

Research In Focus: A Weekly Digest of New Research from the NIDILRR Community

Recovery Is Possible for People with Serious Mental Illnesses

A study funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR).

People with serious mental illnesses have conditions like depression, bipolar disorder, or schizophrenia that are associated with decreased participation in everyday activities. Past studies have found that about 5% of adults in the United States experience a serious mental illness at some point in their lives. Although serious mental illnesses are often thought to be chronic or persistent, some research has found that some people can experience 'recovery,' with or without treatment, and are able to participate in life activities and community living. In a recent NIDILRR-funded study, researchers looked at the experiences of working-age adults (ages 20-65) with serious mental illnesses. They wanted to find out the percentage of adults in the United States who have had a serious mental illness who experienced recovery and were able to participate in everyday activities. They also wanted to find out what factors were associated with recovery from symptoms of serious mental illnesses.

Researchers at the [Rehabilitation Research and Training Center on Community Living and Participation of Individuals with Psychiatric Disabilities](#) looked at data from 41,452 Americans ages 20-65 who completed the PULSE Survey, a large telephone survey that asks about health-related experiences. The survey respondents were asked about demographic characteristics such as their age, gender, race, and education level. Then, the respondents were asked whether or not they had ever been told by a doctor that they had either depression, bipolar disorder, or schizophrenia. The respondents who answered "yes" to this question were then asked if they had ever been hospitalized or experienced difficulty participating in major activities (such as work, school, and relationships) because of their diagnosis. The researchers classified the respondents as having had a serious mental illness if they answered that they had both been hospitalized and experienced difficulty with major activities at some point in their lives because of their mental illness. These respondents were then asked whether or not they had experienced difficulties with life activities within the past year. They were classified as being in recovery if they reported not having difficulty with life activities during the past year.

The researchers found that about 17% of all survey respondents reported having a diagnosis of depression, bipolar disorder, or schizophrenia during their lifetime, with about 6% meeting the study's criteria of having a serious mental illness. Out of the respondents who had serious mental illnesses, about one-third were in recovery, while the other two-thirds still had difficulty with life activities.

For those respondents with serious mental illnesses, the researchers found that a lower number of younger respondents reported recovery compared to older respondents. About 29% of the 20-year-old respondents were in recovery and that

number decreased each year to about 25% of the 32-year-old respondents in recovery. The researchers noted a gradual increase in rates of recovery after age 32, rising to about 58% of the respondents being in recovery by age 65. There was no connection between recovery status and gender, race, or education level.

The authors noted that, based on the results of this study, people with serious mental illnesses can experience improvements over time in their quality of life and participation in meaningful life activities. Because many mental illnesses may begin or worsen in young adulthood, a period when people may be less likely to seek help or advocate for their own health needs, young adults may benefit most from early screening and therapies to help them build satisfying, fulfilling lives after being diagnosed with a serious mental illness. Future research may be useful to identify particular treatment approaches that can help people with serious mental illnesses achieve recovery.

[To Learn More](#)

The [Rehabilitation Research and Training Center \(RRTC\) on Community Living and Participation of Individuals with Psychiatric Disabilities](#) offers a wealth of resources to support participation in work, family, worship, leisure, and wellness.

The [RRTC on Pathways to Positive Futures](#) features many resources for young people experiencing serious mental illness, including materials focusing on early psychosis.

The [RRTC on Living and Working During the Transition to Adulthood](#) offers many resources for young people with serious mental health illnesses who are transitioning from high school to higher education, or from school to the workplace.

The [RRTC on Integrated Health Care and Self-Directed Recovery](#) offers a Suite for Health and Recovery, with tools, curricula, and implementation manuals for free and immediate use in mental health centers, peer-run programs, or by individuals directing their own recovery.

[To Learn More About this Study](#)

Salzer, M.S., Brusilovskiy, E., Townley, G. (2018) [National estimates of recovery-remission from serious mental illness. *Psychiatric Services*, 69\(5\), 523-528.](#) This article is available from the NARIC collection under Accession Number J79336.

Research In Focus is a publication of the National Rehabilitation Information Center (NARIC), a library and information center focusing on disability and rehabilitation research, with a special focus on the research funded by NIDILRR. NARIC provides information, referral, and document delivery on a wide range of disability and rehabilitation topics. To learn more about this study and the work of the greater NIDILRR grantee community, visit NARIC at www.naric.com or call 800/346-2742 to speak to an information specialist.

NARIC operates under a contract from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), Administration for Community Living, Department of Health and Human Services, contract #GS-06F-0726Z.