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*Original Research Article*

# Social Work Interventions Supporting the Recovery of Women with Major Depressive Disorder: Insights from Lived Experiences

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**Abstract.** Globally, Major Depressive Disorder (MDD) is a leading cause of disability and disproportionately affects women. Despite advances in clinical and pharmacological treatments, many women with MDD continue to face complex psychosocial challenges that extend beyond the scope of conventional care. This highlights the need for social work interventions that support a more holistic and sustainable recovery process. Therefore, this qualitative narrative study explored the lived experiences of five women with MDD to identify their recovery needs and examine the implications for social work practice. Data were analysed using thematic analysis. The findings revealed three interrelated areas that participants perceived as important in supporting recovery. First, participants highlighted the importance of structured peer support training, particularly in relation to active listening, boundary setting, confidentiality, and crisis management, to foster safe and supportive environments. Second, the findings underscored the importance of community psychoeducation and advocacy involving families, educational institutions, workplaces, and society in reducing mental health stigma and addressing environmental stressors. Third, participants emphasized the value of holistic approaches to recovery that integrate psychiatric treatment with spiritual support and alternative therapeutic spaces. These findings provide practical insights for medical and community social workers in supporting the recovery of women with MDD and contribute to the development of more person-centred and recovery-oriented mental health services.

***Keywords*** Major depressive disorder; social work intervention; women with major depressive disorder; recovery; peer support.

## Introduction

Major Depressive Disorder (MDD) is a major public health concern and one of the leading causes of disability worldwide. Mental disorders rank among the top ten contributors to the global burden of disease, with cases increasing substantially over the past three decades (Worthman, 2026). According to Chen et al. (2025), approximately 332 million people are living with depression globally, highlighting the growing need for effective and sustainable approaches to mental health care. The increasing burden of depression is also evident in Malaysia. Findings from the National Health and Morbidity Survey (NHMS) 2023 revealed that approximately one million Malaysians aged 16 years and above experience depressive symptoms, representing 4.6% of the adult population. Alarmingly, the prevalence of depression has doubled since 2019, with younger age groups reporting higher rates of depressive symptoms compared to older adults. Furthermore, previous evidence indicates that women are disproportionately affected by depression and other mood disorders, highlighting the importance of understanding gender-specific experiences and support needs in the recovery process.

The increasing prevalence of depression has raised concerns regarding vulnerable populations that may be disproportionately affected by the disorder. Among these groups, women have consistently been identified as experiencing a greater burden of depressive disorders and other mood-related conditions. Women experience a disproportionately higher burden of depressive disorders than men. The prevalence of mood disorders, including depression and anxiety, is considerably higher among females and contributes to a greater burden in terms of disability-adjusted life years (DALYs) (Worthman, 2026). Similarly, Warren et al. (2025) reported that the lifetime risk of major depression among women is almost twice that of men. This increased vulnerability has been associated with multiple interacting factors, including gender norms, caregiving responsibilities, traumatic experiences, intimate partner violence, and other psychosocial stressors. Although psychiatric and pharmacological treatments remain central to the management of MDD, clinical interventions alone may not adequately address the broader psychosocial challenges encountered during recovery. Existing literature suggests that stigma, limited social support, and adverse environmental factors may undermine treatment outcomes and impede long-term recovery (Warren et al., 2025). These findings highlight the importance of adopting a more holistic and recovery-oriented approach that extends beyond symptom management.

Social workers are uniquely positioned to support individuals with MDD through psychosocial interventions, advocacy, and the mobilisation of community resources. However, much of the existing literature has focused on clinical treatment outcomes, while relatively limited attention has been given to understanding how women with MDD experience recovery and how these experiences can inform social work practice. Exploring lived experiences is essential for identifying forms of support that are meaningful and responsive to the needs of women in recovery. Therefore, this qualitative study explores the lived experiences of five women with MDD to examine their recovery needs and identify implications for social work interventions. Drawing on participants' experiences, this article highlights several areas of practice, including peer support training, community psychoeducation, and the integration of holistic approaches to recovery. The findings contribute to the growing body of knowledge on recovery-oriented social work practice and provide practical insights for medical and community social workers supporting women with MDD.

*Women and Major Depressive Disorder*

Women experience a disproportionately higher burden of Major Depressive Disorder (MDD) and other mood disorders compared to men. According to Worthman (2026), women encounter unique biological, ecological, and social pressures throughout the life course that increase their susceptibility to depression. These pressures include unequal caregiving responsibilities, intimate partner violence, maternal morbidity, and chronic social-evaluative stress. Similarly, Warren et al. (2025) argue that women's mental health vulnerabilities are further compounded by structural inequities and the historical underrepresentation of female-specific experiences in medical research and clinical guidelines. Consequently, important factors such as hormonal transitions, psychosocial stressors, and gender-related challenges are often insufficiently addressed in conventional treatment approaches.

The interaction between environmental stressors and women's mental health was particularly evident during the COVID-19 pandemic. A corpus linguistics study conducted by Azizan and Ariffin (2024) found that Malaysian women frequently expressed feelings associated with stress and psychological distress on social media platforms, reflecting the substantial emotional burden associated with isolation and social disruptions. These findings suggest that women with MDD experience complex challenges that extend beyond biological symptoms and require broader psychosocial support throughout the recovery process.

*Recovery-Oriented Social Work Practice and Peer Support*

Contemporary mental healthcare has increasingly shifted from a purely biomedical model towards a recovery-oriented approach that emphasizes personal recovery, empowerment, connectedness, and meaningful participation in society (Winsper et al., 2020). Within this paradigm, social workers play an important role in facilitating psychosocial interventions and strengthening support systems that promote recovery beyond symptom reduction. Peer support services have emerged as an important component of recovery-oriented

mental health care. According to Shalaby and Agyapong (2020), peer support is built upon mutual understanding, shared lived experiences, and reciprocal relationships that foster empathy and hope. Yokoyama et al. (2021) further explain that interactions among individuals with similar experiences encourage self-disclosure and egalitarian relationships, enabling individuals to move from passive recipients of care to active contributors in their own recovery journeys.

Previous studies consistently demonstrate the positive effects of peer support interventions on mental health outcomes. A systematic review conducted by Smit et al. (2022) reported that peer support interventions contribute to improvements in both clinical and personal recovery. Likewise, Cooper et al. (2024), through an umbrella review of 35 studies, concluded that peer support enhances hope, self-efficacy, and recovery experiences, particularly among vulnerable populations such as women experiencing perinatal depression. In addition, online peer support platforms have expanded access to emotional support and facilitated self-management and empowerment among individuals living with depression (Smit et al., 2022). Despite these benefits, the implementation of peer support programmes remains challenging. Shalaby and Agyapong (2020) identified barriers including role ambiguity, inadequate remuneration, emotional exhaustion, and limited organizational support. These findings highlight the importance of structured training, clearly defined roles, and collaborative workplace cultures to ensure the sustainability and effectiveness of peer support services.

*Community Psychoeducation and Anti-Stigma Interventions*

Mental health stigma remains a major barrier to recovery among individuals living with depression. Negative societal attitudes may discourage help-seeking behaviours, weaken social relationships, and contribute to social isolation. Consequently, recovery-oriented practice increasingly recognizes the importance of community psychoeducation and advocacy in creating supportive environments for individuals experiencing mental health problems. Community psychoeducation aims to enhance mental health literacy and reduce misconceptions surrounding mental illness. Through educational initiatives involving families, workplaces, educational institutions, and communities, individuals with MDD may receive stronger emotional support and experience reduced discrimination. In addition, advocacy efforts undertaken by social workers can contribute to the development of more inclusive and supportive social environments, thereby addressing some of the structural barriers that hinder recovery. From a social work perspective, community-based interventions are particularly important because recovery is influenced not only by individual factors but also by social contexts and interpersonal relationships. Therefore, improving community awareness and reducing stigma are essential components of sustainable mental health recovery.

*Holistic Recovery and Integrative Mental Health Approaches*

Increasing attention has been given to holistic approaches to mental health recovery that recognize the interconnectedness of biological, psychological, social, and spiritual dimensions of well-being. Although psychiatric treatment and pharmacological interventions remain fundamental in managing MDD, many individuals continue to require additional sources of meaning, connectedness, and support throughout their recovery journeys. Recovery-oriented approaches emphasize person-centred care that acknowledges individuals' values, beliefs, and preferences. Integrating formal mental health services with alternative therapeutic spaces, spiritual resources, and community support systems may enhance individuals' sense of hope, identity, and meaning. Such approaches are consistent with social work values that advocate for holistic and strengths-based practice. Consequently, social workers are uniquely positioned to act as intermediaries who coordinate multiple sources of support and facilitate more comprehensive recovery processes.

*Research Gap*

Although previous studies have demonstrated the effectiveness of peer support interventions and highlighted the importance of recovery-oriented approaches, much of the existing literature has focused primarily on evaluating intervention outcomes. Comparatively less attention has been given to understanding how women with MDD themselves perceive the forms of support that facilitate recovery and how these experiences can inform social work practice. Furthermore, limited evidence is available regarding the integration of peer

support, community psychoeducation, and holistic approaches from the perspectives of women living with MDD. Therefore, exploring the lived experiences of women with MDD is essential for developing more person-centred and recovery-oriented social work interventions.

## Methodology

### *Research Design and Participants*

This study employed a qualitative narrative design to explore the lived experiences and recovery journeys of women diagnosed with Major Depressive Disorder (MDD). A qualitative approach was considered appropriate because it facilitates an in-depth understanding of subjective experiences and meanings that may not be adequately captured through quantitative measures (Creswell & Poth, 2018). Specifically, narrative inquiry enables individuals to describe and interpret their experiences in their own words, thereby providing rich insights into the meanings attached to their recovery processes (Riessman, 2008).

Purposive sampling was employed to recruit five women who had been diagnosed with MDD and had experience engaging in peer support mechanisms. Participants were selected based on their ability to provide detailed accounts of their recovery experiences and their willingness to participate in the study. Given the exploratory nature of the study and the emphasis on obtaining rich and meaningful narratives, a small sample size was considered appropriate for generating in-depth insights into participants' experiences. Participant recruitment was conducted in collaboration with the Malaysian Mental Care Association (MeCare), a Malaysian non-governmental organization established in 2017 that is actively involved in mental health awareness, suicide prevention, psychosocial support, and psychoeducational initiatives. MeCare is committed to promoting mental health literacy and reducing stigma through advocacy, community engagement, and support services.

To facilitate participant recruitment, MeCare disseminated a poster inviting individuals with lived experiences of Major Depressive Disorder to participate in the study. Potential informants who met the inclusion criteria voluntarily contacted the researcher to express their interest. They were subsequently provided with information regarding the purpose and procedures of the study, including their rights as participants. Individuals who agreed to participate were asked to provide written informed consent prior to the commencement of data collection.

### *Data Collection*

Data were collected primarily through in-depth semi-structured interviews, which provided participants with a safe and supportive environment to share their recovery experiences. Each participant was engaged on two occasions, with each session lasting approximately one hour. Conducting multiple sessions enabled the researchers to obtain a more comprehensive understanding of participants' experiences and reflections. Given the sensitive nature of the topic, the follow-up data collection process was modified according to participants' preferences and emotional readiness. Three participants participated in a second semi-structured interview, whereas two participants chose to provide written self-reflections instead of engaging in another formal interview. This flexible approach ensured that participants were able to express their thoughts and experiences in a manner that was comfortable and emotionally appropriate for them.

Data collection and preliminary analysis were conducted concurrently, allowing the researchers to continuously assess the depth and adequacy of the information obtained. Data collection continued until data saturation was achieved, whereby no substantially new information or themes emerged from subsequent interviews and written reflections. The attainment of data saturation indicated that sufficient depth and richness had been achieved to address the objectives of the study. All interviews were conducted with participants' informed consent and were audio-recorded for transcription purposes. To protect participants' confidentiality and anonymity, pseudonyms were assigned and identifying information was removed from the transcripts.

*Data Analysis*

Upon completion of the data collection process, all interviews and written reflections were transcribed verbatim. The data were analysed using Braun and Clarke's (2006) six-phase thematic analysis framework, which is widely used in qualitative research because of its flexibility and suitability for identifying patterns and meanings within participants' narratives. The analysis began with familiarisation with the data through repeated reading of the interview transcripts and written reflections to gain an overall understanding of participants' experiences. Initial codes were then generated systematically by identifying meaningful segments relevant to the recovery process. Similar codes were subsequently grouped and organised into broader categories to facilitate the development of potential themes.

The emerging themes were reviewed and refined continuously to ensure consistency between the coded extracts and the overall dataset. Through an iterative process, the themes were clearly defined and named to capture the essence of participants' experiences. Finally, verbatim quotations were selected to illustrate and support the identified themes, thereby ensuring that the findings remained grounded in the participants' own narratives. Thematic analysis was considered appropriate for this study because it enabled the researchers to generate rich descriptions of the lived experiences of women with Major Depressive Disorder and to identify implications for social work interventions that support recovery.

*Trustworthiness*

To enhance the trustworthiness of the study, the researchers adopted the criteria proposed by Lincoln and Guba (1985), namely credibility, transferability, dependability, and confirmability. Credibility was strengthened through prolonged engagement with participants and repeated interactions, which facilitated a deeper understanding of their recovery experiences. The use of two rounds of data collection also enabled participants to further elaborate on issues that emerged during the initial interviews. Dependability and confirmability were enhanced through verbatim transcription, systematic documentation of the analytical procedures, and repeated examination of the data throughout the coding and theme development processes. In addition, rich descriptions and the inclusion of direct quotations in the findings section enhanced transferability by allowing readers to determine the applicability of the findings to similar contexts.

*Ethical Considerations*

Ethical considerations were given particular attention due to the sensitive nature of the study involving individuals with lived experiences of Major Depressive Disorder. Prior to participation, all informants were provided with information regarding the purpose of the study and their rights as participants. Written informed consent was obtained from all participants before the interviews were conducted. Participants were informed that their participation was entirely voluntary and that they could withdraw from the study at any time without any consequences. To safeguard confidentiality and anonymity, pseudonyms were used and all identifying information was removed from the transcripts and research records. Particular care was taken to ensure that participants felt emotionally safe throughout the interview process, and flexibility was provided during follow-up sessions to accommodate their comfort levels and emotional readiness.

Table 1. Demographic profile of informants

| Participant | Age | Years Since Diagnosis | Occupation | Experience in Peer Support |
|---|---|---|---|---|
| Ms. H | 41 | 2017 | Engineer | Since 2017 |
| Ms. J | 24 | 2022 | Student | Since 2022 |
| Ms. S | 29 | 2023 | Teacher | Since 2023 |
| Mrs. A | 43 | 2018 | Housewife | Since 2025 |
| Mrs. R | 45 | 2021 | Housewife | Since 2025 |

## The Findings

The findings revealed three interrelated themes that characterized the recovery experiences of women living with Major Depressive Disorder (MDD). Participants consistently emphasized the importance of safe peer support, supportive social environments, and holistic approaches that extend beyond conventional clinical treatment. These themes reflect participants' perceptions of the types of support that facilitate recovery and their implications for social work practice.

*Theme 1: The Need for Structured Peer Support Training*

Participants generally perceived peer support as an important source of emotional support and recovery. However, they emphasized that effective peer support requires adequate preparation and specific competencies to ensure that support is provided in a safe and responsible manner.

*Active listening, boundaries, and confidentiality*

Several participants highlighted the importance of fundamental psychosocial skills, particularly active listening, maintaining boundaries, and preserving confidentiality. Ms. H described these as essential requirements for peer supporters:

> *"The three essential skills required of a peer supporter are active listening, maintaining boundaries, and preserving confidentiality, as these are important for sustaining trust". (Ms. H)*

Similarly, Ms. J emphasized that peer supporters should understand the limitations of their roles and avoid attempting to provide solutions or replace professional care:

> *"We need to explain clearly that we are not doctors. We do not provide solutions. We simply listen and extend support." (Ms. J).*

These accounts suggest that participants valued peer support environments that were characterized by empathy, trust, and clearly defined boundaries.

*Crisis management and suicide-related concerns*

Participants also highlighted the importance of equipping peer supporters with skills to respond appropriately to emotional crises and suicidal disclosures. Ms. S expressed concern that sensitive discussions could unintentionally trigger distress among vulnerable members if moderators lacked the necessary experience and knowledge:

> *"If someone lacks experience, discussions about suicide may become triggering for other members." (Ms. S)*

She further emphasized:

> *"Peer supporters should know how to handle people who are struggling, avoid being judgmental, communicate effectively, and ideally have knowledge of suicide-related issues." (Ms. S)*

Participants viewed these competencies as important for ensuring emotional safety within peer support settings.

*Safeguarding and stable support networks*

Participants also raised concerns regarding situations in which individuals experiencing severe distress attempted to support one another without adequate supervision. Ms. J reflected:

> *"When we are struggling and speak to someone who is also struggling, especially when both have active suicidal thoughts, it may not be helpful because support may be provided in unhealthy ways."*
>
> *(Ms. J)*

These experiences indicate the importance of safeguarding mechanisms and the presence of emotionally stable individuals within peer support networks.

*Theme 2: The Need for Community Psychoeducation and Advocacy*

Participants reported that recovery was often affected by the attitudes and responses of family members, educational institutions, workplaces, and society. Experiences of misunderstanding, stigma, and discrimination were frequently described as factors contributing to emotional distress and relapse.

*Family understanding and emotional support*

Several participants described how limited understanding among family members contributed to feelings of invalidation and increased psychological distress. Ms. J recalled:

> *"My mother never took it seriously. She informed other family members and asked them to persuade me. The pressure became overwhelming, and that eventually triggered my relapse in 2024." (Ms. J)*

Meanwhile, Mrs. R described depression as a paradoxical experience in which individuals may withdraw from others while simultaneously needing support and connection:

> *"Depression is very paradoxical. We want to be alone and do not want to be disturbed, but in reality, we need people to reach out. Visiting us, asking whether we have eaten, or offering to bring food can gradually restore hope and motivation." (Mrs. R)*

These experiences illustrate the importance of informed and compassionate family support during recovery.

*Stigma in educational institutions and workplaces*

Participants also described experiences of stigma and discrimination within institutional settings. Ms. J recounted a negative encounter with a university lecturer who dismissed her mental health struggles:

> *"The lecturer told me to stop using my mental health as an excuse. I felt extremely distressed and experienced several panic attacks because of those interactions." (Ms. J)*

Similarly, Mrs. A shared her experience of perceived discrimination after disclosing her mental health history during a job application:

> *"When they learned that I had retired through the medical board because of mental health problems, they suddenly said that they would call me later. I felt that I was rejected because of my mental illness."*
>
> *(Mrs. A)*

These accounts demonstrate how stigma within institutional environments may negatively influence recovery experiences.

*Normalising mental illness*

Participants also emphasized the need to increase public awareness regarding mental illness. According to Mrs. R:

> *"Mental illnesses are easily stigmatized because they are invisible. People need to understand that these conditions are no different from physical illnesses." (Mrs. R)*

Participants viewed greater societal understanding as essential in promoting acceptance and reducing discrimination.

*Theme 3: Preferences for Holistic and Alternative Recovery Approaches*

Participants highlighted the importance of approaches that acknowledge the interconnected biological, psychological, social, and spiritual dimensions of recovery. Many described the need for support that extends beyond medication and formal clinical treatment.

*Integrating spiritual and clinical care*

Participants expressed the importance of balancing medical treatment with spiritual and religious support. Ms. H explained:

> *"In my opinion, medical social workers play an important role in increasing awareness and knowledge about mental health among religious scholars. Modern and spiritual treatments should complement one another rather than contradict each other." (Ms. H)*

Participants generally perceived spirituality as an important component of their recovery journeys.

*Emotional safety within healthcare services*

Participants also emphasized the importance of empathy and sensitivity among healthcare professionals. Ms. J shared the experience of a peer who had become reluctant to seek healthcare services after feeling invalidated by a doctor:

> *"The doctor invalidated her feelings to such an extent that she now avoids even visiting a health clinic when she is ill because she fears being invalidated again." (Ms. J)*

This experience illustrates the long-term impact that negative interactions with healthcare professionals may have on help-seeking behaviour.

*Alternative therapeutic spaces*

Participants described the therapeutic value of informal and non-clinical environments. Mrs. R suggested that relaxed settings such as coffee sessions could provide calming experiences:

> *"We need to try different things. Even coffee sessions in different environments may help because something as simple as the smell of coffee can create a sense of calm." (Mrs. R)*

Similarly, Ms. S highlighted the benefits of art-based activities:

> *"Even colouring activities help organise our thoughts and make the mind feel more structured."*
>
> *(Ms. S)*

These findings suggest that participants valued flexible and non-traditional approaches that complemented conventional treatment and supported their overall well-being.

## Discussion

The present study explored the lived experiences of women with Major Depressive Disorder (MDD) and identified three interrelated areas that participants perceived as important in supporting recovery, namely structured peer support training, community psychoeducation and advocacy, and holistic approaches to care. These findings reinforce the importance of recovery-oriented social work practice that extends beyond symptom management and addresses the broader psychosocial and environmental contexts shaping women's recovery experiences.

*Structured Peer Support Training and Trauma-Informed Practice*

The findings demonstrate that participants viewed peer support as a valuable source of emotional support and connectedness. However, they also emphasized that peer support should not be regarded as an informal process that occurs naturally without preparation. Participants consistently highlighted the importance of active listening, confidentiality, boundary setting, and crisis management skills to ensure that peer support environments remain emotionally safe.

These findings are consistent with previous studies demonstrating the benefits of peer support in promoting hope, empowerment, and personal recovery (Cooper et al., 2024; Smit et al., 2022). Similarly, Shalaby and Agyapong (2020) argued that the effectiveness of peer support services depends largely on appropriate training, organizational support, and clearly defined roles. The concerns expressed by participants regarding emotional triggering and the risks associated with unregulated peer interactions further support existing evidence highlighting the importance of safeguarding mechanisms within peer support programmes.

From a social work perspective, these findings underscore the importance of adopting trauma-informed approaches when facilitating peer support. Rather than focusing solely on pathology and symptom reduction, trauma-informed care encourages practitioners to understand individuals' experiences through the lens of adversity and resilience. Such approaches may contribute to the creation of safe and empowering spaces that acknowledge lived experiences and reduce the risk of retraumatization. Consequently, social workers are uniquely positioned to provide training, supervision, and emotional support to peer supporters while promoting recovery-oriented practices within mental health services.

*Community Psychoeducation and Advocacy against Stigma*

Another important finding concerns the influence of family relationships, workplaces, educational institutions, and broader social environments on participants' recovery experiences. Experiences of misunderstanding, stigma, and discrimination were frequently described as contributing factors to psychological distress and relapse. These findings suggest that recovery from MDD cannot be viewed solely as an individual responsibility but should be understood within broader social and structural contexts. Previous studies have consistently shown that stigma and limited social support constitute major barriers to recovery among individuals experiencing mental health problems (Warren et al., 2025). The experiences described by participants illustrate how invalidation and discrimination may discourage help-seeking behaviours and negatively affect emotional well-being. In particular, the findings highlight the importance of supportive family relationships, as participants described recovery as requiring both emotional understanding and active engagement from significant others.

These findings have important implications for social work practice. In addition to providing psychosocial support to individuals with MDD, social workers are well positioned to engage in community psychoeducation and advocacy efforts aimed at improving mental health literacy and reducing stigma. Families, workplaces, educational institutions, and communities represent important systems that influence recovery outcomes. Therefore, promoting supportive environments and addressing discriminatory attitudes are essential components of recovery-oriented practice. Furthermore, the findings highlight the gendered dimensions of mental health experiences. Women frequently encounter caregiving burdens, social expectations, and interpersonal stressors that may intensify psychological vulnerability. These realities suggest

that social work interventions should incorporate gender-sensitive approaches that recognize the influence of structural and cultural factors on women's mental health.

*Holistic Recovery and Integrative Approaches*

Participants also emphasized the importance of approaches that address not only biological symptoms but also psychological, social, and spiritual dimensions of well-being. Many participants described the value of integrating psychiatric treatment with spiritual resources and alternative therapeutic activities, suggesting that recovery involves more than symptom remission. These findings are consistent with the recovery-oriented paradigm, which emphasizes hope, connectedness, meaning, identity, and empowerment as central components of recovery (Winsper et al., 2020). These dimensions correspond closely to the CHIME framework proposed by Leamy et al. (2011), which conceptualizes personal recovery as a multidimensional process extending beyond symptom remission. Participants' preferences for holistic and person-centred approaches further reinforce the importance of addressing emotional, social, and spiritual dimensions throughout the recovery journey.

In addition, participants' preferences for less formal and more flexible therapeutic spaces reflect the importance of person-centred approaches that acknowledge individual values and lived experiences. Activities such as art therapy and informal social gatherings were perceived as creating calming environments that complemented conventional treatment and enhanced emotional well-being. Another noteworthy finding concerns participants' experiences with healthcare professionals. Negative encounters characterized by invalidation and lack of empathy had long-lasting effects on help-seeking behaviours and trust in healthcare systems. This finding highlights the importance of emotional safety and compassionate communication within mental health services.

Taken together, these findings support the bio-psycho-social-spiritual perspective that has long been central to social work practice. Social workers occupy a unique position as intermediaries who are able to bridge formal healthcare systems with community resources, family support, spiritual care, and alternative therapeutic approaches. By coordinating multiple forms of support, social workers can contribute to the development of more holistic and person-centred pathways to recovery.

*Implications for Social Work Practice*

The findings of this study provide several implications for medical and community social work practice. First, social workers may contribute to the development of structured peer support programmes by providing training related to active listening, professional boundaries, confidentiality, and crisis management. Such initiatives may enhance the quality and safety of peer support services. Second, social workers can play an important role in promoting community psychoeducation and advocating against stigma within families, educational institutions, workplaces, and healthcare settings. Strengthening mental health literacy and fostering supportive environments are essential for facilitating long-term recovery among women with MDD.

Third, the findings suggest the need to adopt more holistic and recovery-oriented approaches that integrate clinical interventions with psychosocial, spiritual, and community-based resources. Such approaches are consistent with the core values of social work, which emphasize person-in-environment perspectives, empowerment, and strengths-based practice. Ultimately, recovery from Major Depressive Disorder extends beyond symptom management and requires an ecosystem of support that encompasses interpersonal relationships, community acceptance, and integrated care. In this regard, social workers are uniquely positioned to serve as facilitators, advocates, and coordinators of resources that promote sustainable and meaningful recovery among women living with MDD.

## Conclusion

This study explored the lived experiences and recovery journeys of women living with Major Depressive Disorder (MDD) to understand the forms of support that facilitate recovery and their implications for social work practice. The findings revealed three interrelated areas that participants considered important, namely

structured peer support training, community psychoeducation and advocacy, and holistic approaches that integrate clinical, psychosocial, and spiritual dimensions of care. The findings contribute to the growing body of knowledge on recovery-oriented social work by highlighting that recovery from MDD extends beyond symptom reduction and requires supportive social environments, meaningful interpersonal relationships, and person-centred approaches that acknowledge individuals' lived experiences. The study further underscores the unique role of social workers as facilitators, advocates, and coordinators of resources capable of bridging clinical services with family, community, and alternative sources of support. In doing so, the study reinforces the relevance of the person-in-environment perspective and strengths-based approaches in supporting sustainable recovery among women with MDD. Despite these contributions, several limitations should be acknowledged. First, the study involved only five participants, which limits the transferability of the findings to broader populations. Second, all participants were women with lived experiences of MDD who had been involved in peer support mechanisms. Consequently, the findings may not fully reflect the experiences of individuals who have not participated in peer support activities or those from different demographic and cultural backgrounds. Third, the study relied primarily on participants' self-reported narratives, which may be influenced by personal interpretations and retrospective reflections.

Future research may involve larger and more diverse samples to explore the recovery experiences of individuals with MDD across different age groups, socioeconomic backgrounds, and cultural contexts. Comparative studies involving men and women may also provide a deeper understanding of gender-specific recovery experiences and support needs. In addition, future studies could examine the perspectives of family members, peer supporters, healthcare professionals, and social workers to provide a more comprehensive understanding of the recovery ecosystem. Further research is also needed to evaluate the effectiveness of structured peer support programmes, community psychoeducation initiatives, and holistic recovery interventions in promoting long-term mental health outcomes. Overall, the findings suggest that recovery from Major Depressive Disorder should be understood as a multidimensional and socially embedded process rather than merely the absence of symptoms. Building supportive communities, strengthening recovery-oriented services, and adopting holistic approaches that value experiential knowledge may contribute to more compassionate, inclusive, and sustainable pathways towards mental health recovery. As mental health challenges continue to increase globally, social workers are well positioned to play a pivotal role in advancing recovery-oriented practices that empower women living with MDD and promote their well-being across clinical and community settings.

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