

Abstract

The recovery paradigm has been increasingly adopted in mental health services; however, little attention has been paid to bipolar disorder. Bipolar disorder was a rapid cycling severe psychiatric illness, that personal recovery was essential in the recovery journey.

Studies shared different views about the construct of personal recovery and the relationship with traditional model - clinical recovery – was inconclusive. There was limited studies about personal recovery in Bipolar Disorder, especially in Chinese population. The aim of present study was to understand about the construct of personal recovery and its predictors among clinical factors, as well as demographics variables. The role of cognition in bipolar disorder, which was found to be critical in maintaining mood fluctuation, was studied to examine its potential significance in relation with personal recovery. The changeability of the construct of personal recovery was further examined by investigating intervention effect of cultivating personal recovery and predictors for improving personal recovery.

Life Goals Programme (LGP), as a widely adopted adjunctive therapy for promoting illness management in bipolar disorder, was adopted in present study with local adaptation for assessing the changeability of personal recovery after intervention. The 6-weekly-session embraced the attitude of personal recovery in terms of self-determination, informed decision, and autonomy in symptom management. Participants comprised 43 out-patients with bipolar disorder I or II were randomized into two conditions – treatment & waitlist control.

Treatment condition would be engaged in a 6-weekly-session LGP, whereas the waitlist group would receive the same psychoeducation after 6 weeks. Treatment effect of improving personal recovery was anticipated. PERSONAL RECOVERY IN BIPOLAR DISORDER iii

Participants were assessed before and after intervention, whereas the waitlist controls being assessed at baseline as well. After LGP (N=41), there was a significant improvement in level of anxiety, but not other mood symptoms or total score of personal recovery. However, there were no difference between randomization groups. Predictors for the change of personal recovery and the studied cognition bipolar disorder were examined. Preliminary findings of this study suggested potential contribution of cognition in the level and changes of personal recovery. The changes in depressive symptoms w