directive during the sessions.

Data analysis

NVivo was used to manage the transcripts where the first author undertook the initial coding due to his familiarity with the data. The codes were then used in an iterative and collaborative process carried out by all authors where sub-categories and categories were created before identifying a core category. This step involved identifying similarities and differences between codes and placing them within sub-categories, which are then fit within broader categories. These categories are then examined as a whole, and a single core category was created that best described the categories. Constant comparison was applied throughout the entire process, and disagreements between authors were resolved through majority consensus. In doing so, each code was compared with the next code to determine if they could be classified as the same code or if they were separate codes, and this process was carried out to determine the sub-categories and categories once all the codes were processed. Additionally, disagreements regarding the naming and meaning of codes surfaced. During such scenarios, the two disagreeing researchers would share their rationale and thoughts, and the other researchers would provide their input. Finally, all authors agreed on the final set of sub-categories, categories, and core categories. Corrections to sentence structure and grammar were also made while ensuring their meaning was not changed.

Results

The demographics of the 19 mental health professionals interviewed are presented in Table 1.

The core category that best describes what recovery means to MHPs is for the people they were supporting to be "living in society once more". This broad classification was broken down into three categories that delineate it further: *An ongoing process; Regaining ability to function in society and; A normality report card.*

An ongoing process

Recovery was viewed as an ongoing process, with many ups and downs, that was unique for everyone depending on the conditions they were experiencing. This perspective was different from being 'cured' - whereby a cure meant a complete resolution of symptoms. It also meant that people had learned to accept their condition and recognized that these mental health challenges would probably not fully disappear.

> "There is no cure because it's not like a permanent solution or something like that, because you cannot totally overcome it … like different situations or certain things can trigger it again. So, it can always cause them to get back into the same problems, but the only thing is that with good support and with proper backup plans, you can prevent a relapse … " – MHP0014 (Mental Health Nurse)

> "I would say part of recovery is accepting that it is a part of you, and that you live with it, rather than, you know 'I'm diagnosed with … '. It's something that I live with. So, let's say I don't run as fast as another person, I'm not as good at swimming as another person, and we live with that, and come to a place where we're okay with that" – MHP0003 (Art Therapist)

Table 1. Participant Demographics.

S/N	Role	Job	Duration Caregiving	Age
MHP0001	Mental health Professional	Counsellor	5 years	35
MHP0002	Mental health Professional	Counsellor	5 years	32
MHP0003	Mental health Professional	Art Therapist	12 years	37
MHP0004	Mental health Professional	Social Worker	4 years	30
MHP0005	Mental health Professional	Nurse	10 years	36
MHP0006	Mental health Professional	Case Manager	4 years	27
MHP0007	Mental health Professional	Psychiatrist	10 years	38
MHP0008	Mental health Professional	Nurse	6 years	32
MHP0009	Mental health Professional	Nurse	14 years	45
MHP0010	Mental health Professional	Psychiatrist	11 years	43
MHP0011	Mental health Professional	Clinical Psychologist	1 year	27
MHP0012	Mental health Professional	Case Manager	2 years	27
MHP0013	Mental health Professional	Nurse	11 years	33
MHP0014	Mental health Professional	Nurse	18 years	40s
MHP0015	Mental health Professional	Clinical Psychologist	11 years	37
MHP0016	Mental health Professional	Nurse	10 years	38
MHP0017	Mental health Professional	Clinical Psychologist	4 years	30
MHP0018	Mental health Professional	Clinical Psychologist	7 months	30
MHP0019	Mental health Professional	Psychiatrist	21 years	48

Assisting people to learn how to cope with their symptoms effectively was how our participants believed people experiencing mental health conditions could become less affected by their challenges. For example, several thought medications were a key component of effective symptom management and that staying on medication was important to aid in the recovery process.

> "Sadly to say for psychiatry units right now, we do not have a very good and effective way to cure it, we can only treat it we can only treat it with medication. Therefore, that's why we always have patient know the important of staying medication compliant." – MHP0013 (Mental Health Nurse)

> "… Medication is always part of recovery cos a lot of us don't want to continue with medication, but managing it is part of lifestyle so all these things I will always tell them … Recovery is maintaining medication, that is recovery, as they are back to their 100%, they need medication to sustain them and that's considered recovery." – MHP0009 (Mental Health Nurse)

Learning how to regulate their emotions effectively and acquiring skills to self-manage were also important aspects of being less affected by the symptoms of various mental health conditions.

> "I think is learning how to manage whatever issues that you might have. And also be able to recognize when you need help and be able to ask for help. So it's like, it's a process, it's a learning, and it's developing skills that that can help you in the times of need." – MHP0017 (Clinical Psychologist)

> "Recovery is really about how well you manage the symptoms. And how do you move forward with your experiences. So it's like if I have anxiety, I've always had this symptoms bothering me. It's affected my daily functioning, how can I manage this? And how can I learn skills so that as I move forward in the future, how can this help me better manage myself?" – MHP0018 (Clinical Psychologist)

For more severe cases, some MHPs considered recovery as being associated with not being hospitalized as often or becoming less crippled by their symptoms.

> "I guess, their admission rates are lower, is one indicator of recovery. Then how they are maintaining in the community is another indicator, but these two always come together. Like if a person is maintaining very well then my idea of recovery is to sustain a normal life with their condition, if their admission reduces, it means they are sustaining well, in the community despite their conditions." - MHP0004 (Social Worker)

> "… if they are able to, you know, the interval of coming back to the hospital if it's like, you know, a few months' time, or one- or two-years' time, I will say that that is actually more or less recovery in certain meanings." – MHP0009 (Mental Health Nurse)

Regaining ability to function in society

From Singaporean MHPs' perspective, recovery was also about functioning in a meaningful manner. The most common indication they could do so was a person's ability to fulfill various societal roles.

> "… you're able to perform as a normal individual, or what is accepted by the society, you're able to like, go for your walk, you're able to run your family, and then you can go through your daily activities, even though you got challenges, you're able to move on with that. And then still you are having a schizophrenia, or you're having a depression, still able to maintain the balance and then move on in life." – MHP0014 (Mental Health Nurse)

> "… recovery also means being able to do the things that they want, being able to find a role outside of the patient role, being able to be a father, you know, be an employee, be someone more than just their illness, I think that would be important for recovery as well to see themselves as not just a patient with mental illness, but an individual as a whole." – MHP0006 (Case Manager)

Within such a context, in some cases, it meant being able to regain a functional level that was similar or equal to before the onset of their condition.

> "… successful recovery will look like, I will say, returning to prior levels of functioning, being able to go back to work, going back to, you know, being in a relationship. So being able to go back to your level of functioning, be able to do the things that they want to do." – MHP0015 (Clinical Psychologist)

> "So it's kind of like if we could go back to premorbid functioning for some. It's a lot about also wellness, like mental wellness." – MHP0018 (Clinical Psychologist)

While in other instances, it could be about being able to move forward and redefine what good function means, which also involves adjusting expectations based on how badly affected individuals were by their conditions.

> "Some people, okay, they continue to come back (for treatment), eventually they will go back to their own life, some on and off, they'll keep coming back. Probably I will say that, um, if they (the people who keep coming back) are able to know their condition, better continued medication treatment, and they are able to get back to, I will say 80% of function, that will be actually very good. Of course, they have to do some alteration of lifestyle, probably get a less stressful job. So stress can trigger them all. So, these are some of the things that decrease. So, I will consider if they are able to alter the lifestyle, and then they are doing well after alteration, then that is what is considered recovered." – MHP0009 (Mental Health Nurse)

> "For a very chronically ill right, the moment that I can get them to agree to go for structured activities or even the activity center itself, to me it's a win when the moment they agree, is really already a win, and the moment they attend the first session is also another win already. I think it's considered successful. – MHP0016 (Mental Health Nurse)

Normality report card

The need to fit back into society and be "normal" was repeatedly raised during interviews with reference to the importance of regaining function and continued improvement due to the nature of Singapore's culture which was described as pragmatic and where weakness was not tolerated.

> "So I think I think our culture is very practical. If I spent $2,000 on treatment over one year, for instance, with the medication and doctor's appointment, then chances are the family expects the mood the depression to go away, for instance, or no more self-harming? Right? Yeah. That is what the culture seems to want." – MHP0010 (Psychiatrist)

> "With the Asian clients, they have more strict parenting, they have higher levels of expectations imposed on them growing up,

> and this also influences the kinds of thoughts and beliefs that they have about themselves, and how other people view them as well … needing to strive to be better, and striving to be better, sometimes they may even say that, so they may even see that they need to be the best." – MHP0015 (Clinical Psychologist)

Additionally, the high-strung and fast-paced nature of Singaporean life was highlighted as a central aspect of living in society. There seemed to be a need to always be engaged in doing something even when it came to the treatment outcomes they were expecting.

> "Singapore is one of the most busiest and most fastest or most stressful in this world because even working here is very stressful, like once we get time to like sit in a chair with the kids or disappear after work, everyone is tired and then they keep running, keep running, keep running. So it's a busy life here. Singapore culture is definitely a very stressful culture." – MHP0014 (Mental Health Nurse)

> "I think the culture in Singapore, as a therapist, it might have affected me after I came back. Because everything is a bit more fast paced, people are a bit more impatient, they're not as positive … So I think that it's very important for us to, we need to constantly be doing a lot of reflection, and stuff to make sure we don't fall into the trap of society, or how society is." – MHP0017 (Clinical Psychologist)

Lastly, the very competitive and comparison-oriented culture was perceived to be significant in Singapore and it was something that is ingrained within people early on in life.

> "One thing about the Singapore culture for example, is that it values Asian culture, it values certain qualities or attributes like success, career achievement, being better than other people, you know, comparing yourself to others those kind of thing." – MHP0015 (Clinical Psychologist)

Or as one participant aptly puts it:

> "We are very competitive culture. Where young people who go to raffles, for example, raffles institution [a highly ranked school in Singapore], is you know, looked upon with a different lens compared to young people who go to a neighbourhood school … You have seen all these memes about going for Chinese New Year. I'm sure it's not just Chinese, the Indians, the Malays might have similar as well. And then it is like a yearly report card kind of exercise. How is your son doing? How is your daughter doing? Oh, my son is like this. My daughter is like that." – MHP0010 (Psychiatrist)

Discussion

This study revealed that recovery from MHPs perspective was essentially being able to see the people they were supporting living in society once more. When they reached such a stage, it meant that they were able to live with their conditions and understand them to be ongoing processes. This entailed knowing how individuals can manage their symptoms more effectively, be less affected by their conditions, and be able to function within their respective roles in society. It was interesting that MHPs echoed sentiments similar to those found within personal recovery models of care, whereby recovery is often framed as an empowering and ongoing journey resulting in individuals leading life as they chose (Anthony, 1993; Jacob, 2015; Slade, Williams, et al., 2012). However, rather than the focus being on the individual, there was a particular emphasis on being able to move forward or return to society, as observed in our second category. The main goal of these changes was mainly for an individual to return to a state of higher functionality, congruent with what a previous review of recovery in Asia identified (Kuek et al., 2020). Indeed, these findings provide credence to the idea that placing greater weight on the importance of societal belonging in certain cultures is necessary, and there is a need for more focus on the interplay between individual and societal factors of recovery (Baxter et al., 2022; Chang & Chen, 2022; Subandi et al., 2021).

Medication was perceived by MHPs to be a crucial element for symptoms to be managed and for people to achieve a more significant functional state. However, research regarding attitudes toward such medication in Asian populations has revealed that many people report negative or stigmatizing perspectives concerning psychotropic medication, such as fearing it would make them look weak, have adverse side effects, or that they would become dependent on it (Fancher et al., 2014; Jung et al., 2020; Wong & Pi, 2012; Zieger et al., 2017). Perhaps this could be due to the hierarchical culture in Singapore and the elevated positions doctors hold within society, affording them high levels of authority in determining appropriate paths of support (Lee et al., 2007). Nevertheless, there is a need to explore these beliefs to understand the cultural disconnect between our carers and past research findings. In addition, recent research challenging the validity of biological explanations of mental health conditions (Moncrieff et al., 2022) and their implications on psychopharmacological interventions make such efforts even more pressing. The notion that medications are a pre-requisite for recovery needs to be questioned.

Another particularly salient point that provided greater nuance to the idea of function was the need to tailor it to suit an individual's unique context. Participants identified that while function was an important goal to strive towards, it also needs to be considered in relation to baseline levels and the reality of whether certain functionally oriented goals could be achieved. Doing so requires effective communication and close collaboration between care providers and the people they support, mirroring the notion of supported decision-making and its importance in the recovery process (Gurtner et al., 2022; Haugom et al., 2022; Richards et al., 2022). Engaging other care providers (e.g. informal caregivers) and helping them understand this need can be very important, as although our participants shared such sentiment, not all may have similar thoughts, leading to conflict between care providers and the people they support (Gerain & Zech, 2021; Paradiso & Quinlan, 2021; Subandi et al., 2021). Interventions targeted at such a mechanism could be essential, and future research could use these findings to better frame such an approach, especially where care providers struggle to accept the new situations they find themselves in.

Our final category highlighted various cultural aspects of Singaporean society and how they relate to the need to return to a state whereby they could be "normal". Indeed,

one participant describes this candidly as a certain set of standards, an annual report card presented to family and friends during various cultural festivals and celebrations. When we factor in these findings and contextualize the ideas found in our first two categories, it is apparent that the way recovery is approached in Singapore has a powerful cultural influence. While similar findings have been identified in other studies in Asian cultures, there were also subtle differences between cultures (Lam et al., 2022; Subandi et al., 2021; Yuen et al., 2019). For example, in Subandi and colleagues' work (Subandi et al., 2021), more religious and local beliefs such as black magic were used to discuss mental illnesses and recovery. While in our context, it was more oriented towards how quickly they could function well in a high-paced and competitive society once more; or perhaps a change in expectations was required depending on the baseline functions of an individual. Hence, future research could investigate these relationships in greater depth, especially in cultures where social relationships are prominent aspects of life.

Synthesizing the data from three categories, recovery from the MHPs' perspective in Singapore involves helping people experiencing mental health conditions to work through their challenges and return to society. It also highlights the importance of factoring in various aspects of Singapore culture (e.g. pragmatism, competitive, fast-paced). Consequently, interventions that work on an individual level may not be as effective in cultures where a society's influence is not as salient. Coupled with the fact that mental health literacy in the nation is not exceptionally high (Tonsing, 2018) and preferences for non-traditional treatments are relatively common (Seet et al., 2020), a strong argument can be made for expanding the options of services available to better aid people in their journey towards returning to society. Ultimately, while our findings do echo similar ideas found in personal recovery literature, there are still nuances that need to be considered, as we have presented above.

Limitations

Due to the nature of our study, our findings should be interpreted cautiously. Specifically, they are in the context of a multicultural Asian nation and may not fully apply to countries with different societal norms and values. However, certain categories such as being less affected by the condition and recovery being an ongoing process have also been found in western studies, suggesting some universality to these ideas. Future research could validate such findings across a larger sample from various cultures. Additionally, we sought representation from different MHPs and had to make a calculated trade-off which could have resulted in us missing nuances within each group in relation to how they viewed recovery. Future research could consider focusing on one MHP group at a time to see if any exist.

Conclusion

Our study suggests that MHPs viewed recovery as an ongoing process where people with mental health conditions improved their functional states so they could better adhere to societal standards of normality. Hence, while it is important to provide individualized support, broader cultural norms need to be considered to integrate people with mental health challenges successfully back into society. Furthermore, individual-level interventions may not be sufficient if societal attitudes do not also shift, suggesting the need for concurrent and multi-pronged approaches that consider both individual and societal level factors during the support process.

Acknowledgement

The first author would like to acknowledge the assistance and support from the Tan Kah Kee Foundation throughout his postgraduate journey.

Ethics approval

Ethics approval was obtained from the Human Research Ethics Committee of the University of Sydney (2019/934). Participants provided their written and verbal consent before taking part in interviews that were audio recorded.

Author contributions

All authors contributed equally to the preparation of this manuscript

Disclosure statement

No potential conflict of interest was reported by the author(s)

Funding

No funds were used in the preparation of this paper.

ORCID

Jonathan Han Loong Kuek http://orcid.org/0000-0001-8953-9229
Toby Raeburn http://orcid.org/0000-0001-5654-5788
Timothy Wand http://orcid.org/0000-0003-4076-7014

References

Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, *16*(4), 11–23. https://doi.org/10.1037/h0095655

Baxter, L., Burton, A., & Fancourt, D. (2022). Community and cultural engagement for people with lived experience of mental health conditions: What are the barriers and enablers? *BMC Psychology*, *10*(1), 71. https://doi.org/10.1186/s40359-022-00775-y

Baxter, L., & Fancourt, D. (2020). What are the barriers to, and enablers of, working with people with lived experience of mental illness amongst community and voluntary sector organisations? A qualitative study. *PLOS One*, *15*(7), e0235334. https://doi.org/10.1371/journal.pone.0235334

Bejenaru, A. (2021). Depression as a path to change: An adult woman's voice about parenting practices, mental health and recovery. *Journal of Psychosocial Rehabilitation and Mental Health*, *8*(1), 11–18. https://doi.org/10.1007/s40737-020-00194-5

Chang, C. W., & Chen, F. P. (2022). Family social networks and personal recovery among Chinese people with mental illness in Hong Kong: The mediating effects of self-esteem and self-efficacy. *Psychiatric Rehabilitation Journal*, *45*(3), 247–254. https://doi.org/10.1037/prj0000485

Charmaz, K. (2017a). Constructivist grounded theory. *The Journal of Positive Psychology*, *12*(3), 299–300. https://doi.org/10.1080/17439760.2016.1262612

Charmaz, K. (2017b). The power of constructivist grounded theory for critical inquiry. *Qualitative Inquiry*, *23*(1), 34–45. https://doi.org/10.1177/1077800416657105

Chua, W. W., Kuek, J. H. L., & Goh, Y. S. (2021). Nursing Students' perception toward recovery in mental health: A descriptive qualitative study. *Journal of the American Psychiatric Nurses Association*, 107839032110235. https://doi.org/10.1177/10783903211023564

Corrigan, P. W., Qin, S., Davidson, L., Schomerus, G., Shuman, V., & Smelson, D. (2020). Recovery from mental illness versus substance use disorder. *Advances in Dual Diagnosis*, *13*(3), 101–110. https://doi.org/10.1108/ADD-10-2019-0012

Dattani, S., Ritchie, H., & Roser, M. (2021). *Mental Health. Our World in Data* https://ourworldindata.org/mental-health

Della, C. D., Teo, D. C. L., Agiananda, F., & Nimnuan, C. (2021). Culturally informed psychotherapy in Asian consultation-liaison psychiatry. *Asia-Pacific Psychiatry : Official Journal of the Pacific Rim College of Psychiatrists*, *13*(1), e12431. https://doi.org/10.1111/appy.12431

Efendi, F., Aurizki, G. E., Yusuf, A., & McKenna, L. (2022). Not shifting, but sharing": Stakeholders' perspectives on mental health task-shifting in Indonesia. *BMC Nursing*, *21*(1), 165. https://doi.org/10.1186/s12912-022-00945-8

Fancher, T. L., Lee, D., Cheng, J. K. Y., Yang, M. S., & Yang, L. (2014). Interventions to improve adherence to psychotropic medication in clients of Asian descent: A systematic review. *Asian American Journal of Psychology*, *5*(1), 22–34. https://doi.org/10.1037/a0027803

Gerain, P., & Zech, E. (2021). Do informal caregivers experience more burnout? A meta-analytic study. *Psychology, Health & Medicine*, *26*(2), 145–161. https://doi.org/10.1080/13548506.2020.1803372

Goh, Y. S., Ow Yong, Q. Y. J., Soo, S. C., Wan, P. C. J., & Ng, V. C. K. (2022). Experiences and challenges faced by community mental health workers when providing care to people with mental health conditions: A qualitative descriptive study. *Int J Ment Health Nurs*, *31*(3), 591-600. https://doi.org/10.1111/inm.12977

Gunasekaran, S., Tan, G. T. H., Shahwan, S., Goh, C. M. J., Ong, W. J., & Subramaniam, M. (2022). The perspectives of healthcare professionals in mental health settings on stigma and recovery – A qualitative inquiry. *BMC Health Services Research*, *22*(1), 888. https://doi.org/10.1186/s12913-022-08248-z

Gurtner, C., Lohrmann, C., Schols, J., & Hahn, S. (2022). Shared decision making in the psychiatric inpatient setting: An ethnographic study about interprofessional psychiatric consultations. *International Journal of Environmental Research and Public Health*, *19*(6), 3644. https://doi.org/10.3390/ijerph19063644

Haugom, E. W., Stensrud, B., Beston, G., Ruud, T., & Landheim, A. S. (2022). Experiences of shared decision making among patients with psychotic disorders in Norway: A qualitative study. *BMC Psychiatry*, *22*(1), 192. https://doi.org/10.1186/s12888-022-03849-8

Hickmott, J., & Raeburn, T. (2020). Mouse to man, a mental health recovery journey. *Journal of Psychiatric and Mental Health Nursing*, *27*(6), 844–849. https://doi.org/10.1111/jpm.12621

Huang, C., Plummer, V., Wang, Y., Lam, L., & Cross, W. (2020). I am the person who knows myself best: Perception on shared decision-making among hospitalized people diagnosed with schizophrenia in China. *International Journal of Mental Health Nursing*, *29*(5), 846–855. https://doi.org/10.1111/inm.12718

Ipci, K., Yildiz, M., Incedere, A., Kiras, F., Esen, D., & Gurcan, M. B. (2020). Subjective recovery in patients with schizophrenia and related factors. *Community Mental Health Journal*, *56*(6), 1180–1187. https://doi.org/10.1007/s10597-020-00616-5

Iseselo, M. K., & Ambikile, J. S. (2020). Promoting recovery in mental illness: The perspectives of patients, caregivers, and community members in Dar es Salaam, Tanzania. *Psychiatry Journal*, *2020*, 3607414. https://doi.org/10.1155/2020/3607414

Jacob, K. (2015). Recovery model of mental illness: A complementary approach to psychiatric care. *Indian Journal of Psychological Medicine*, *37*(2), 117–119. https://doi.org/10.4103/0253-7176.155605

Jacobson, N., & Farah, D. (2012). Recovery through the lens of cultural diversity. *Psychiatric Rehabilitation Journal*, *35*(4), 333–335. https://doi.org/10.2975/35.4.2012.333.335

Jung, H., Cho, Y. J., Rhee, M. K., & Jang, Y. (2020). Stigmatizing beliefs about depression in diverse ethnic groups of Asian Americans. *Community Mental Health Journal*, *56*(1), 79–87. https://doi.org/10.1007/s10597-019-00481-x

Kuek, J. H. L., Raeburn, T., & Wand, T. (2020). Asian perspectives on personal recovery in mental health: a scoping review. *Journal of Mental Health*, 1–17. https://doi.org/10.1080/09638237.2020.1818709

Lam, J. S. H., Links, P. S., Eynan, R., Shera, W., Tsang, A. K. T., Law, S., Fung, W. L. A., Zhang, X., Liu, P., & Zaheer, J. (2022). I thought that I had to be alive to repay my parents: Filial piety as a risk and protective factor for suicidal behavior in a qualitative study of Chinese women. *Transcultural Psychiatry*, *59*(1), 13–27. https://doi.org/10.1177/13634615211059708

Lauzier-Jobin, F., & Houle, J. (2022). A comparison of formal and informal help in the context of mental health recovery. *International Journal of Social Psychiatry*, *68*(4), 729–737. https://doi.org/10.1177/00207640211004988

Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *The British Journal of Psychiatry : The Journal of Mental Science*, *199*(6), 445–452. https://doi.org/10.1192/bjp.bp.110.083733

Lee, Y.-Y., Ng, C.-T., Ghazalie, S. A. M., Ngiam, J.-Z., Tai, B.-C., Lim, M.-K., & Hughes, K. (2007). Public trust in primary care doctors, the medical profession and the healthcare system among Redhill residents in Singapore. *Annals of the Academy of Medicine, Singapore*, *36*(8), 655–661. https://doi.org/10.47102/annals-acad-medsg.V36N8p655

Lim, M., Xie, H., Li, Z., Tan, B. L., & Lee, J. (2020). Using the CHIME personal recovery framework to evaluate the validity of the MHRM-10 in individuals with psychosis. *The Psychiatric Quarterly*, *91*(3), 793–805. https://doi.org/10.1007/s11126-020-09737-2

Moncrieff, J., Cooper, R. E., Stockmann, T., Amendola, S., Hengartner, M. P., & Horowitz, M. A. (2022). The serotonin theory of depression: A systematic umbrella review of the evidence. *Molecular Psychiatry*, https://doi.org/10.1038/s41380-022-01661-0

Paradiso, J., & Quinlan, E. (2021). Mental health caregiver's experiences from the perspective of the power threat meaning framework. *Journal of Humanistic Psychology*, 002216782110417. https://doi.org/10.1177/00221678211041789

Richards, K. L., Woolrych, I., Allen, K. L., & Schmidt, U. (2022). A Delphi study to explore clinician and lived experience perspectives on setting priorities in eating disorder services. *BMC Health Services Research*, *22*(1), 788. https://doi.org/10.1186/s12913-022-08170-4

Seet, V., Abdin, E., Vaingankar, J. A., Shahwan, S., Chang, S., Lee, B., Chong, S. A., & Subramaniam, M. (2020). The use of complementary and alternative medicine in a multi-ethnic Asian population: Results from the 2016 Singapore mental health study. *BMC Complementary Medicine and Therapies*, *20*(1), 52. https://doi.org/10.1186/s12906-020-2843-7

Sims, S., Hepsipa Omega Juliet, S., Joseph, J., Gopal, S., Raghavan, V., Venkatraman, L., & Padmavati, R. (2022). Acceptability of peer support for people with schizophrenia in Chennai, India: A cross sectional study amongst people with lived experience, caregivers, and mental health professionals. *Frontiers in Psychiatry*, *13*, 797427. https://doi.org/10.3389/fpsyt.2022.797427

Slade, M., Leamy, M., Bacon, F., Janosik, M., Le Boutillier, C., Williams, J., & Bird, V. (2012). International differences in understanding recovery: Systematic review. *Epidemiology and Psychiatric Sciences*, *21*(4), 353–364. https://doi.org/10.1017/S2045796012000133

Slade, M., Williams, J., Bird, V., Leamy, M., & Le Boutillier, C. (2012). Recovery grows up. *Journal of Mental Health)*, *21*(2), 99–103. https://doi.org/10.3109/09638237.2012.670888

Stuart, R., Akther, S. F., Machin, K., Persaud, K., Simpson, A., Johnson, S., & Oram, S. (2020). Carers' experiences of involuntary admission under mental health legislation: systematic review and qualitative meta-synthesis. *BJPsych Open*, *6*(2), e19. https://doi.org/10.1192/bjo.2019.101

Subandi, M. A., Praptomojati, A., Marchira, C. R., DelVecchio Good, M. J., & Good, B. J. (2021). Cultural explanations of psychotic illness and care-seeking of family caregivers in Java, Indonesia. *Transcultural Psychiatry*, *58*(1), 3–13. https://doi.org/10.1177/1363461520916290

Subramaniam, M., Jeyagurunathan, A., Devi, F., Chang, S.H.S., Samari E., Verma, S. K., Ng, W. L. J., Tan, W. M., Chong, R., Ye, P., Lim, L. L., Babjee, R., Vaingankar, & Chong, S. A. (2020). An exploratory study on the lived experiences of hoarding in Singapore. *Health & Social Care in the Community*, *28*(2), 456–466. https://doi.org/10.1111/hsc.12878

Thornhill, E., Sanderson, C., & Gupta, A. (2022). A grounded theory analysis of care-coordinators' perceptions of family growth associated with an experience of first episode psychosis. *Psychosis*, *14*(4), 355–367. https://doi.org/10.1080/17522439.2021.1971743

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care : Journal of the International Society for Quality in Health Care*, *19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

Tonsing, K. N. (2018). A review of mental health literacy in Singapore. *Social Work in Health Care*, *57*(1), 27–47. https://doi.org/10.1080/00981389.2017.1383335

Wong, F. K., & Pi, E. H. (2012). Ethnopsychopharmacology considerations for Asians and Asian Americans. *Asian Journal of Psychiatry*, *5*(1), 18–23. https://doi.org/10.1016/j.ajp.2012.01.003

Yahyavi, S. T., & Shahvari, Z. (2022). Psychiatric inpatients' lived experiences of physical restraint: A qualitative study in Iran. *Iranian Journal of Psychiatry and Behavioral Sciences*, *16*(2), e126620. https://doi.org/10.5812/ijpbs-126620

Yoder, H. N., de Jong, J. T., Tol, W. A., Duncan, J. A., Bayoh, A., & Reis, R. (2021). Child witchcraft confessions as an idiom of distress in Sierra Leone; results of a rapid qualitative inquiry and recommendations for mental health interventions. *Child and Adolescent Psychiatry and Mental Health*, *15*(1), 18. https://doi.org/10.1186/s13034-021-00370-w

Yu, B. C. L., Mak, W. W. S., & Chio, F. H. N. (2021). Family involvement moderates the relationship between perceived recovery orientation of services and personal narratives among Chinese with schizophrenia in Hong Kong: A 1-year longitudinal investigation. *Social Psychiatry and Psychiatric Epidemiology*, *56*(3), 401–408. https://doi.org/10.1007/s00127-020-01935-4

Yuen, W. W., Tse, S., Murray, G., & Davidson, L. (2019). From my point of view, my wife has recovered': A qualitative investigation of caregivers' perceptions of recovery and peer support services for people with bipolar disorder in a Chinese community. *The International Journal of Social Psychiatry*, *65*(4), 305–312. https://doi.org/10.1177/0020764019842287

Zieger, A., Mungee, A., Schomerus, G., Ta, T. M. T., Weyers, A., Boge, K., Dettling, M., Bajbouj, M., von Lersner, U., Angermeyer, M. C., Tandon, A., & Hahn, E. (2017). Attitude toward psychiatrists and psychiatric medication: A survey from five metropolitan cities in India. *Indian Journal of Psychiatry*, *59*(3), 341–346. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_190_17