Measuring recovery-related outcomes

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4 May 2017

Measurement

- Measuring recovery rates in clinical populations
- Measuring recovery support at the…
  - …system level
  - …worker level
  - …individual level
- Measuring recovery

Recovery –

clinical or personal?

DESCRIPTION

OF

THE RETREAT,

AN INSTITUTION NEAR YORK

For Insane Persons

OF THE

SOCIETY OF FRIENDS.

CONTAINING AN ACCOUNT OF ITS

ORIGIN AND PROGRESS,

The Modes of Treatment,

AND

A STATEMENT OF CASES.

By SAMUEL TUKE.

With an Elevation and Plans of the Building.

Includes an Introduction by
Richard Hunter and Ida Macalpine
and a new Foreword by Kathleen Jones

Number.	Age of Males.	Age of Fem.	Single or Mar.	Old or Recent.	Description of Disorder.	When admitted. Mo.	Discharged, Deceased, &c. Mo.	In what state.
6		25	S	OC	Man.	7, 1796	Remains	
7		50	S	OC	Man.	8,	Remains	
8	45		M	OC	Man.	8,	Remains	
9		26	S	RC	Mel.	8,	4, 97 *D.*	Imp.
10		52	S	OC	Man.	9,	Remains	
11		52	S	OC	H. M.	9,	8, 1800	Recov.
12	30		S	OC	Dem.	9,	Remains	
13	39		M	OC	Mel.	11,	5, 1800	Recov.
14		55	M	OC	Mel.	12,	11, 1798	Recov.
15	32		S	OC	Mel.	12,	Remains	
16	45		S	OC	Man.	2, 1797	12, 1798	M. I.
17	74		W	OC	H. M.	4,	10, 1804	M. I.
18		54	S	OC	Man.	5,	1, 1811	Imp.
19		72	S	OC	Man.	7,	Remains	
20		47	S	OC	Man.	7,	7, 05 *D.*	Imp.
21	45		S	RC	Man.	1, 1798	1, 1799	M. I.
22	24		S	OC	Man.	2,	7, 09 *D.*	
23		20	S	RC	Man.	3,	6, 1798	Recov.
24		45	S	OC	Man.	3,	7, 1806	Recov.
25		45	S	OC	Man.	6,	3,	Recov.

APPARENT CAUSE, &c.

No. 10. Succeeded a disappointment of the affections — 19
No. 13. Constitutional. — (6 Recovered)
No. 15. Constitutional.
No. 16. Succeeded disappointment in business. — 3 MI
No. 17. Constitutional. — 3 I
No. 19. Succeeded disappointment of affections.
No. 21. Constitutional. — 7 Remain
No. 23. Succeeded family misfortunes. — 3 D
No. 25. Succeeded disappointment of affections.

1813

Clinical Recovery

Full symptom remission, full or part time work / education, independent living without supervision by informal carers, having friends with whom activities can be shared – sustained for a period of 2 years

Liberman RP, Kopelowicz A (2002)
Recovery from schizophrenia,
International Review of Psychiatry, **14**, 245-255.

Measuring recovery rates in clinical populations

Long-term (>20 year) schizophrenia outcome

Team	Location	Yr	n	F-up (yrs)	Recovered / sig. improved (%)
Huber	Bonn	1975	502	22	**57**
Ciompi	Lausanne	1976	289	37	**53**
Bleuler	Zurich	1978	208	23	**53-68**
Tsuang	Iowa	1979	186	35	**46**
Harding	Vermont	1987	269	32	**62-68**
Ogawa	Japan	1987	140	23	**57**
Marneros	Cologne	1989	249	25	**58**
DeSisto	Maine	1995	269	35	**49**
Harrison	18-site	2001	776	25	**56**

Slade M, Amering M, Oades L (2008) Recovery: an international perspective. *Epidemiology e Psichiatrica Sociale*, **17**, 128-137.

Long-term (>20 year) AN outcome

Team	Location	Yr	n	F-up (yrs)	Recovered / sig. improved (%)
Löwe	Heidelberg	2001	84	21	**51 Full** **21 Partial**
Ratnasuriya	London	1991	41	20	**61 good / intermediate**

Personal recovery

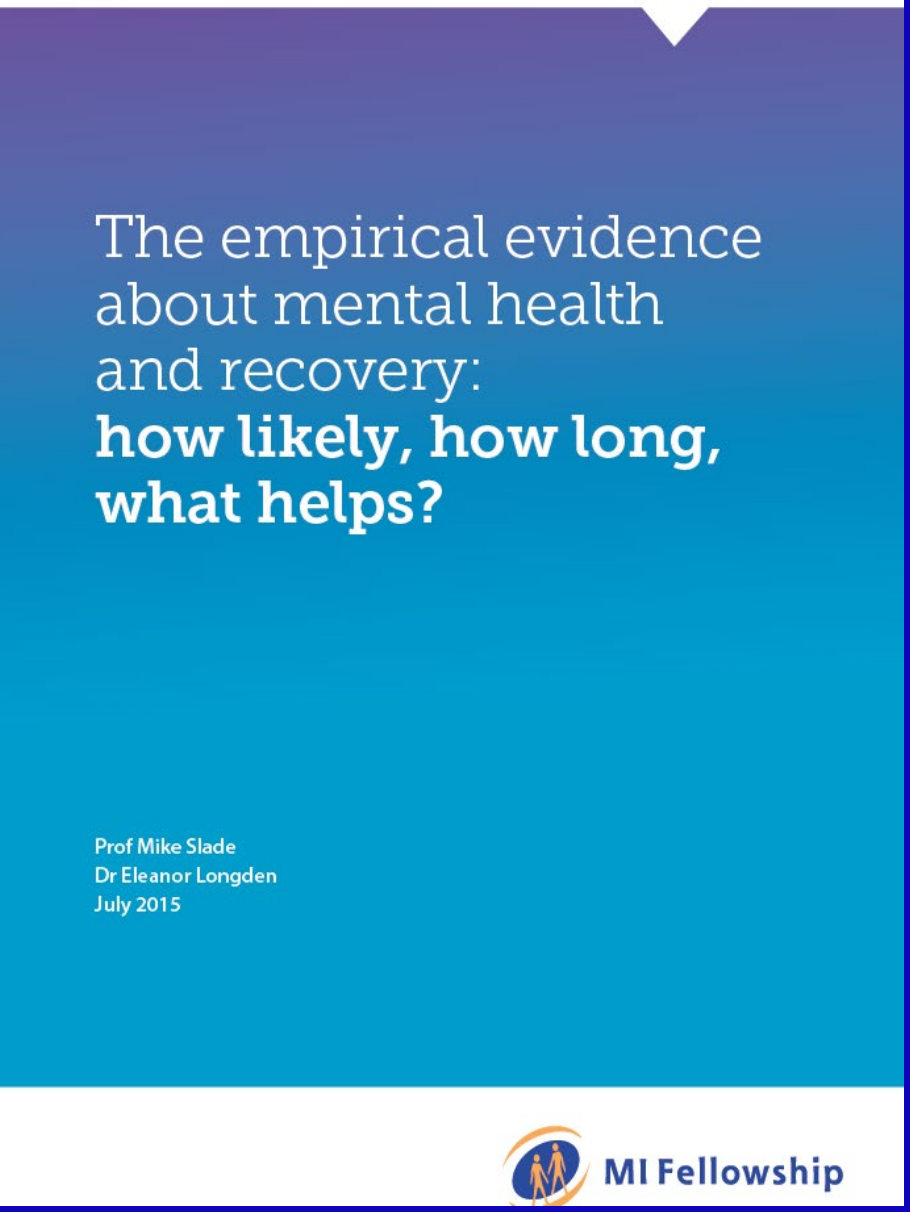
A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by the illness.

Anthony WA (1993) Recovery from mental illness:
the guiding vision of the mental health service system in the 1990s,
Psychosocial Rehabilitation Journal, **16**, 11-23.

Recovery - a short definition

Recovery involves living as well as possible.

South London and Maudsley NHS Foundation Trust (2010)
Social Inclusion and Recovery (SIR) Strategy 2010-2015,
London: SLAM.



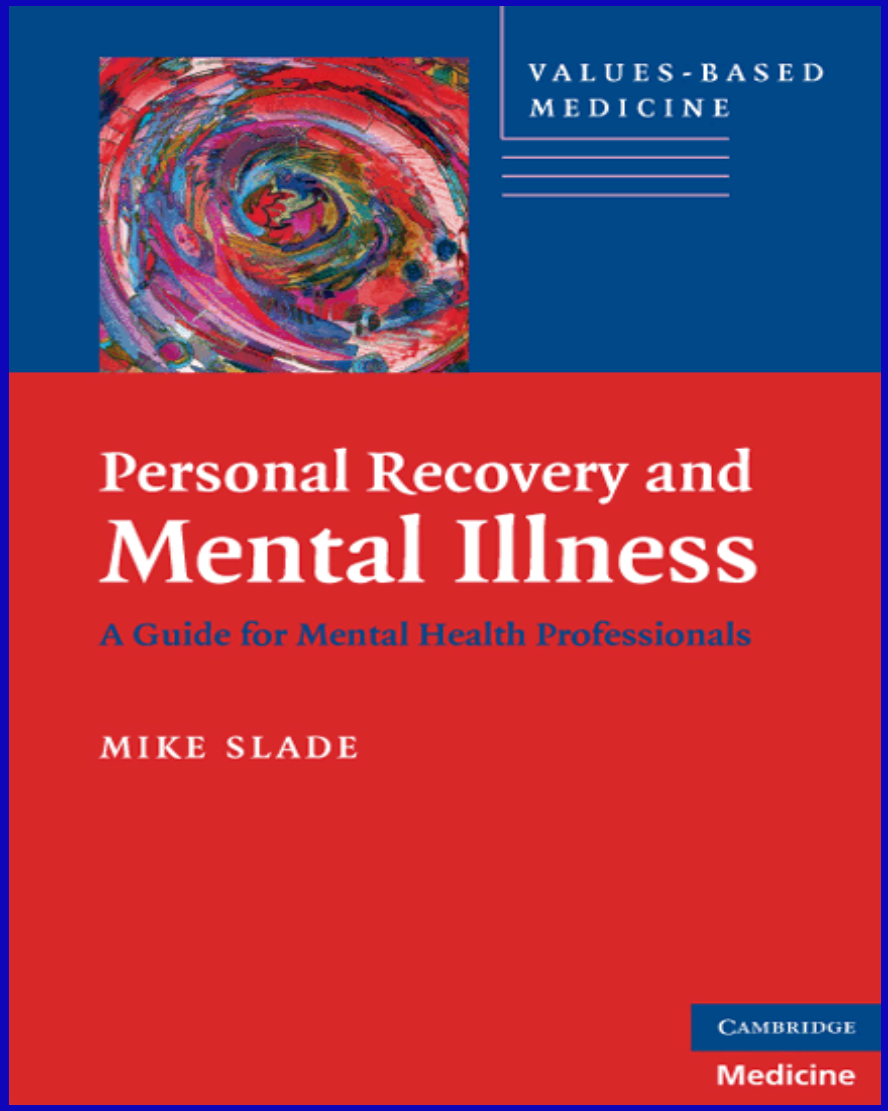
2015

Slade M, Longden E (2015) *Empirical evidence about mental health and recovery*, BMC Psychiatry, **15**, 285.

Seven messages

1. Recovery is best judged by the person living with the experience
2. Many people with mental health problems recover
3. If a person no longer meets criteria for a mental illness, they are not ill
4. Diagnosis is not a robust foundation
5. Treatment is one route among many to recovery
6. Some people choose not to use mental health services
7. The impact of mental health problems is mixed.

Personal recovery should be the goal of the mental health system



2009

To measure recovery,

we need to understand

recovery processes

Recovery processes: CHIME framework

Leamy M, Bird V, Le Boutillier C, Williams J, Slade M (2011) *A conceptual framework for personal recovery…systematic review and narrative synthesis*, British Journal of Psychiatry, **199**, 445-452.

Connectedness

Hope

What increases hope?

- Collaboration
- Relationships
- Peers
- Control

Schrank B, Bird V, Rudnick A, Slade M (2012) *Determinants, self-management strategies and interventions for hope in people with mental disorders: systematic search and narrative review*, Social Science and Medicine, **74**, 554-564.

Identity

International Journal of Mental Health Nursing (2017) ••, ••–••
doi: 10.1111/inm.12332

ORIGINAL ARTICLE

Constructing a positive identity: A qualitative study of the driving forces of peer workers in mental health-care systems

Joeri Vandewalle,[1,2,3] Bart Debyser,[1,2,4] Dimitri Beeckman,[1] Tina Vandecasteele,[1,4] Eddy Deproost,[1,2] Ann Van Hecke[1,5] and Sofie Verhaeghe[1,4]

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ABSTRACT: *There is growing recognition in mental health for the perspective of individuals with lived experience of mental health problems and mental health service use. As peer workers, these individuals can use their specific experience to benefit and support peers and professional caregivers, and to participate at all levels of mental health-care systems. The aim of the present study was to develop a conceptual framework representing the driving forces of peer workers to fulfil their position in mental health-care systems. A qualitative interview approach was employed using principles of grounded theory. Over a period of 5 months in 2014–2015, semistructured interviews were conducted with 14 peer workers in residential and community mental health-care systems. The emerged conceptual framework reveals that peer workers strive towards constructing a positive identity. This process is powered by driving forces reflecting a desire for normalization and an urge for self-preservation. Peer workers realize a meaningful employment by using their lived experience perspective as an asset, liberating themselves out of restrictive role patterns, and by breaking down stigma and taboo. As a precondition to engage in these normalization processes, peer workers perceive they need to secure their self-preservation by balancing the emergence of adverse emotional fluctuations. The conceptual framework can inform the development of work contexts in which peer workers have an authentic and meaningful contribution, while being offered sufficient support and learning opportunities to manage their well-being.*

KEY WORDS: *identity, mental health care, nurse, peer worker, qualitative research.*

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Accepted February 12 2017.

INTRODUCTION

Background

In many regions, and particularly in Anglophone countries, the recovery model increasingly influences the mission and policies of mental health-care systems (Ahmed *et al.* 2012; Slade *et al.* 2008). In contrast with the traditional 1-D biomedical focus on symptoms of illness and clinical outcomes, the recovery model centralizes the whole person by emphasizing the empowerment and social inclusion of service users and their self-determination in goal-setting and decision-making

2017

Peer workers strive towards constructing a positive identity…

by using their lived experience perspective as an asset, liberating themselves out of restrictive role patterns, and by breaking down stigma and taboo

Meaning

Mental health as a source of meaning

Survivor testimony indicates that the process of surviving mental health challenges – including psychosis – can ultimately be transformative, enriching and a source of personal and social growth

Slade M, Longden E (2015) *The empirical evidence about mental health and recovery*, MI Fellowship: Victoria.

For example

- Post-traumatic growth
- Heightened capacity e.g. political engagement, creativity, fortitude, compassion, self-knowledge
- Survivor mission

Empowerment


LANE CLOSED
TO EASE
CONGESTION

Measuring recovery support at the system level

System-level measures matter

1. What the system measures is a proxy indicator of the ‘core business’
2. What the system measures gives the ‘value’ in ‘value-for-money’
3. What the system measures (powerfully) shapes role expectations in workers

Adm Policy Ment Health
DOI 10.1007/s10488-014-0585-x

ORIGINAL ARTICLE

Competing Priorities: Staff Perspectives on Supporting Recovery

Clair Le Boutillier · Mike Slade · Vanessa Lawrence · Victoria J. Bird · Ruth Chandler · Marianne Farkas · Courtenay Harding · John Larsen · Lindsay G. Oades · Glenn Roberts · Geoff Shepherd · Graham Thornicroft · Julie Williams · Mary Leamy

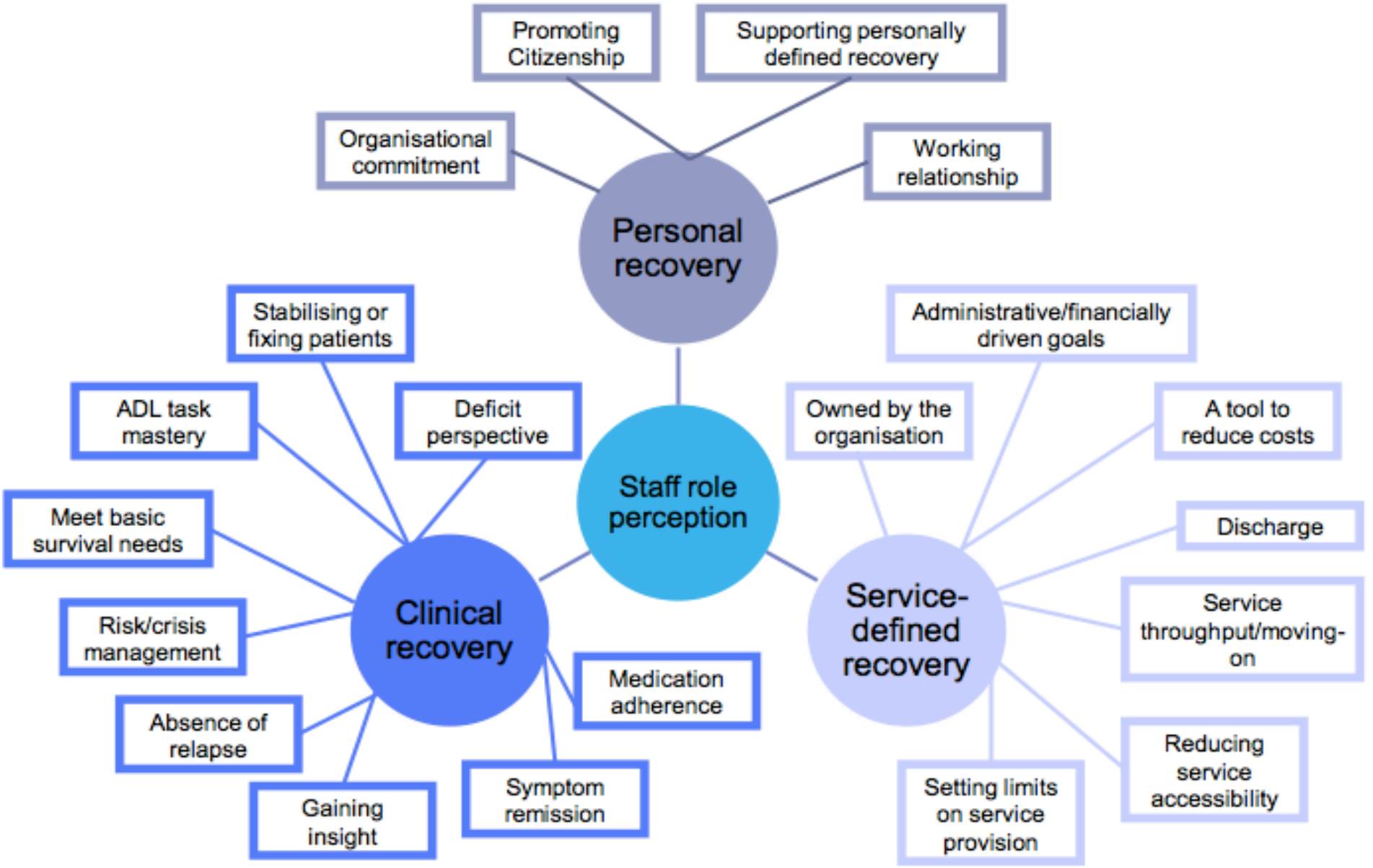
Abstract Recovery has come to mean living a life beyond mental illness, and recovery orientation is policy in many countries. The aims of this study were to investigate what staff say they do to support recovery and to identify what they perceive as barriers and facilitators associated with providing recovery-oriented support. Data collection included ten focus groups with multidisciplinary clinicians (n = 34) and team leaders (n = 31), and individual interviews with clinicians (n = 18), team leaders (n = 6) and senior managers (n = 8). The identified core category was Competing Priorities, with staff identifying conflicting system priorities that influence how recovery-oriented practice is implemented. Three sub-categories were: Health Process Priorities, Business Priorities, and Staff Role Perception. Efforts to transform services towards a recovery orientation require a whole-systems approach.

Keywords Mental health service provision · Recovery orientation · Staff perspective · Competing priorities

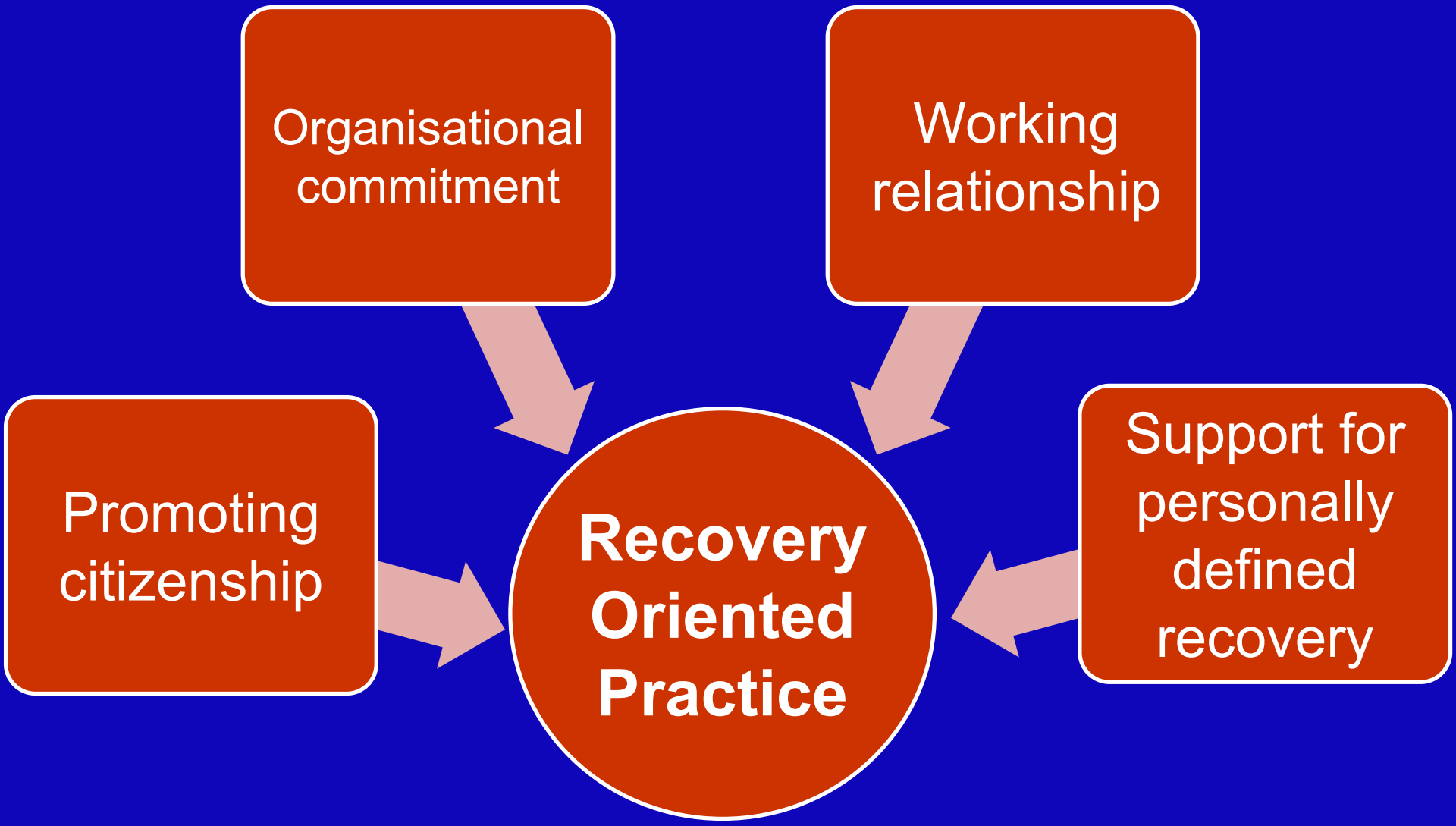
Introduction

Mental health staff are encouraged to support the recovery of individuals living with severe mental illness (Department of Health 2011a, b; Department of health human services 2003) by transforming services towards a recovery orientation (Bracken et al. 2012). Recovery is a unique, personal self-directed process of transformation, and discovery of a new self to overcome mental illness and reclaim control and responsibility for one's life decisions (Anthony 1993). It is a journey of hope and empowerment, connectedness, identity, and meaning and purpose (Leamy

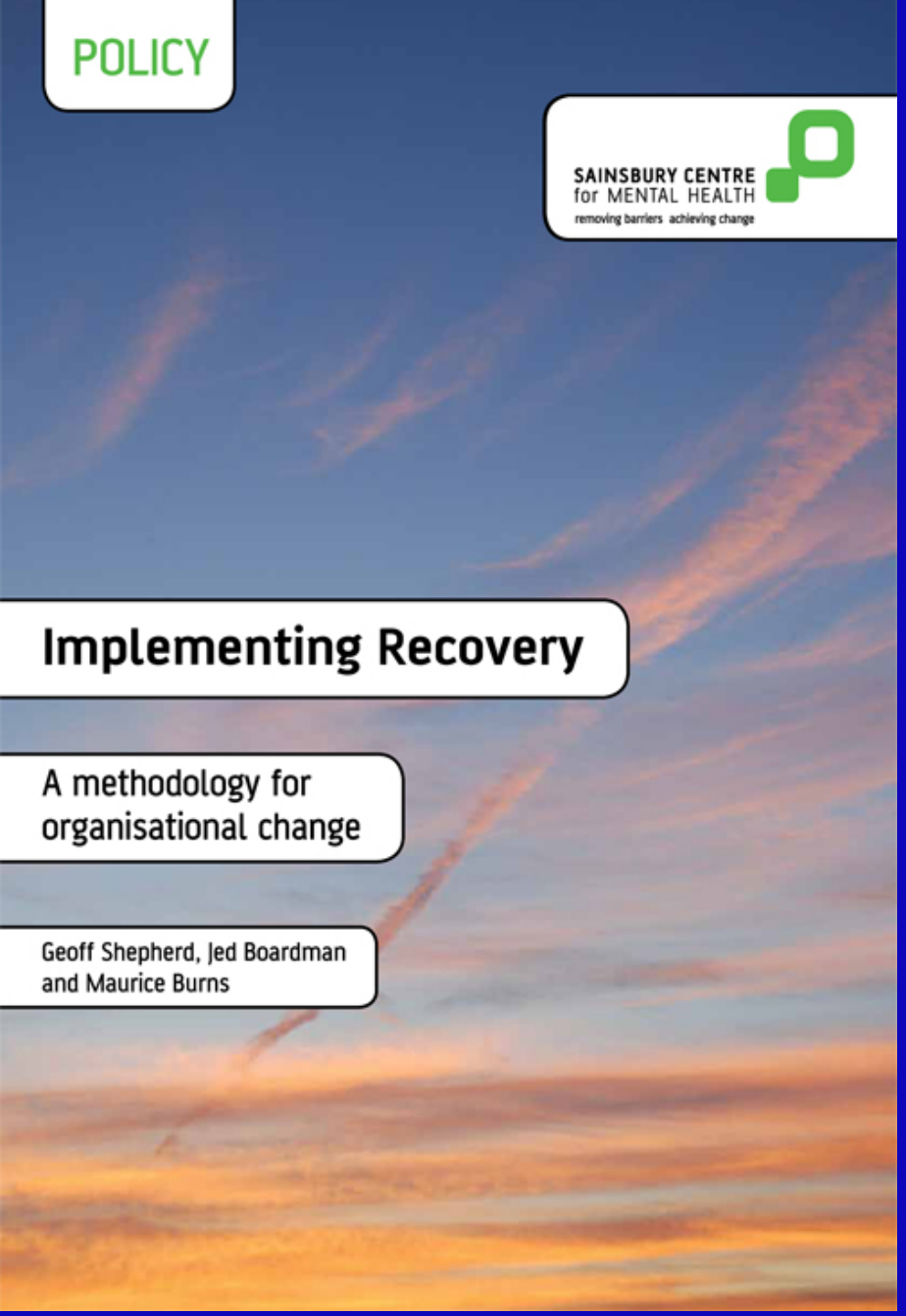
2015



Le Boutillier C, Chevalier A, Lawrence V, Leamy M, Bird V, Macpherson R, Williams J, Slade M (2015) *Staff understanding of recovery-orientated mental health practice: a systematic review and narrative synthesis*, Implementation Science, **10**, 87.



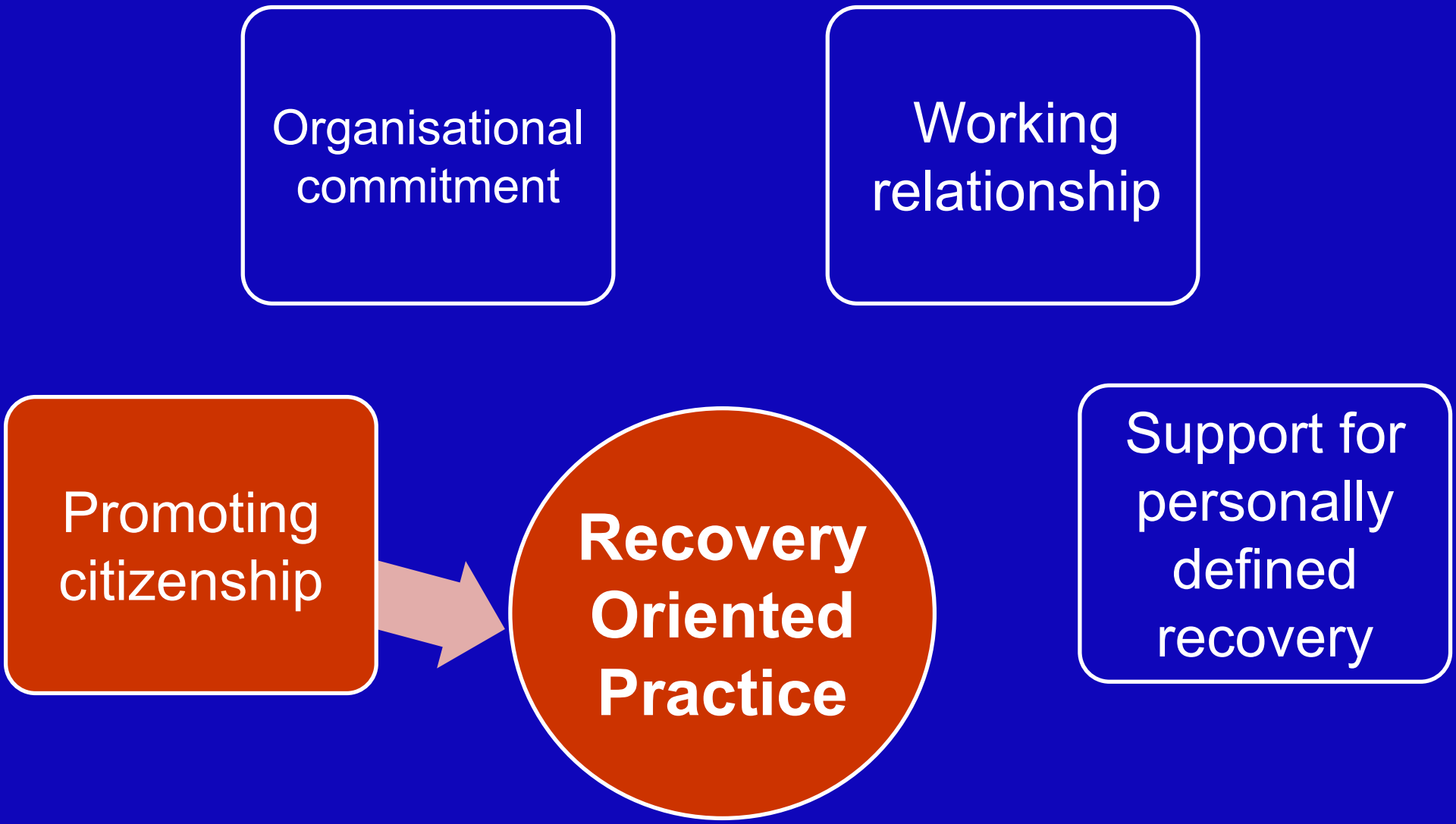
Le Boutillier C, Leamy M, Bird V, Davidson L, Williams J, Slade M (2011) *What does recovery mean in practice? A qualitative analysis of international recovery-oriented practice guidance*, Psychiatric Services, **62**, 1470-1476.



ImROC Programme
30 NHS Trusts
Started 2011

10 key organisational challenges

1. Changing the nature of day-to-day interactions
2. Delivering comprehensive, user-led education & training programmes
3. Establishing a 'Recovery Education Centre' to drive progress
4. Ensuring organisational commitment, creating the 'culture'
5. Increasing 'personalisation' and choice
6. Transforming the workforce
7. Changing the way we approach risk assessment and management
8. Redefining user '*involvement*' to create genuine '*partnerships*'
9. Supporting staff in their recovery journey
10. Increasing opportunities for building a life 'beyond illness'



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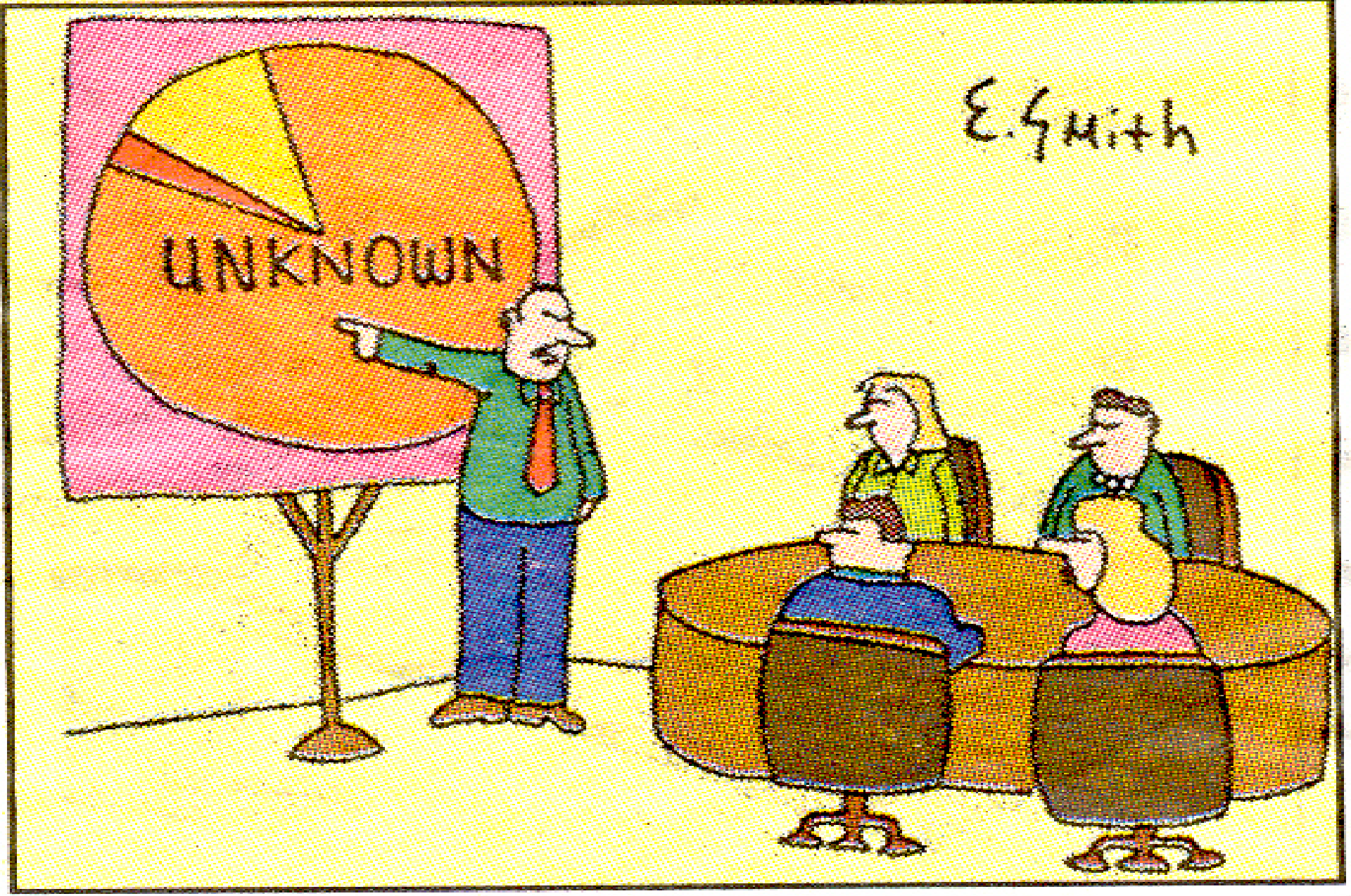
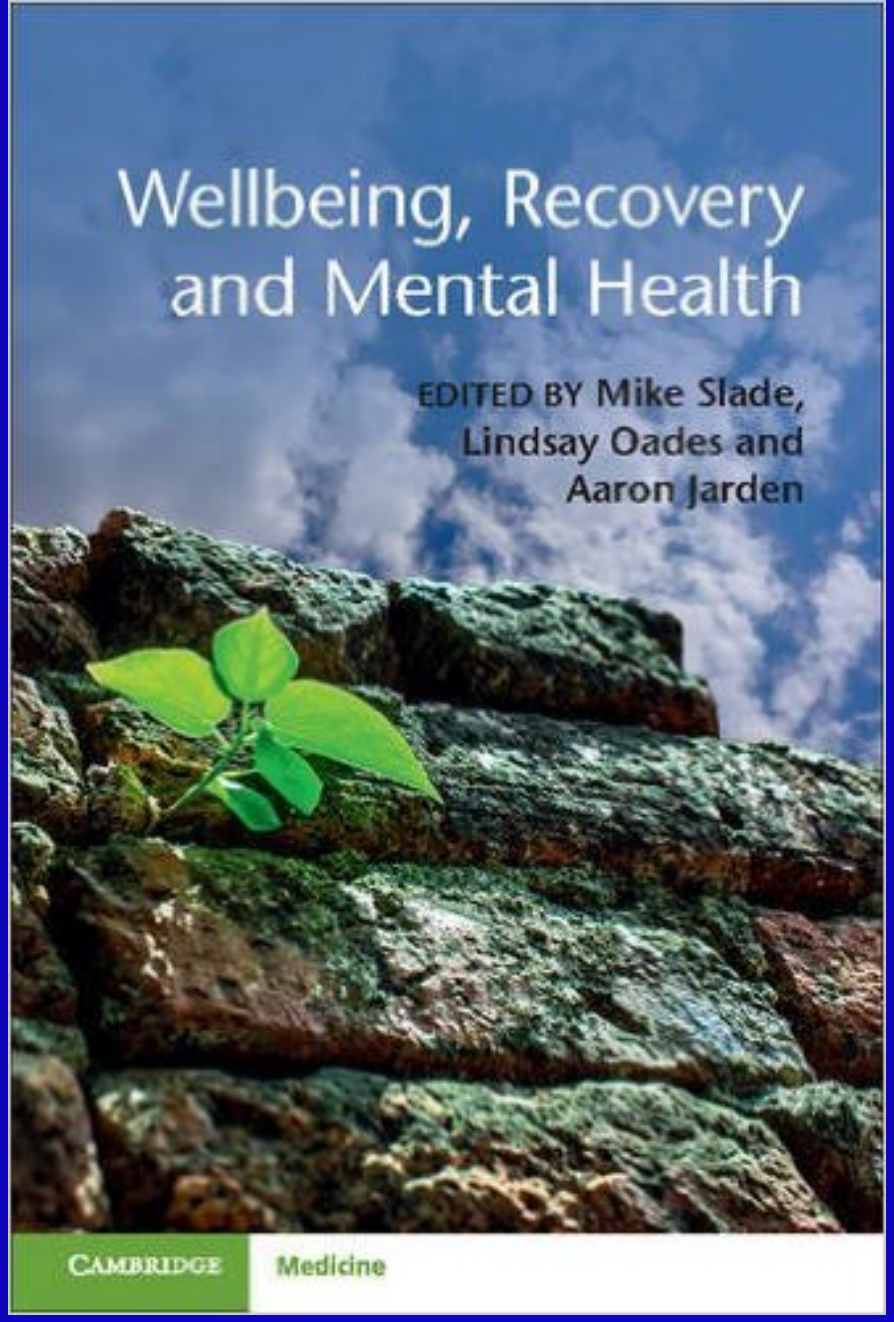


"If we take out the 'unknown', our study shows it will be a good financial year"


Wellbeing, Recovery and Mental Health
EDITED BY Mike Slade, Lindsay Oades and Aaron Jarden
CAMBRIDGE
Medicine

2017

Measuring recovery support at the worker level

Slade M (2013)
100 ways to support recovery
London: Rethink Mental Illness

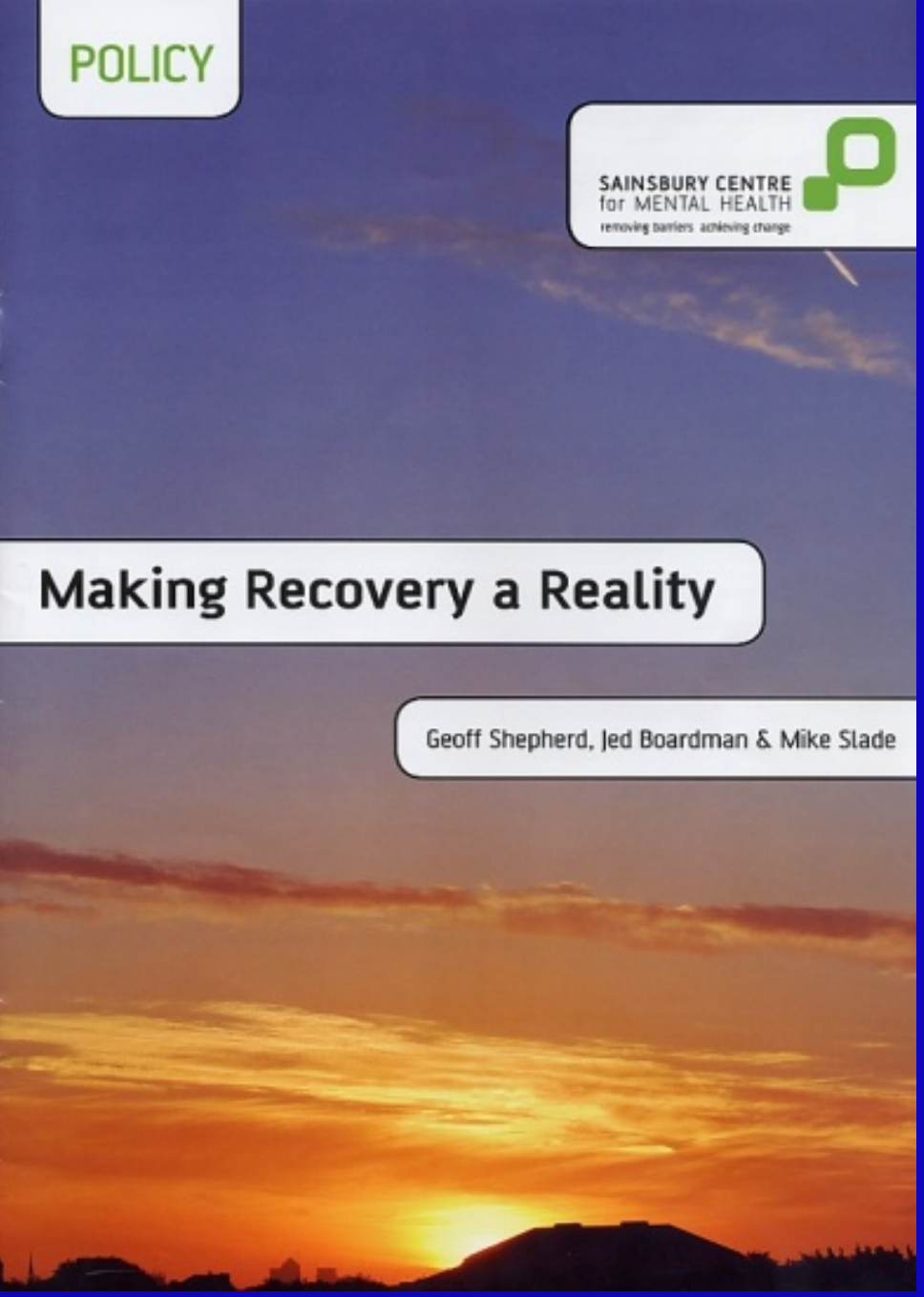
Icelandic

Danish

Norwegian

Swedish

All versions free to download at researchintorecovery.com



2008

Ten top tips for recovery-oriented practice

After each session ask yourself did I...?

1. Help the person to identify and prioritise their personal goals for recovery
2. Show belief in the person's existing strengths in relation to the pursuit of these goals
3. Identify examples from my own lived experience which inspires and validates hope
4. Accept that the future, continue to maintain hope and positive expectations
5. Encourage self-management of mental health problems

After each session ask yourself did I...?

6. Listen to what the person wants in terms of therapeutic interventions
7. Behave at all times to convey an attitude of respect and a desire for an equal partnership
8. Indicate a willingness to 'go the extra mile' to help the person achieve their goals
9. Pay particular attention to the importance of goals that enable them to serve and help others
10. Identify non-mental health resources relevant to the achievement of these goals

Measuring recovery support at the individual level

Soc Psychiatry Psychiatr Epidemiol (2015) 50:777–786
DOI 10.1007/s00127-014-0983-0

ORIGINAL PAPER

Development and evaluation of the INSPIRE measure of staff support for personal recovery

Julie Williams · Mary Leamy · Victoria Bird · Clair Le Boutillier · Sam Norton · Francesca Pesola · Mike Slade

Received: 23 April 2014 / Accepted: 10 November 2014 / Published online: 20 November 2014

Abstract
Background No individualised standardised measure of staff support for mental health recovery exists.
Aims To develop and evaluate a measure of staff support for recovery.
Method Development: initial draft of measure based on systematic review of recovery processes; consultation ($n = 61$); and piloting ($n = 20$). Psychometric evaluation: three rounds of data collection from mental health service users ($n = 92$).
Results INSPIRE has two sub-scales. The 20-item Support sub-scale has convergent validity (0.60) and adequate sensitivity to change. Exploratory factor analysis (variance 71.4–85.1 %, Kaiser-Meyer-Olkin 0.65–0.78) and internal consistency (range 0.82–0.85) indicate each recovery domain is adequately assessed. The 7-item Relationship sub-scale has convergent validity 0.69, test–retest reliability 0.75, internal consistency 0.89, a one-factor solution (variance 70.5 %, KMO 0.84) and adequate sensitivity to change. A 5-item Brief INSPIRE was also evaluated.
Conclusions INSPIRE and Brief INSPIRE demonstrate adequate psychometric properties, and can be recommended for research and clinical use.

Keywords Recovery · Support · Measurement · Psychometrics

Introduction

Personal recovery has been defined as: 'a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.' [1]. It is different to clinical recovery which has traditionally focussed on symptom reduction and increasing functioning [2].

Supporting personal recovery has become a key aim for mental health services in many countries [3–5] and the clinical implications of this are emerging [6]. One challenge in supporting recovery is how this is measured [7]. There are published guidelines for how to support recovery, but a recent systematic review of measures of the recovery orientation of services concluded that there is an absence of standardised service user-rated measures of staff

2015

Support section

Please read each question and decide whether it is important to you or not. If you circle No then go to the next question.
If your answer is Yes, then circle the grey box to rate how much support you get from your worker.

An important part of my recovery is...			I feel supported by my worker with this...				
S1 Feeling supported by other people	No	Yes:	Not at all	Not much	Somewhat	Quite a lot	Very much
S2 Having positive relationships with other people	No	Yes:	Not at all	Not much	Somewhat	Quite a lot	Very much
S3 Having support from other people who use services	No	Yes:	Not at all	Not much	Somewhat	Quite a lot	Very much
S4 Feeling part of my community	No	Yes:	Not at all	Not much	Somewhat	Quite a lot	Very much
S5 Feeling hopeful about my future	No	Yes:	Not at all	Not much	Somewhat	Quite a lot	Very much
S6 Believing that I can recover	No	Yes:	Not at all	Not much	Somewhat	Quite a lot	Very much
S7 Feeling motivated to make changes	No	Yes:	Not at all	Not much	Somewhat	Quite a lot	Very much

Relationship section

Circle the option that best matches your relationship with your wo

R1 I feel listened to by my worker	Stongly disagree	Disagree	Neutral	Agree	Strongly agree
R2 I feel supported by my worker	Stongly disagree	Disagree	Neutral	Agree	Strongly agree
R3 I feel that my worker takes my hopes and dreams seriously	Stongly disagree	Disagree	Neutral	Agree	Strongly agree

Brief INSPIRE

People talk about recovery in different ways but one way to talk about it is 'living a satisfying and hopeful life'.

This questionnaire asks how your worker supports your recovery.

Please answer all of the questions about .....
(name of worker)

Circle the response that best fits how you feel your worker supports your recovery

1	My worker helps me to feel supported by other people	Not at all	Not much	Somewhat	Quite a lot	Very much
2	My worker helps me to have hopes and dreams for the future	Not at all	Not much	Somewhat	Quite a lot	Very much
3	My worker helps me to feel good about myself	Not at all	Not much	Somewhat	Quite a lot	Very much
4	My worker helps me to do things that mean something to me	Not at all	Not much	Somewhat	Quite a lot	Very much
5	My worker helps me to feel in control of my life	Not at all	Not much	Somewhat	Quite a lot	Very much

ImROC
Implementing Recovery through Organisational Change

A joint initiative from
Centre for Mental Health
Mental Health Network NHS CONFEDERATION

Briefing

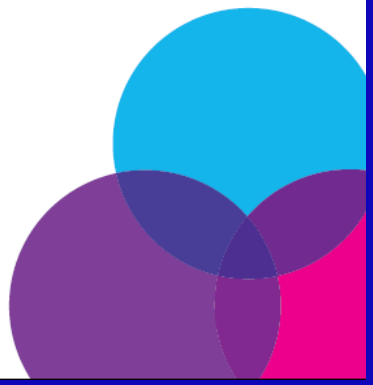
8. Supporting recovery in mental health services: Quality and Outcomes

Geoff Shepherd, Jed Boardman, Miles Rinaldi and Glenn Roberts

INTRODUCTION

The development of mental health services which will support the recovery of those using them, their families, friends and carers is now a central theme in national and international policy (DH/HMG, 2011; Slade, 2009). In order to support these developments we need clear, empirically-informed statements of what constitutes high-quality services and how these will lead to key recovery outcomes. This is what the present paper aims to do.

We have had to be selective in terms of the evidence we have considered and, in many cases, we have had to make subjective judgements to come to simple recommendations. We understand that not everyone will agree with our conclusions. Nevertheless, we hope that, at the very least, they will provide a useful framework within which discussions about quality and outcome can take place at a local level in a more informed way. We therefore hope that the paper will be of value to both commissioners and providers.



In our view, probably the best method for assessing support for recovery is a new tool known as INSPIRE

There is also a short, five-item version which could form the basis of a quick and easy method for routine evaluation of service quality

2014

Measuring recovery

at the individual level

Isr J Psychiatry Relat Sci - Vol 47 - No.3 (2010)

Measuring Recovery in Mental Health Services

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Reader in Health Services Research, Health Service and Population Research Department, Institute of Psychiatry, King's College London, U.K.

ABSTRACT

An international policy goal is to orientate mental health services around the support of "recovery": the development of new meaning and purpose in one's life, irrespective of the presence or absence of symptoms of mental illness. Current progress towards a recovery orientation in mental health services is summarized, indicating that pro-recovery policy is in advance of both scientific evidence and clinical practice. Key evaluation challenges are outlined, and indicators of a recovery focus are described. These include quality standards, consumer-clinician interaction styles, and belief and discourse markers. This underpins a proposal for a new approach to service evaluation, which combines attainment of objectively-valued social roles and of subjective-valued personal goals. This approach has applicability as a methodology both for clinical trials and routine practice.

the mental illness, and what helps in moving beyond the role of a patient with mental illness (2). Building on these ecologically valid accounts, there has been a recent transition towards synthesizing these individual accounts to identify group-level processes and components of recovery (3, 4). One understanding of recovery which has emerged from these accounts emphasizes the centrality of hope, identity, meaning and personal responsibility (5). We will refer to this understanding of recovery as personal recovery, to reflect its individually defined and experienced nature (6).

The most widely used definition of personal recovery in international policy in the English-speaking world comes from Bill Anthony: *a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness* (7). This understanding of recovery contrasts with traditional

2010

What we should measure

1. Attainment of socially valued roles, e.g.

- supportive connections (family/partner/parent)
- meaningful occupation (job/student/volunteer)
- safe home (secure, belonging, acceptance)
- community (friends, opportunities to contribute)
- citizenship (social/cultural/political engagement)

2. Attainment of personally valued goals

These are individual!

Thank you

More information

researchintorecovery.com

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