Rebuilding Lives: A Conceptual Paper on Social Work Practice and Peer Support in the Recovery of Women with MDD

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ABSTRACT

This concept paper explores the synergistic role of social work practice and peer support in facilitating the recovery of women living with Major Depressive Disorder (MDD). Grounded in the CHIME Recovery Framework and Role Theory, the paper conceptualizes recovery as a holistic and empowering journey driven by personal agency, community integration, and psychosocial support. It highlights the unique vulnerabilities and psychosocial burdens faced by women, while advocating for recovery-oriented, peer-inclusive models of care that promote meaning, connection, and empowerment. The paper emphasizes the need to strengthen the role of social workers in Malaysia, through professional recognition, systemic support, and integration into community-based mental health services. By presenting a conceptual synthesis of theory, practice, and local context, this paper aims to guide policy development and future research in building inclusive and person-centered mental health recovery systems.

Keywords: peer support, social work, recovery, Major Depressive Disorder (MDD), lived experience

1. Introduction

Mental illness is defined as a condition that disrupts emotional regulation, thought processes, or behaviors, significantly impairing an individual's ability to function independently in daily life. This disruption may result in the inability to manage personal responsibilities, pursue education or employment, and participate in other essential life activities (APA, 2019). Among the most prevalent forms of mental illness is Major Depressive Disorder (MDD), a mood disorder characterized by persistent sadness, fatigue, loss of energy, irritability, and a lack of interest in daily activities. These symptoms must persist for at least two weeks and may continue for months or even years.

The 2023 National Health and Morbidity Survey (NHMS) in Malaysia reported that approximately one million individuals aged 15 and above, equivalent to 4.6% of the population experience depression. This represents a twofold increase from 2019, with individuals aged 16 to 29 being the most affected. MDD is projected to become the leading contributor to the global disease burden by 2030 and is already the primary cause of illness among women, who are 1.5 to 2 times more likely than men to be affected (Friedrich, 2017; Hoshino et al., 2016). In Malaysia, studies by Vimala et al. (2021) and Yong et al. (2019) revealed that 37% of women experience depressive symptoms.

The high prevalence of depression among women is often attributed to the multiple roles and responsibilities they must manage. This is particularly common in urban areas, where working women must balance professional duties with domestic responsibilities. Many women simultaneously fulfill roles as wives, mothers, and caregivers, contributing to psychological stress and vulnerability to depression. Other contributing factors include prenatal and postnatal stress, experiences of physical or sexual abuse, and intimate partner violence (Ogbo et al., 2018).

The recovery process from mental illness should not rely solely on pharmacological interventions. Recovery involves more than just symptom reduction (Bjørlykhaug et al., 2021), it is a deeply personal and social process in which individuals must resolve internal struggles while re-engaging with the social world (Jacob, 2015). This view is supported by Wang et al. (2018), who found that individuals with depression who lack adequate social support are more likely to experience worsened symptoms, disrupted social functioning, and delayed recovery. Effective social support systems such as peer support groups, family involvement, and community-based recovery programs play a crucial role in mitigating loneliness, improving emotional support, and enhancing treatment adherence.

Peer support refers to the assistance provided by individuals with mental illness to others experiencing similar conditions (Sulaiman et al., 2024). This mutual support is believed to enhance the recovery process; however, evidence on its effectiveness within the Malaysian context remains limited due to a lack of empirical studies. To assess the potential benefits of peer support, it is essential to engage with mental health survivors, which commonly referred to as "People with Lived Experience" (PWLE). This group provides valuable insights into recovery and can help society better understand and respond to depression by informing support mechanisms and policy development.

According to Mental Health Reform Victoria, PWLE refers to individuals who have experienced mental health challenges and undergone the recovery process. The term also encompasses primary caregivers, family members, and support persons who have been actively involved in a loved one's recovery. PWLE are often regarded as "experts by experience," whose perspectives are increasingly recognized in community mental health, particularly in guiding care decisions and advocating for more inclusive recovery frameworks (Vojtila et al., 2021).

1.1. Study Rationale

Peer support has been increasingly recognized as a critical component in the mental health recovery process (Sulaiman et al., 2024). In the context of mental health, peer support refers to the provision of emotional encouragement, guidance, and understanding from individuals who have themselves experienced and overcome mental health challenges (Davidson et al., 2007). Over the past two decades, peer support has been considered a powerful means of empowering service users and promoting personal recovery. Social support functions as a buffer against the impact of stressful life events and has been associated with lower hospital readmission rates among individuals with severe mental illness (Poremski et al., 2022). However, in Malaysia, peer support services are still in their infancy (Sulaiman et al., 2024).

In Western countries, peer support has evolved into a formal intervention model through the employment of Peer Support Workers (PSWs), individuals with lived experience who are paid to provide therapeutic services to others with mental health conditions. These PSWs are considered key agents in empirically promoting recovery, and peer support has been identified as one of the ten core recovery-oriented interventions for individuals with mental illness (Slade

et al., 2014). Several Asian countries have also implemented peer-based recovery initiatives. In Singapore, for example, individuals with lived experience whom referred to as People with Lived Experience (PWLE), receive training and certification to join the healthcare workforce as Peer Support Specialists (PSS). While in China, peer support programs are widely practiced within community rehabilitation centers, where service users are taught social and daily living skills. Meanwhile, in Hong Kong, peer roles have been integrated into supported employment programs for individuals with mental illness (Yam et al., 2018). These initiatives have proven effective in facilitating recovery and improving functional outcomes among service users.

While mental health support programs have been introduced in Malaysia, peer support programs remain largely underdeveloped and underutilized within the national healthcare system. Without structured peer-based recovery pathways, service users may be deprived of holistic recovery options, hindering national progress toward meeting international mental health care standards (WHO, 2013). Peer support has been identified as a key practical component in facilitating recovery and reducing stigma surrounding mental illness. Peer support is delivered through various modalities, including self-help groups, internet-based support forums, peer-delivered services, and peer partnerships (Solomon, 2004). This diversity in delivery provides service users with flexible and person-centered recovery options tailored to their needs.

Globally, a substantial body of research has explored mental health issues, particularly regarding the causes and consequences of mental illness (Jeon, Amidfar & Kim, 2017; Kovacs, Obrosky & George, 2016; Siti Fatimah et al., 2014). Much of this literature draws from clinical case reports (Paris, 2014; Rottenberg et al., 2019; Walker & Druss, 2015) and addresses the stigma experienced by mental health service users (Hofer et al., 2016; Karidi et al., 2015; Svensson & Hansson, 2016; Thornicroft, Deb & Henderson, 2016). While the benefits of peer support have been widely investigated in other countries (Cooper et al., 2024; Shalaby & Agyapong, 2020; Stefancic et al., 2019), there is limited data on its impact among women survivors of Major Depressive Disorder (MDD) in Asia, particularly in Malaysia. Munikanan et al. (2017) emphasized the need to enhance social support as a priority in services for individuals with severe mental illness. Shifting focus toward peer support research may provide a valuable pathway to strengthen Malaysia's mental health system. Research in this area will help validate diverse personal recovery processes that complement clinical recovery approaches. The lack of empirical data on peer support among female survivors of MDD in Malaysia presents challenges in designing more effective recovery strategies in the future.

Given that personal recovery is centered around the lived experience of the individual, it is essential to evaluate recovery processes from the perspectives of service users themselves. This paper conceptually examines how peer support and social work interventions may contribute to the recovery process of women experiencing Major Depressive Disorder (MDD), drawing from existing theories and empirical literature. By drawing from theoretical perspectives and existing literature, the paper aims to explore and identify the potential role of peer support in facilitating recovery among this population. It further argues for the inclusion of social work practice particularly through the lens of Role Theory as a critical component in building recovery-oriented mental health support systems. Through this conceptual discussion, the paper seeks to enrich the discourse on service user experiences in Asia, particularly Malaysia, where in-depth exploration of psychosocial recovery frameworks remains limited.

2. Literature Review

To date, discussions on recovery from depression or other mental illnesses often refer to the widely cited definition proposed by Anthony (1993). According to Anthony, recovery is defined as "a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles... a way of living a satisfying, hopeful, and contributing life even with the limitations caused by illness." The concept of recovery from depression or other mental disorders is subjective and varies significantly between patients, their families, and mental health professionals. A systematic review by Ballesteros-Urpi et al. (2019) emphasizes that personal recovery differs from clinical recovery, which primarily focuses on symptom reduction and functional improvement. However, recovery from mental illness, particularly Major Depressive Disorder (MDD), should not be confined to clinical outcomes alone. It also encompasses psychological well-being and enhanced quality of life (Chan et al., 2017).

Peer support plays a crucial role in the recovery journey of individuals facing mental health challenges. In the field of mental health, peer support involves individuals with lived experience providing mutual encouragement, guidance, and shared understanding (Davidson et al., 2006). In Western countries, structured peer-based interventions have emerged in the form of Peer Support Workers (PSWs) whom consist of trained individuals who are compensated for delivering therapeutic services to other service users. These PSWs often draw from their personal experience of overcoming mental illness to assist others in their recovery journey. This intervention has been acknowledged as one of the ten evidence-based practices for mental health recovery (Slade et al., 2014).

Similar approaches have been adopted in several Asian countries. In Singapore, individuals with lived experience are trained and certified as Peer Support Specialists (PSS) to form a support system within healthcare settings. In China, peer support is widely practiced in community rehabilitation centers, where patients are equipped with social skills and daily living competencies. In Hong Kong, peer roles are integrated into supported employment programs for individuals with mental illness (Yam et al., 2018). These initiatives have proven effective in promoting recovery and improving quality of life for individuals living with mental health conditions.

In contrast, peer support for mental health service users in Malaysia remains underdeveloped. This is a critical concern, as social support for individuals with mental illness has been identified as a key protective factor. Studies show that low levels of social support among women with MDD are significantly associated with increased suicide risk (Park & Chen, 2016). Research conducted across several Asian countries, including Malaysia, suggests that even in the absence of severe psychopathology, weak social support remains a prominent risk factor for suicide among women with MDD. Interventions incorporating social support are therefore essential in suicide prevention, particularly for individuals with depression (Park & Jung, 2019).

Social connection is a significant predictor of both psychological and physical health. Individuals with limited social relationships are more likely to experience poor mental and physical health and face a higher risk of early mortality (Saeri et al., 2018). According to the American Psychiatric Association (2020), one of the diagnostic criteria for MDD is the presence of symptoms that cause clinically significant distress and impairment in social, occupational, or other important areas of functioning. Social relationships have been shown to be a robust predictor of mental health outcomes among individuals with depression (Saeri et al., 2018).

In Malaysia, several non-governmental organizations (NGOs) have emerged to address mental health challenges and offer peer support services to affected individuals. Notable examples include the Malaysian Mental Health Association (MMHA), the Mental Illness Awareness and Support Association (MIASA), the Green Ribbon Group (GRG), and the Mental Health Innovation Network (MENTARI). These organizations aim to support psychiatric patients who are in recovery or have transitioned out of acute phases of illness. They work to raise awareness about mental health issues and offer psychosocial support to both service users and caregivers through various initiatives. A key objective of these efforts is to reduce stigma and discrimination and promote inclusive recovery. Collaboration between government entities and NGOs is crucial, as strong social support networks have been shown to reduce the prevalence of MDD in the population (Nguyen et al., 2019).

In conclusion, the risk of depression and prospects for recovery are significantly influenced by the quality of social support available to the individual. Factors such as having a supportive partner, living with family, having a broad social network, maintaining active relationships with family and friends, receiving emotional and instrumental support, and satisfaction with available social support all contribute to improved mental health outcomes. These elements underscore the importance of studying the social relationships of individuals with depression in order to better facilitate their recovery. A systematic review by Tengku Amatullah Madeehah et al. (2019) found that all of these factors effectively reduce depressive symptoms among adults in various Asian countries.

2.1. Guiding Theories and Recovery Models

When discussing recovery among individuals with Major Depressive Disorder (MDD) or other types of mental illness, the first critical element to understand is the concept of "recovery" itself. Recovery from mental illness is subjective in nature and often closely linked to an individual's reintegration and participation in society. According to 'A National Framework for Recovery-Oriented Mental Health Services: Policy and Theory' by the Australian Health Ministers' Advisory Council (2013), there is currently no universally accepted definition of mental health recovery. However, a commonly cited understanding is that recovery refers to the ability of individuals to live a meaningful and contributing life within the community, despite the limitations caused by mental illness.

This conceptualization aligns with the CHIME Recovery Framework developed by Leamy et al. (2011), which outlines five key elements of personal recovery: Connectedness, Hope and Optimism, Identity, Meaning, and Empowerment. The framework is explained as follows (referencing therecoveryplace.co.uk):

 i) Connectedness: Refers to having supportive relationships and being positively connected to others, including family, peer support groups, and the wider community.

 ii) Hope and Optimism: Involves maintaining hope and confidence that recovery is achievable. It includes motivation for change, positive thinking, acknowledgment of achievements, and the pursuit of dreams and aspirations.

 iii) Identity: Refers to developing a positive sense of self and overcoming stigma associated with mental illness.

 iv) Meaning: Living a meaningful life as defined by the individual themselves, including the significance they attach to their illness experience, spirituality, and life purpose.

v) Empowerment: Having control over one's life, focusing on personal strengths, and taking responsibility for personal decisions.

The CHIME Recovery Framework, developed by Leamy et al. (2011), is one of the most influential models used to understand personal recovery from mental illness. It provides a structured yet flexible approach to conceptualising recovery beyond symptom reduction, shifting focus toward individual growth, empowerment, and social integration. The framework outlines five key components consist of Connectedness, Hope and Optimism, Identity, Meaning, and Empowerment, which collectively describe the multidimensional and nonlinear nature of the recovery process. The CHIME framework, therefore, serves not only as a theoretical model but also as a practical guide for service providers, including social workers and peer support practitioners, to structure interventions that are recovery-oriented. It aligns well with the goal of this concept paper, which is to explore how peer support and the involvement of social workers can foster a more holistic and inclusive recovery journey for women living with MDD.

In addition to the CHIME model, this concept paper also adopts Role Theory as a secondary theoretical framework. Role Theory provides a useful lens through which to examine the responsibilities of social workers in supporting individuals with mental illness, particularly their role in facilitating community-level change. Role Theory is widely applied in social work settings as it offers a structured way of understanding and addressing various social problems, including mental health issues.

2.2. The Role of Social Workers in the Recovery of Mental Illness Patients: A Role Theory Perspective

Social workers play a pivotal role in the recovery journey of individuals experiencing mental health conditions, particularly those diagnosed with Major Depressive Disorder (MDD). In the context of recovery-oriented mental health services, social workers act not only as service providers but also as facilitators of empowerment, advocacy, and holistic well-being. Their involvement aligns strongly with the principles of Role Theory, which offers a useful framework for understanding how social roles influence behaviour, expectations, and outcomes in mental health care.

Role Theory suggests that individuals occupy various social roles, and their behaviours are shaped by the expectations tied to these roles (Biddle, 1986). For mental illness patients, the illness often disrupts their ability to perform socially prescribed roles such as being a parent, employee, or community member. Social workers are instrumental in supporting individuals to renegotiate these roles, regain a positive identity, and function more fully within their social environment. In practice, social workers utilize Role Theory by helping clients explore and reconstruct their roles throughout different phases of intervention:

i) Assessment Phase: Social workers identify role strain, role conflict, or role loss that the client may be experiencing. For instance, a woman with MDD may struggle with her role as a caregiver due to emotional fatigue. The assessment enables the social worker to co-develop an intervention plan grounded in restoring or redefining these disrupted roles.

ii) Intervention Phase: Social workers implement strategies to strengthen clients' coping skills, connect them to peer support, and promote social participation. They also mediate between the individual and broader systems (e.g., family, employers,

healthcare) to reduce stigma and encourage inclusive environments where clients can reclaim meaningful roles.

iii) Empowerment and Advocacy: Through role modelling and advocacy, social workers empower clients to see themselves as active agents in their recovery. This empowerment aligns with the CHIME framework's components such as connectedness, hope, identity, meaning, and empowerment (Leamy et al., 2011).

Furthermore, in peer support contexts, social workers often serve as facilitators who bridge professional services with community-based supports. They assist peer supporters in navigating ethical boundaries, self-care, and skill development, ensuring the sustainability of peer-led interventions. By applying Role Theory, social workers help clients move from a "patient" role toward more empowering roles such as "survivor," "advocate," or "mentor." This role transformation is essential for long-term recovery and societal reintegration. As mental health services in Malaysia and other Asian countries shift towards community-based care, the theoretical and practical contributions of social workers become increasingly central to fostering sustainable recovery.

2.3. Social Workers in the Malaysian Mental Health Landscape: Challenges and Improvements

In Malaysia, social workers are embedded within psychiatric units in government hospitals, community mental health centres (MENTARI), and some non-governmental organisations. Their roles include psychosocial assessments, counselling, crisis intervention, patient education, discharge planning, and linking clients to community resources. However, several systemic limitations hinder the full potential of social workers in advancing mental health recovery.

Firstly, the social work profession in Malaysia has long suffered from an ambiguous professional identity. Until the enactment of the Social Workers Act (expected to be enforced soon), there is still no mandatory licensing for social workers, which weakens their authority within interdisciplinary mental health teams. This affects their ability to advocate and intervene effectively in holistic care planning. Secondly, there is a shortage of trained mental health social workers, particularly in rural and under-resourced areas. The majority are concentrated in urban hospitals, which limits the accessibility of psychosocial services for marginalised populations. Thirdly, there is limited integration of social workers into mental health recovery models that include peer support. Although recovery-oriented care is being discussed at the policy level, practical implementation remains fragmented. Many mental health services still adopt a medical model that underutilizes the social and rehabilitative contributions of social workers.

3. Conclusion

As Malaysia continues to confront the growing prevalence of depression, particularly among women, it is essential to expand recovery strategies beyond traditional clinical models. This conceptual paper underscores the need to incorporate peer support as a key component of the recovery process for women with Major Depressive Disorder (MDD). By situating the discussion within the CHIME Recovery Framework and Role Theory, the paper highlights the importance of connectedness, identity, meaning, and empowerment, the elements that are often cultivated through structured peer interactions and community-based support systems. Social workers, with their holistic, client-centred approaches and capacity to bridge medical and community services, are uniquely positioned to facilitate this recovery process. However, their potential remains underutilised due to limited formal recognition and systemic barriers within the Malaysian

mental health system. Strengthening the role of social workers requires accelerating the implementation of the Social Work Profession Act, investing in capacity-building efforts, expanding outreach to underserved communities, and promoting research-led practices. Recognising and empowering social workers as central figures in the mental health recovery ecosystem will help foster more sustainable, person-centred, and socially inclusive outcomes for individuals with lived experiences of mental illness.

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