**Relationship of Symptom and Functioning Scale Scores To Satisfaction with Recovery**

Since 1989, the Substance Abuse and Mental Health Services Administration (SAMHSA) has designated September as National Recovery Month. SAMHSA has led an extensive process to define recovery (http://blog.samhsa.gov/2012/03/23/definition-of-recovery-updated/); working with the consumer community, four major dimensions of recovery (Health, Home, Purpose, and Community) and ten guiding principles of recovery have been identified. The adult version of the Maryland Mental Hygiene Administration’s (MHA) Outcomes Measurement System (OMS) includes the recovery item, “Overall, how satisfied are you with your recovery?” The first graph shows the grouped OMS responses for adults’ most recent FY 2013 interview to that item. The majority (55%) report being “Very satisfied” or “Satisfied” with their recovery; only 17% report being “Dissatisfied” or “Very dissatisfied.”

While the concept of recovery involves much more than symptoms and functioning, the level of symptoms that individuals experience and their functioning may be related to how they see their recovery. Using the psychiatric symptom scales, the relationship between recovery and symptoms was explored for the most recent OMS interview for adults in FY 2013. Mean scores on the overall BASIS 24® and each subscale were calculated for three groups based on their recovery item responses: 1. “Very satisfied” or “Somewhat satisfied”, 2. “Neutral”, and 3. “Somewhat dissatisfied” or “Very dissatisfied”. The second graph shows a very clear pattern. Individuals who are satisfied with their recovery tend to have lower symptom scores, which indicate fewer or less severe symptoms; symptom scores increase for the neutral group and increase more for the dissatisfied group. This is true for the overall score and all subscales, with the greatest differences in the depression and emotional lability subscales.

A similar methodology was used to examine the relationship between recovery satisfaction and functioning, a federal measure defined at http://www.nri-inc.org/projects/SDICC/Forms/2012_instructions.pdf, p.21. The results, presented in the third graph, are essentially identical to the results for the symptom scales; people who report being satisfied with their recovery also report better functioning. So while the majority of OMS respondents are satisfied with their recovery, those who are neutral about or dissatisfied with their recovery report having more symptoms and poorer functioning.

There will be many activities during September highlighting recovery; more information about the national events can be found at http://www.recoverymonth.gov/. Additional resources can be found at On Our Own of Maryland (http://www.onourownmd.org/); these include a recently launched discussion board, “Auntie Em’s Recovery Corner”, an on-line vehicle for sharing information and stories. Also, the NAMI Maryland website (http://namimd.org/) offers several recovery resources.