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RECOVERY AND HOW TO MEASURE IT

A user-led research

INTRODUCTION

Recovery from a mental illness is „a profoundly individual process targeting at a satisfied life full of hope and meaning beyond the symptoms of a mental illness"(1). According to service users, mental health recovery is an important indicator of the quality of service provision. Therefore, **adequate measurements of recovery** from mental illness should be used for the evaluation of psychiatric care.

AIMS

This study aimed to identify and pilot **eligible research instruments** to measure recovery from mental health problems. An emphasis was placed on **comprehensibility** of items to people with a severe mental illness, and **survey completion time**.

METHODS

A non-systematic search of reviews focusing on instruments that measure recovery was conducted in scientific databases (WoS, PubMed) and Google Scholar. Information about eligible recovery measurements were extracted from these reviews. Selection **criteria for instruments were defined in advance:**

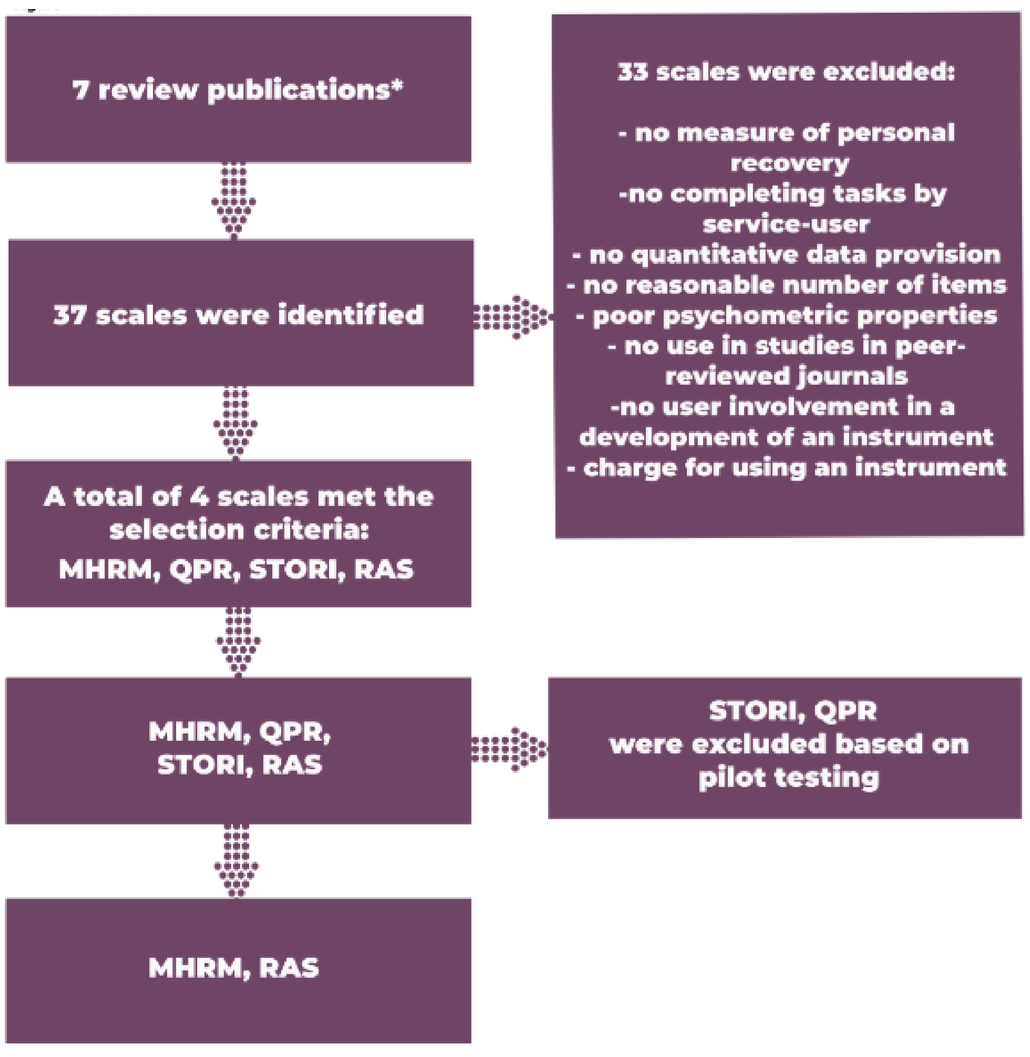
- measure of personal recovery
- provision of quantitative data
- good psychometric properties
- self-reported
- used in **studies in peer-reviewed** journals
- users **involved in a development of an instrument**
- **no charge** for use of the instrument

Instruments which met these criteria were included in a **pilot testing**. In the pilot study, instruments were completed during an interview between a service-user and a community service provider. Then, each instrument was rated by both service users and service providers on a scale from 1 to 5 (from worst to the best). In addition, participants made a comment on a completed instrument. A quantitative analysis of ratings and qualitative analysis of individual comments were conducted.

RESULTS

37 unique recovery instruments were identified by 7 review publications (see Fig.1). According to pre-defined selection criteria, **four recovery scales** were selected and analysed in the first stage of the selection process: **RAS**, **QPR**, **MHRM**, and **STORI**. The final group of piloted instruments was: RAS-DS, RAS-22, QPR-15, MHRM-10 and STORI-50. Descriptions of the scales are provided in Table 1.

Figure 1: Flow chart



*Review publications are marked with an asterix (*) in a reference list

Table 1: Description of piloted scales

RAS-DS (2)	RAS (3)	MHRM (4)	QPR (5)	STORI (6)
38 items	22 items	10 items	15 items	50 items
4-point Likert scale	5-point Likert scale	5-point Likert scale	5-point Likert scale	6-point Likert scale
"untrue" to "completely true"	"strongly disagree" to "strongly agree"	"strongly disagree" to "strongly agree"	"strongly disagree" to "strongly agree"	"not true at all now" to "completely true now"
4 subscales: Functional recovery Personal recovery Clinical recovery Social recovery	**5 subscales:** Personal Confidence and Hope, Willingness to Ask for Help, Goal and Success Orientation, Reliance on Others and No Domination by Symptoms	**4 subscales:** Learning and Self-Redefinition, Overall Well-Being, New Potentials, Advocacy/ Enrichment	**2 subscales:** Intrapersonal and Interpersonal	**4 subscales** (represented "HIME" concept: Hope, Identity, Meaning, Responsibility)

In the **pilot** assessment, there was **not a consensus in service users and service providers** ratings: a scale best rated by service users was MHRM, while RAS-DS was the scale best rated by service providers. Qualitative analysis showed why there was a **difference between service users and service providers' ratings** of scales: service users gave priority to scales which could initiate a critical thinking about their recovery; service providers emphasized the usability of a scale for further interview and individual care planning. For a quantitative analysis of scales rating see Table 2.

Table 2: Ratings by service users (N=41) and service providers (N=16)

	Time of completing (min)	Service user's rating	Staff's rating
RAS-DS	9	3,7	**4,3**
RAS	6	4,0	3,5
MHRM	**5**	**4,1**	3,5
QPR	5	3,9	3,8
STORI	14	3,6	3,1

In detail, **QPR** was rated by service users as too simple and some items were rated as too vague. **RAS-DS** and **STORI** were both criticised for an excessive length of completing. Despite problematic comprehensibility of few items, **RAS-22** was assessed as the best conversation starter. **MHRM** was rated highest by service users who appreciated its simplicity and comprehensibility. The most frequent codes for each scale are presented in Table 3.

Table 3: Most frequent codes

	RAS-DS	RAS	QPR	MHRM	STORI
+	easy to complete	conversation starter	brevity, quick completion	comprehensibi-lity, quick completion	suitable for individual care planning
-	difficulty of completing (4-point Likert scale), excessive length of completing	incomprehensibi-lity of some items	over-simplicity	rarely reflective for an individual recovery process	difficulty of completing, excessive length of completing

CONCLUSION

From the service users' perspective, Recovery Assessment Scales (RAS-22) and Mental Health Recovery Measure (MHRM) seem to acceptable as recovery measures which may be used for an evaluation of a quality of services.

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The overall process of the identification of instruments measuring recovery through an expert platform including stakeholders and service users can be found at www.merrps.cz.

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