

Can recovery be assessed by clinical outcome measures?

Retta Andresen
Peter Caputi
Lindsay Oades

University of Wollongong

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ILLAWARRA INSTITUTE
FOR MENTAL HEALTH

Overview

- The need for measures of consumer-defined recovery
- Contrast conventional outcome measures and 'recovery' measures
- Study: A comparison of conventional outcome measures and recovery measures
- Preliminary findings - we should be measuring recovery

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The need to measure recovery

- The reality of recovery from SMI has become accepted worldwide
- Policies state that mental health services be 'recovery-oriented' and
- Evidence-based
- Outcome measures need to reflect consumer-defined recovery

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How do we measure recovery?

- Consumers of mental health services argue that the 'pathology' model of mental illness binds us to pessimism and denies hope
(Frese, 2000; Tenney, 2000)
- Conventional outcome measures are based on the 'medical model' of mental illness
- Focus on illness and disability

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How should we measure recovery?

Consumers say...

We should look at strengths,
abilities and opportunities for
transformation and growth

(Bassman, 2000; Fisher, 1994)

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Recovery measures

Recovery measures focus on psychological aspects

Some examples

- Recovery Assessment Scale (RAS)
(Corrigan et al, 1999)
- Mental Health Recovery Measure (MHRM)
(Young and Bullock, 2003)
- Stages of Recovery Instrument (STORI)
(Andresen et al, 2006)

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Focus of Measurement

<p>Conventional Measures 'Medical' Model</p> <ul style="list-style-type: none"> • Illness • Problems • Disability 	<p>Recovery Measures 'Holistic' Model</p> <ul style="list-style-type: none"> • Wellbeing • Personal growth • Strengths
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Example items

<p>Conventional</p> <ul style="list-style-type: none"> • Problems with depressed mood (HoNOS) • Is this person generally well groomed? (LSP) • Moderate symptoms OR moderate difficulty in social, occupational, or school functioning (GAF) 	<p>Recovery</p> <ul style="list-style-type: none"> • I continue to have new interests (RAS) • The way I think about things helps me to achieve my goals (MHRM) • I am working hard at staying well, and it will be worth it in the long run (STORI)
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Questions of interest

- Are recovery measures converging on the same construct?
- Do recovery measures offer something unique to outcome measurement?

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Comparing the measures

Participants

- 281 participants
 - Australian Integrated Mental Health Initiative (AimHI)
 - Evaluated the Collaborative Recovery Model of service provision
- 4 government & 5 non-government organisations
- Psychotic disorder of >6 months duration
 - 84% had a diagnosis for > 5 years

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Comparing the measures

Measures

Battery of measures during routine clinical sessions, including...

- Four conventional outcome measures ('clinical' measures)
- Three consumer-oriented recovery measures ('recovery' measures)

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Clinical measures

- Health of the Nation Outcome Scales (HoNOS; Wing et al, 1998)
- Life Skills Profile-16 (LSP; Rosen et al, 1989)
- Global Assessment of Functioning (GAF; APA, 1994)
- Kessler-10 (K-10; Andrews & Slade, 2001)

- The HoNOS, LSP and K-10 are mandatory routine outcome measures in Australia

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HoNOS

Assesses problems on 4 subscales:

- Behaviour (3 items)
- Impairment (2 items)
- Symptoms (3 items)
- Social Functioning (4 items)

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LSP - 16

Assesses functioning on 4 Subscales:

- Withdrawal (4 items)
- Antisocial Behaviour (4 items)
- Self Care (5 items)
- Compliance (3 items)

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GAF

Assesses symptoms and functioning

- Scale 1 to 100

K-10

Depression and anxiety symptoms

- 6-point scale
- Self-Rated

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Recovery measures

- Recovery Assessment Scale

(RAS; Corrigan et al, 1999)

- Mental Health Recovery Measure

(MHRM; Young & Bullock, 2003)

- Self-Identified Stage of Recovery

(SISR; Andresen et al, 2003, 2010)

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RAS

5 Factors:

- Personal Confidence and Hope
- Willingness to Ask for Help
- Goal and Success Orientation
- Ability to Rely on Others
- Not Dominated by Symptoms

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MHRM

6 subscales:

- Overcoming 'Stuckness'
- Self Empowerment
- Learning and Self-Redefinition
- Return to Basic Functioning
- Striving to attain Overall Wellbeing
- Striving to reach New Potentials


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SISR

Brief measure, based on the
Stage Model of Psychological Recovery
(Andresen et al, 2003)

- Five stages of recovery
- Four recovery processes

Identified through qualitative research




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Stage Model of Psychological Recovery

- Stage 1 – Moratorium
 - hopelessness and withdrawal
- Stage 2 – Awareness
 - of intact core self and hope for recovery
- Stage 3 – Preparation
 - taking stock of self, accessing resources
- Stage 4 – Rebuilding
 - concrete steps towards meaningful goals
- Stage 5 – Growth
 - living a meaningful life and positive outlook

(Andresen, Oades & Caputi, 2003)




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Stage Model of Psychological Recovery (Cont.)

Four Processes:

- Finding and maintaining hope
- Taking responsibility for life and wellbeing
- Building a positive sense of identity
- Establishing a meaningful life


Identified from first-person accounts of recovery



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SISR

- Part A (SISR-A)
 - Five statements reflecting stages of recovery
 - Forced-choice
- Part B (SISR-B)
 - Four items reflecting processes of recovery
 - Scale 1 - 6




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SISR-A items

A. I don't think people can recover from mental illness. I feel that my life is out of my control, and there is nothing I can do to help myself.

C. I am *starting* to learn how I can overcome the illness. I've decided I'm going to start getting on with my life.

E. I feel I am in control of my health and my life now. I am doing very well and the future looks bright.



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SISR-B processes

Hope

- I am confident that I will find ways to attain my goals in life.

Responsibility

- I am completely responsible for my own life and wellness.



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Analyses

1. Relationships between
 - Recovery measures and subscales
 - Clinical and recovery measure totals
 - Recovery and clinical subscales
2. Pattern of scores across stages of recovery (SISR-A)
 - Recovery measures and subscales
 - Clinical measures and subscales

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Correlations between recovery measures

Measure	RAS	MHRM	SISR-B
MHRM	0.89**		
SISR-B	0.70**	0.80**	
SISR-A	0.40**	0.46**	0.43*

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Recovery subscales correlations

- 74 comparisons
- 5 *non-significant*:
 - SISR *Responsibility* with
 - RAS *Ability to rely on others*
 - RAS *Willing to ask for help*
 - MHRM *Overcoming Stuckness*
 - MHRM *Overcoming Stuckness* with
 - RAS *Not dominated by symptoms*
 - RAS *Ability to rely on others* with
 - SISR *Meaning*

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Clinical & recovery measures correlations

	GAF	HoNOS Reversed	LSP-16 Reversed	K10 Reversed
RAS	.14	.11	-.05	.33**
MHRM	.24*	.13	-.03	.50**
SISR-B	.18	.01	-.13	.42**
SISR-A	.10	.20	.02	.27*

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Clinical & Recovery subscales Canonical correlations

The first canonical function accounted for...

- 20.9% of the variance in the recovery subscales
- 6.5% of the variance in the clinical subscales

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Canonical correlations

(Recovery subscales)

- MHRM
 - *Learning & self-redefinition*
 - *Wellbeing*
 - *New Potentials*

- RAS
 - *Personal confidence & hope*
 - *Willingness to ask for help*

- SISR
 - *Identity*
 - *Meaning*

(Clinical Subscales)

- *Kessler-10*
 - *HoNOS Behaviour*
- (and possibly...)

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Summing Up - Correlations

- Recovery measures are measuring the same thing
- Something unique, not assessed by clinical measures

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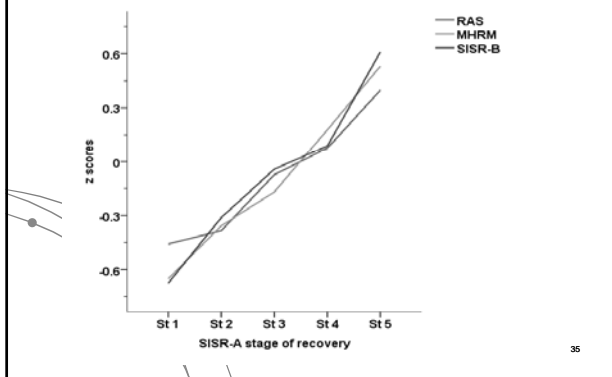
Analyses of Variance

Recovery Measures

- All totals and subscales increased with stage of recovery, *except*:
 - RAS *Willingness to ask for help*
 - RAS *Ability to rely on others*
 - MHRM *Overcoming stuckness*
 - SISR *Responsibility*

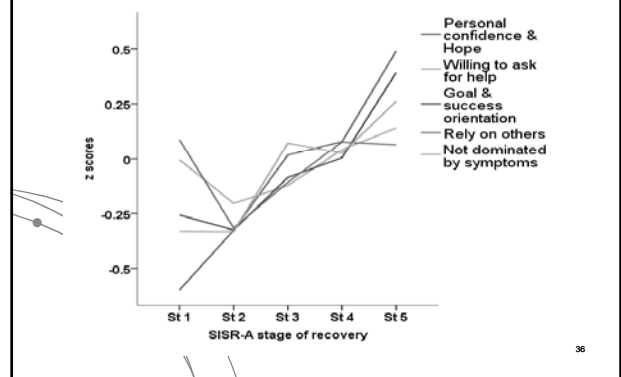
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Recovery measures across stage



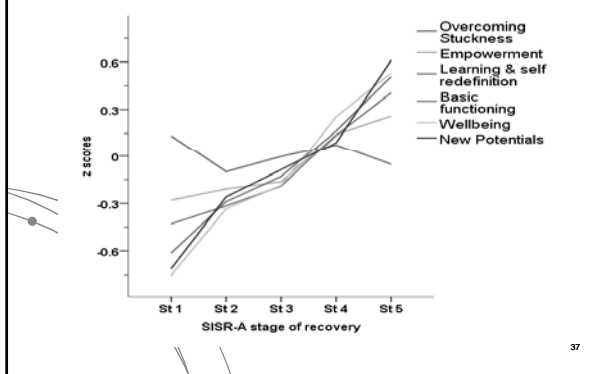
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RAS subscales across stage



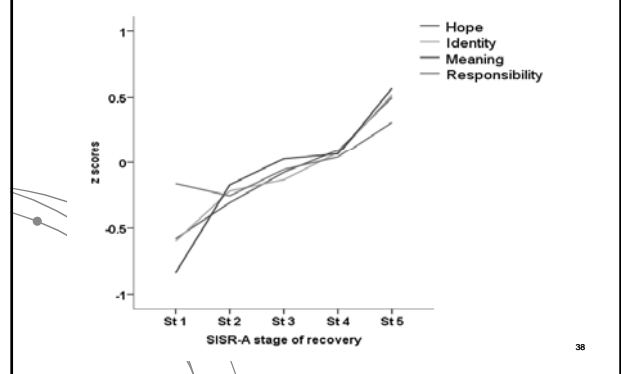
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MHRM Subscales across stage



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SISR-B Processes across stage



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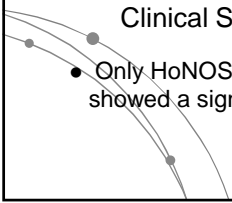
Analyses of Variance

Clinical Measures

- Only the Kessler-10 showed a significant effect of stage

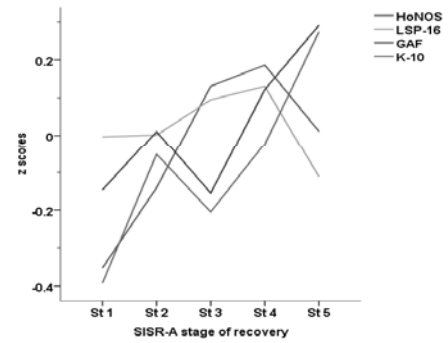
Clinical Subscales (HoNOS & LSP)

- Only HoNOS *Symptoms* and *Behaviour* showed a significant effect of stage



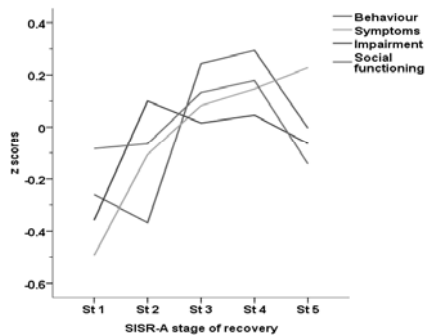
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Clinical measures across stage



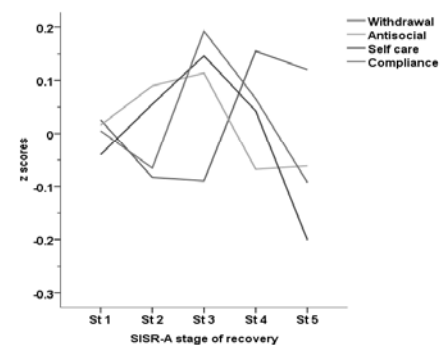
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HoNOS subscales across stage



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LSP subscales across stage

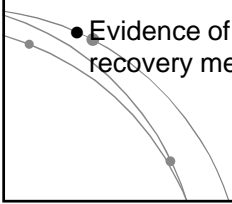


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Discussion

Correlations revealed:

- Evidence of convergent validity of the recovery measures
- Evidence of unique contribution of recovery measures

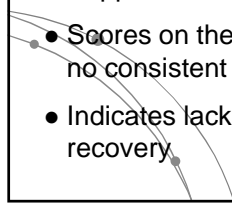


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Discussion

ANOVAS revealed:

- Scores on the recovery measures increased with stage of recovery
- Supports validity of the stages
- Scores on the clinical measures showed no consistent pattern across stage
- Indicates lack of relationship with level of recovery



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Conclusions

- Support claims of consumers...
 - traditional measures focus on disability
 - neglect things that are important to their recovery
- Support use of recovery measures as an adjunct to clinical outcome assessment
- Complexity of measuring recovery
- Need for more research and development of recovery measures

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More information?

Articles..

- Stage Model of Recovery
- STORI & SISR

Forthcoming book

Retta Andresen
retta@uow.edu.au

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