

Happiness, Psychological Wellbeing & Recovery in People of Depression Staying in Home & People Staying in Rehab

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ABSTRACT

Introduction: There are many questions that arise that what is depression? How do we know that we have depression? Is it curable? Is it caused by genes or environment? Should we visit to therapist or psychiatrist for consultation? Etc. There is not a proper defined statement that we can say that this is depression there are always some signs and symptoms through which we can diagnose what it is depression or any other disorder. Through this we can tell if the client is dealing with depression and if yes, then at what stage the depression is it mild, moderate or severe. So now let's focus on what a depression is it is basically called a mood disorder, which can cause loss of interest or a continuous feeling of sadness. It can affect us that how we behave, react, think, feel and this can lead to our day to day activities, physical and emotional problem, sometime we feel like we don't want to live any more. In depression it is not possible that you can just come out of it like other disease, like you take one pill in the morning and in the evening before bed and next day you will be fine it is a long process in which the rate of recovery is low and it is not possible that you will come out of it completely. Dealing with depression will take time and things will look difficult at first but you will accomplish to cope with you on your own with time. Now if we talk about the symptoms there are many symptoms to show that the person is dealing with depression and there are also some common symptoms that are common if we talk about other disorders like – stress, anxiety, etc. **Method:** Each participant was asked to fill all the responses of the two questionnaires. The questionnaire which was returned were separated from the consent forms to maintain confidentiality. The questionnaires were specially designed to cater the specific population which has been chosen for this study that is the young adults (18-35) and middle-aged adults (36-55). The two standardize tools used in this study to measure the participants were told that they could ask any questions if they needed any clarifications. In total it took about 10-15 minutes for the completion of the two questionnaires.

Keywords: *Happiness, Psychological Wellbeing, Recovery, Depression, People Staying in Home, People Staying in Rehab*

There are many questions that arise that what is depression? How do we know that we have depression? Is it curable? Is it caused by genes or environment? Should we visit to therapist or psychiatrist for consultation? Etc.

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Dealing with depression will take time and things will look difficult at first but you will accomplish to cope with you on your own with time.

Now if we talk about the symptoms there are many symptoms to show that the person is dealing with depression and there are also some common symptoms that are common if we talk about other disorders like – stress, anxiety, etc.

Now the symptoms can be –

- Feeling sad, tearful, hopeless, empty.
- Disturbance in sleep, either sleeping too much or sleeping less.
- Feeling tired all day, taking great efforts to do a simple task
- Restless, slow thinking, lost feeling .
- Reduce or gain weight, effect on appetite.
- Lost of interest or pleasure in normal activities like sex, hobbies etc.
- Feeling of being worthless, blaming past or living in the past.
- Difficulty in remembering thing, concentrating, decision making.
- Anger issues, getting irritate even on small matters.
- Physical pains like – back pain, headache.
- Frequent suicidal thought, suicidal attempts.

In people depression is noticeable in to there day to day activities like school, work, social activity pr relationship with other people and some people also feel unhappy or miserable.

Depression cannot cause like a fever if one have it then the another one will also have it, there are many factors which can cause depression like -:

- Biological difference– people diagnose with depression physical changes are observable, these changes are uncertain but can help to point out the cause.
- Genes - it is possible that a family m ember is having depression and another family member can also have it.
- Environment– surrounding with abuse, violence, neglecton, poverty, etc. can cause depression.
- Personality– a human having low or high self esteem, who stays in stress most of the time.

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There is not only medicines that can treat depression there are even other things through which we can treat depression.

Depression is a treatable disorder, mostly people who are diagnosed with depression respond well to the treatment provided to them and have relief from the symptoms.

Symptoms of depression is seen different in Childrens, adults and old age people.

If we see in case of a children's symptoms can be –

- Sad, worried
- Cling to the primary care giver.
- Frequent body, head and stomachaches.
- Refuse to go to school
- Loss of weight

In teenager's symptoms are different like –

- Sad, worried, irritated, worthless
- Having a negative feeling
- Bad performance in academics
- Extra sensitive
- Start usage of drugs
- Too much or less eating or sleeping
- Loss of interest in activity
- Less social interaction

In adult's symptoms are different like –

- Difficulty in memory
- Change visible in personality
- Body pain, loss in weight, sleeping problems
- Loss on interest in pleasurable activities like – sex.
- Less social interaction
- Feeling suicidal

There are always treatment that can be provided and there are also preventions like –

- Call your friends and family when you are feeling low.
- Try to control stress by deep breathing, yoga, meditation.
- Take treatment to prevent it from getting worse.
- Try to build yourself for a long-term treatment.

Now there are places where we can get the treatment of depression like hospitals, rehab centres, NGO's etc.

This is totally depend on person tom person where they want to take that treatment.

Some people prefer hospital so they can went back home to their love one's where they can be taken care of and some prefer in rehab where they can tale treatment in a hospital like setup where they are under supervision of doctors and nurses and once they feel better then they can return back to their love ones.

REVIEW OF LITERATURE

1. Akash R. Wasil (2021) network has applied to understand symptom of depression and anxiety in an individual. However very little is known about symptoms that are associated with mental health like – happiness, the study is conducted on the people with low and middle income county.
2. Sonia Johnson, Herman Sno, Mary Birken (2020) People who are young are having high level of loneliness as compared to other age group people and they are also having high risk of depression and stress. Studies have shown that there is a direct link between the depression and loneliness. The findings suggested that to handle depression include people to talk to there trusted friends and educate them.
3. Richard F. Summers, Rashi Aggarwal (2020) this study was conducted on the psychiatrist to check their burnout, well being and depression. A total number of 2000 psychiatrist took part in it. They had to fill PHQ – 9 & OLBQ questionnaire. At the result it is shown that psychiatrist are having high rate of burnout and depression because of which there well being is getting effected.
4. Adrian Bartoszek (2020) this study was conducted during pandemic to check the wellbeing of people. There were total 470 participants. This study was conducted online. During this study the participants has to fill some questionnaires like – BDI, DLF, ICI, R-UCLA. In the result it is shown that the people who are living alone has high level of loneliness and in women it is seen that increase of depression, loneliness, fatigue is more as compare to males. The people who are taking drugs during the COVID -19 has seen high in all level of the questionnaires.
5. Samantha Johnson (2020) the study aims to check women with postpartum depression and highlight the absence of work with madness disclosure. Search in multiple databases is done and shown that women diagnosed with postpartum depression are not consider as mentally ill.
6. Vasdev Singh (2020) this study aims to check the depression in maternal for there burden or the burden of the care givers to their non depressed counterparts this study was conducted in a hospital. Young mothers was choose for the study and they fill a 12 item general health questionnaire (GHQ). All the mother who score more than 13 was diagnosed with depression from a psychiatrist.
7. Marija Heffer, Matea Podgornjak (2019) the aim was to study the level of anxiety and depression among the students. This includes total 560 students. There are different tools that are used on them like – PHQ – 9, GAD – 7, SHS, IPIP Big five questionnaires. Most students scored higher in happiness and conscientiousness but low in depression. The end conclusion was that students should be aware about their symptoms and should encourage to seek help if needed.
8. Emily G Lattie (2019) the aim of this study was there is a lot of increasing cases seen in college students that they are having stress, anxiety, depression and their psychological well being is effected. So this study is conducted to do an online program to check whether there is any this is getting better if we provide the online platform to the students. After conducting this study on the students it is seen that there is a chance that things are getting better and the online platform is showing a great response to the students mental health.
9. Kathryn Richardson, Michael Barkham (2018) factors that are associated with the recovery from depression in adults, recovery from depression is seen as difficult and a personal process including different personal factors.
10. P.L.de Zwart, P.de Jonge(2018), total number of 55 studies involving 39310 subjects to see the severity and duration for remission and recovery. All have filled the scale of

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Hamilton rating for depression 17 item scale. The result shows that to define a major depressive disorder it should be minimum of 2 weeks.

11. Fabian wahle, Tobias Kowatsh (2017) MHIS for treating depression has positive effects as compare to control depression. A total number of 15 component has been identified. Further studies are also required to check the individual effect of this.
12. Ahmed S. Musa (2017) this study was conducted on 210 Muslims to check whether the belief in spirituality have what effects on stress, anxiety, well being and depression. The candidate was use to fill as elf made questionnaire in which it is found that the people who belief in spirituality are having less stress and anxiety and there well being is good as compare to people who are not believing in spirituality at all.
13. Tim Slade, Cath Chapman (2017) this study was conducted on 8850 people with the age gap of 20-80 years. The aim was to check the social connection and MDD diagnosed for a year. This study was divided into 3 age group first was between 20-35 years and second one was from 36- 55years and then 56-86 years. During this study the participants family members and friends are also contacted to see the responses.
14. Lieny Jeon (2017) this study was conducted on the school teachers. A total number of 1130 teachers took part in it. The main purpose of this study was to check whether the background of the teachers effect there way of teaching the children. This study was conducted on the teachers who are little kids at that point their way of learning and development is through teachers only. While conducted the study it is seen that the teachers who has a good childhood is more overwhelm towards the Childrens as compare to the other teachers.
15. Mohammed M., Michael W.(2016), depression is the major cause of suffering in patients having various conditions. The questionnaire which is filled is patient health questionnaire – 9. Counselling is important in case for depression and clinical trials also.
16. Chih Che Lin (2015) this study is conducted on 250 students of late adolescence to check the self esteem and well being with gratitude and depression. This study is gender biased, in which it is shown that self esteem and well being are directed related to the gratitude and depression.
17. Johannes Kruse, Christiane Steinert (2014), 12 cohort with 4009 follow up individuals age range from 3 – 48 years in which 36-50 % experience recovery and 60 – 70% recovered once during a follow up. End conclusion was that for a proper recovery of depression you need regular checkups.
18. Akhilendra K. Singh(2013) the study was conducted on 200 students by using the scale of hope, wellbeing and beck depression inventory (BDI). As a result of this correlation tells that path of hope and psychological wellbeing are positively correlated but negatively correlated with depression result of regression support this correlation.
19. Eric J. Lenze (2013) the author talks about the concept of physical disability and implications for future intervention of late life depression and anxiety, studies shown that depression in old age to be an risk factor for depression, anxiety and disability. Increase in disability increase with the increase of depression and physical disability improves with the treatment of depression.
20. Fariborz Rahimnia, Zahra Mohammadzadeh (2013) this study was conducted on 290 nurses to check there emotional stability, wellbeing, depression. Because of line of the field in which they are working. In the results it is seen that the stress is causing trouble in their wellbeing which is not good for the nurses. A normal amount of stress is necessary to work and balance the well being but not a higher which can cause a great effect on their mental health as well.

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Rationale

The purpose behind conducting this study was to assess how people staying at home & staying at rehab showing their happiness, Psychological wellbeing & Recovery.

- This was conducted on Indian population with keeping the Indian context in mind so that a tentative conclusion about the Indian could be derived.
- Happiness, psychological wellbeing & recovery are affected by a lot of factors hence there is a lot of scope for further studies to be conducted, especially in Indian context.

METHODOLOGY

Objective

The study was initiated to fulfil the following objectives:

- To examine the level of happiness in the depression patients staying at home and staying in rehab.
- To examine the level of psychological well being in the depression patients staying at home and staying in rehab.
- To examine the correlation between happiness.

Hypothesis

- **Hypothesis 1** – There will be a significant difference between people staying at home in depression or people staying in a rehab.
- **Hypothesis 2** - There will be a correlation between happiness & wellbeing in people with depression.
- **Hypothesis 3** – There will be a significant difference between which is suited better getting treated in a rehab or getting treated in home.

Research Design

Current research is a two group comparative research.

Variables

- **Independent Variable** – Depression in people staying at home & Depression in people staying in rehab.
- **Dependent Variable** – Happiness, Psychological Wellbeing & Recovery.

Sample

As the research design of the present study is two group comparative research it is targeted as young adult and middle age adult.

For the selection of the sample, young adult (18-35) and middle age (36-55) Males. (n) = 40 adults (20 adults staying at home, 20 adults staying at rehab).

Description of Tools

- PANAS-GEN
- QPR – The Questionnaire About the Process of Recovery
- The Subjective Happiness Scale

PANAS-GEN

This scale consists of a number of words that describe different feeling and emotions. Consist of total 20 items in which 10 items are positive and 10 items are negative. This scale tell us what we are feeling in present.

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QPR – The Questionnaire About the Process of Recovery

The QPR is a 15 item questionnaire which was co-produced by people who experience psychosis and their accounts of recovery, working in collaboration with others involved in their care. The idea of the QPR is to ask about aspects of recovery that are meaningful to you, to provide an indication of where you feel you are at in relation to your mental health and general wellbeing. This may be useful to you, aspects of life which are meaningful and your progress towards your goals. As a recovery college we ask you to complete this questionnaire to help us measure the impact of our courses. Your individual responses will be anonymised and individual answers grouped together. The QPR has been clinically researched, is evidence based and used in other colleges across the Recovery College Network.

The Subjective Happiness Scale

A 4-item scale designed to measure subjective happiness. Each of item is completed by choosing one of 7 options that finish a given sentence fragment. The options are different for each of the four questions.

Procedure

The study sample was first introduced to the fundamental objectives of this present study. After this the risks and benefits of joining in this study were to be clarified to the study sample by providing them with informed consent forms.

- Each participant was asked to fill all the responses of the two questionnaires.
- The questionnaire which was returned were separated from the consent forms to maintain confidentiality.
- The questionnaires were specially designed to cater the specific population which has been chosen for this study that is the young adults (18-35) and middle-aged adults (36-55).
- The three standardize tools used in this study to measure the happiness, Recovery, Psychological Well Being.
- The participants were told that they could ask any questions if they needed any clarifications. In total it took about 10-15 minutes for the completion of the two questionnaires.

Statistical Analysis

- The analysis of data was done using Statistical Package for Social Science. This software is progressive procedure to compute statistical analysis, algorithms, analysis of text and integration.
- The statistical tools which were used for data analysis to see the effect of one variable on other are:
- Chi – square

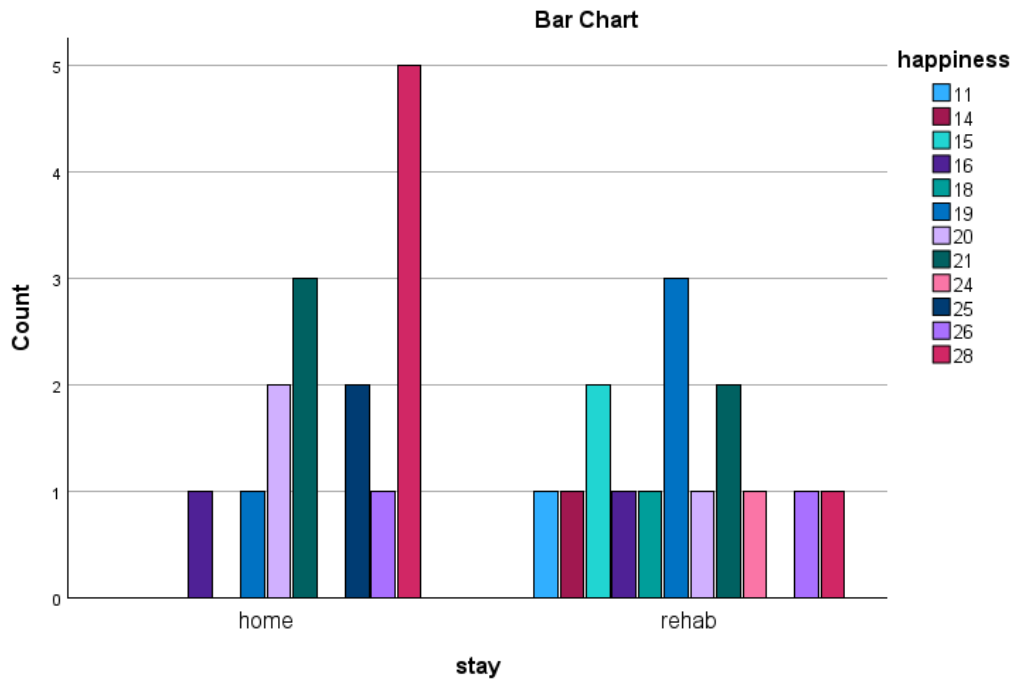
ANALYSIS OF RESULT

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	12.200 ^a	11	.349
Likelihood Ratio	15.589	11	.157
N of Valid Cases	30		

a. 24 cells (100.0%) have expected count less than 5. The minimum expected count is .50.

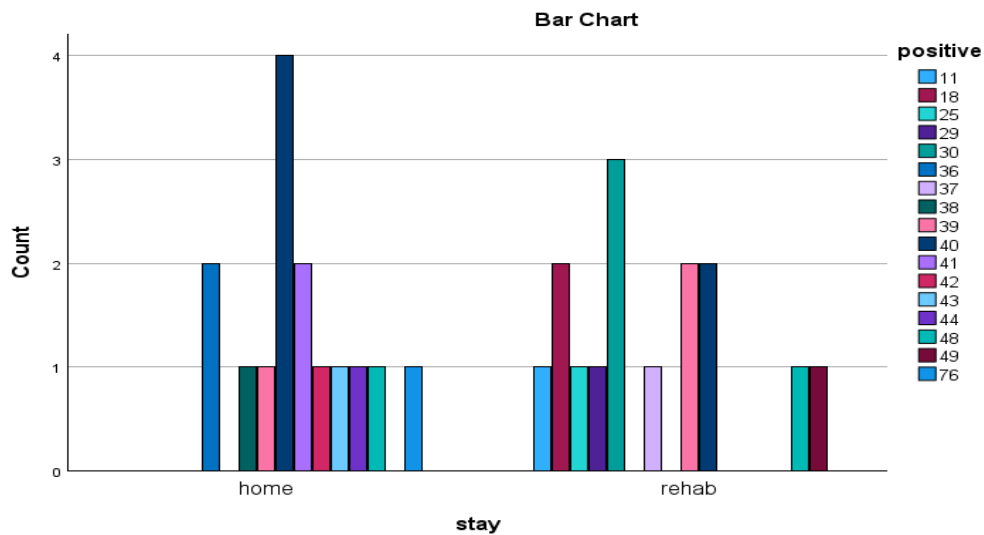
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	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	20.000 ^a	16	.220
Likelihood Ratio	27.359	16	.038
N of Valid Cases	30		

a. 34 cells (100.0%) have expected count less than 5. The minimum expected count is .50.

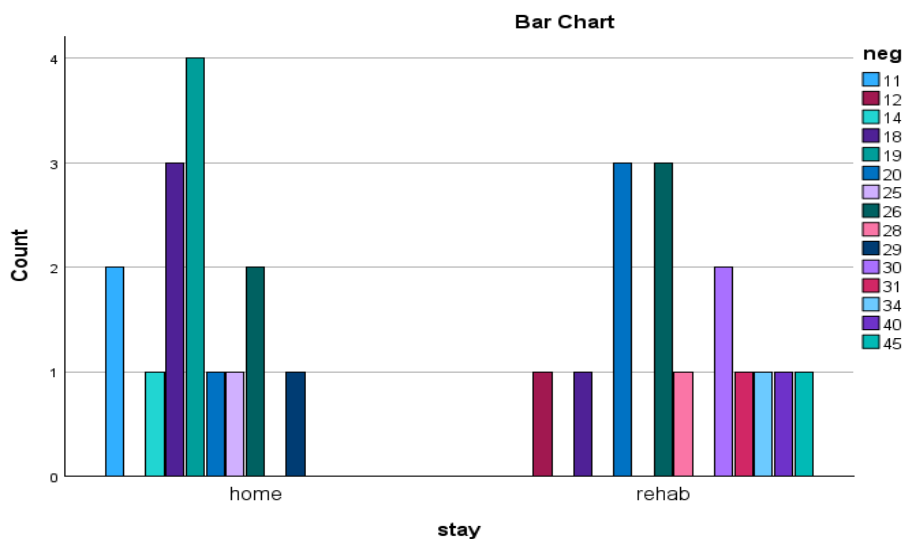


Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	19.200 ^a	14	.157
Likelihood Ratio	25.861	14	.027
N of Valid Cases	30		

a. 30 cells (100.0%) have expected count less than 5. The minimum expected count is .50.

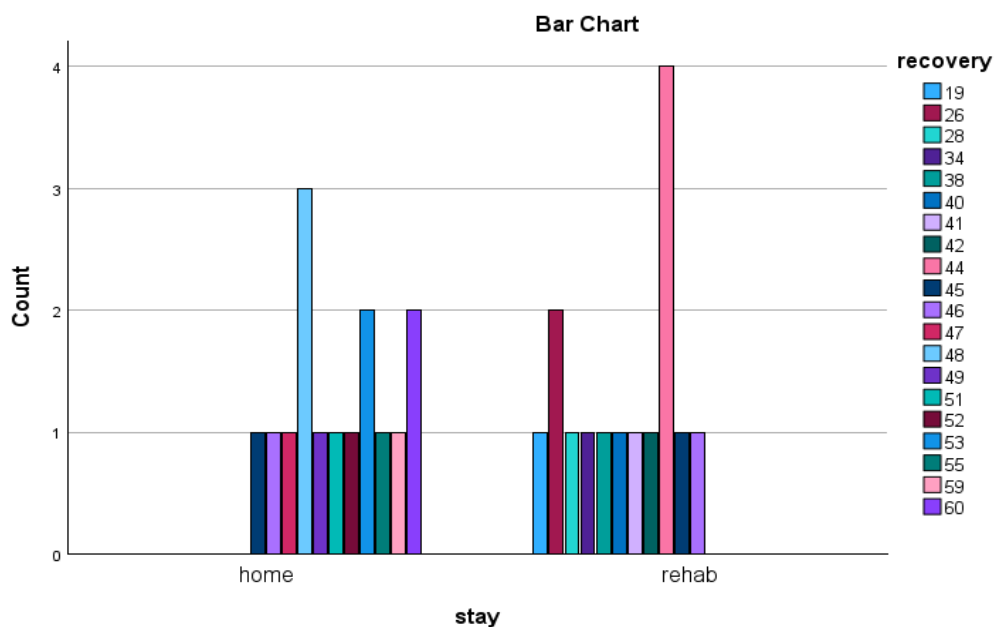
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Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	26.000 ^a	19	.130
Likelihood Ratio	36.044	19	.010
N of Valid Cases	30		

a. 40 cells (100.0%) have expected count less than 5. The minimum expected count is .50.



DISCUSSION

The aim of the study is to check Happiness, Psychological Wellbeing & Recovery in people of depression staying in Home & people staying in Rehab. It a comparative study in which it is seen that whether the treatment done in a rehab is effective or the treatment done in a hospital is effective for the people. This study conduct sample of total 30 people who are diagnosed with depression. 15 are those people who are staying in the rehab for there treatment and 15 are those whom all are taking there treatment from a hospital.

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There is not a proper defined statement that we can say that this is depression there are always some signs and symptoms through which we can diagnose what it is depression or any other disorder. Through this we can tell if the client is dealing with depression and if yes, then at what stage the depression is it mild, moderate or severe.

So now let's focus on what a depression is it is basically called a mood disorder, which can cause loss of interest or a continuous feeling of sadness.

It can affect us that how we behave, react, think, feel and this can lead to our day to day activities, physical and emotional problem, sometime we feel like we don't want to live any more.

In depression it is not possible that you can just come out of it like other disease, like you take one pill in the morning and in the evening before bed and next day you will be fine it is a long process in which the rate of recovery is low and it is not possible that you will come out of it completely.

Dealing with depression will take time and things will look difficult at first but you will accomplish to cope with you on your own with time.

Now if we talk about the symptoms there are many symptoms to show that the person is dealing with depression and there are also some common symptoms that are common if we talk about other disorders like – stress, anxiety, etc.

Table 1– the content in table 1 shows the comparison of happiness in the people taking treatment in rehab or in a home. It shows that the people who are staying at home while treatment are more happy as they can go back to there love ones and with there help they can get the proper treatment. While doing the survey the patients tells that they feel good when they go back to the people who love and support them. The chances of positive environment is more so they feel relax and stress free as there family members are supporting them which is a positive point from them. And if we take the survey of the rehab staying people them it is clearly seen that the level of happiness is low as there family members do not visit them properly and staying with the people like them does not create a positive environment for them. Daily doing one activity bores them and because of that they feel more irritated then happy.

Table 2– the content in table 2 shows the comparison of positiveness in the people taking treatment in rehab or in a home. It shows that the people who are staying at home while treatment are more happy as they can go back to there love ones and with there help they can get the proper treatment. While doing the survey the patients tells that they feel good when they go back to the people who love and support them. The chances of positive environment is more so they feel relax and stress free as there family members are supporting them which is a positive point from them. And if we take the survey of the rehab staying people them it is clearly seen that the level of happiness is low as there family members do not visit them properly and staying with the people like them does not create a positive environment for

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them. Daily doing one activity bores them and because of that they feel more irritated than happy.

Table 3– the content in table 3 shows the comparison of negativeness in the people taking treatment in rehab or in a home. It shows that the people who are staying at home while treatment are more happy as they can go back to their love ones and with their help they can get the proper treatment. While doing the survey the patients tell that they feel good when they go back to the people who love and support them. The chances of a positive environment is more so they feel relaxed and stress free as their family members are supporting them which is a positive point for them. And if we take the survey of the rehab staying people then it is clearly seen that the level of happiness is low as their family members do not visit them properly and staying with the people like them does not create a positive environment for them. Daily doing one activity bores them and because of that they feel more irritated than happy. Which increases the chance of feeling negative around the people and sometimes it reflects on the family members also.

Table 4– the content in table 4 shows the comparison of recovery in the people taking treatment in rehab or in a home. It shows that the people who are staying at home while treatment are more happy as they can go back to their love ones and with their help they can get the proper treatment. While doing the survey the patients tell that they feel good when they go back to the people who love and support them. The chances of a positive environment is more so they feel relaxed and stress free as their family members are supporting them which is a positive point for them. And if we take the survey of the rehab staying people then it is clearly seen that the level of happiness is low as their family members do not visit them properly and staying with the people like them does not create a positive environment for them. By staying near the people you love will increase the chances of recovery and having friends also in rehab mostly people do not mix with each other that is a major drawback for the recovery.

SUMMARY AND CONCLUSION

As discussed the current study involves to check the happiness, psychological wellbeing and recovery of patients dealing with depression who are staying at rehab for treatment or staying at home for treatment. This study checks about the happiness of the person whether he is feeling happy with the treatment done in a rehab centre or with the treatment done in a hospital where he can visit back home to the love ones.

This study also checks about the psychological wellbeing of a person with the treatment done in a rehab centre or with the treatment done in a hospital where he can visit back home to the love ones.

This study also checks about the recovery process of an individual diagnosed with depression with the treatment done in a rehab centre or with the treatment done in a hospital where he can visit back home to the love ones.

This study was done with the people who are diagnosed with depression. This study was conducted on male gender with the age of 18 – 60. Total number of samples are 30 in which 15 are those who are having treatment in a rehab and 15 are those who are having treatment in hospital.

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There are different questionnaires that are used in this study. Total number of 3 questionnaires is used in which total number of 4 tables we have received in which we obtain it by using chi – square method. Each table tell different things like happiness and recovery and positiveness is increasing in the people who are staying in the home near there love ones and negativity increase with the people who all are staying in the rehab. Factors can be many like – not having family and friends support, thinking of society, not having friends in rehab, doing again and again same things in the rehab. No source of entertainment or any new activity etc.

So, in the end it is concluded that to be with someone whether an family member or a friend or any supporter can help the recovery of depression better as compare to only give them medicine to cure.

Limitations

1. The significance of the results may be affected by the small sample size.
2. Limited time was provided for the conduction of study.
3. The generalization of results may be affected by the area of study which is limited to Delhi/ NCR.
4. In this study the questionnaire has to explain in Hindi as many participants don't understand English.

Future Recommendations

The above research has its limitations with regards to the sample, setting and time frame. For this research to be more effective, the sample can be made wider so as to have more proof to make a better analysis of the results. Also, the setting of this research is limited and therefore this also can be made wider to have better evidence to generalize the findings. The time frame too has an effect on the results of the study, and it can be increased in the future. The study forms a basic framework for future studies.

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Conflict of Interest

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