

# Measurement of Recovery for Persons with Severe Mental Illness

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# Purpose

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- Discuss research measuring recovery in persons with serious mental illness
- Compare and contrast quantitative and qualitative methods
- Issues with recruitment and retention of subjects.


# Is Recovery Measureable?

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- Model case
- Borderline case
- Contrary case


# Components

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- Hope
  - Self esteem
  - Self confidence, competence
  - Insight
  - Moving forward with life.
  - Interdependence
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# Important Factors

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- Family, friends—Social Support
  - Medication
  - Housing
  - Meaningful activity: Work?
  - Physical health
  - Stress reduction
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# Assessment of Instruments

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- Measures domains related to personal recovery
  - Brief & easy to use
  - Takes a consumer perspective
  - Yields quantitative data
  - Scientifically scrutinized, valid, reliability, sensitive
  - Fits cultural context, readability
  - Acceptable to consumers
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# Selected Quantitative Instruments for Measurement of Recovery

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- Agreement with Recovery Scale
- Crisis Hostel Healing Scale
- Mental Health Recovery Measure (MHRM)
- Personal Vision of Recovery Questionnaire (PRVQ)
- Recovery Assessment Scale (RAS)
- Recovery Attitudes Questionnaire (RAQ-7), (RAQ-16)
- Stages of Recovery

# Selected Qualitative Measures


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- Rochester Recovery Interview
- Recovery Interview



# Recovery-Related Measures

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- Community Living Skills Scale
  - Hearth Hope Index
  - Mental Health Confidence Scale
  - Making Decisions Empowerment
  - Personal Empowerment Scale,
  - Well-Being Scale
  - UCLA Loneliness Scale
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# Challenges of Recruitment


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- Confidentiality laws
- May need to get guardian permission also
- Incentives needed
- Usable, acceptable tool
- Readability- Questions easily misinterpreted



# Challenges of Retention

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- Making Contact
  - “No Show” appointments
  - Difficulty with symptoms
  - Frequent relapse, serious illness
  - Lack of trust
  - Unstable housing, move frequently
  - May stir up old memories they wish to forget
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# Documenting Mental Health Success Stories

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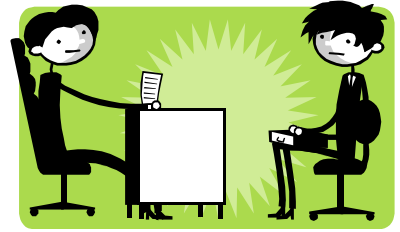
- Finding Paths to Recovery
- Linda Jensen & Theresa Wadkins, PhD, U of Nebraska at Kearney
- Several grad students:
- Funding from Univ of NE Public Policy Center

# Participants



- Thirty individuals with severe mental illness
- Who considered themselves successful in their path toward recovery
- Customers of informal mental health services
- Members of advocacy organizations

# Design



## Semi-structured interviews -audio recorded

- Physical and mental health
- Services they have or are currently using,
- Medication management
- Work history
- Transportation, housing,
- Family and friends, social activities
- Quality of life.

# Steps on Paths to Recovery

- 1. Finding acceptance and understanding of my mental illness;
- 2. Redefining my identity and finding ways of coping;
- 3. Finding a way to advocate to decrease stigma
- 4. Helping others along their paths,



# Acceptance & understanding of MI

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- They were not alone in their struggles
- Learned to make choices
- Educated selves about illness & medications,
- Overcame the stigma





# Redefining identity

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- Seeing themselves as a “person” with mental illness
- Helping others see them as a person, not as a diagnosis
- Working toward preventing relapse.
- Ways of coping (WRAP plans)

# Finding ways to decrease Stigma

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- Advocacy gave a purpose for new identity, companionship.
- An opportunity for growth and development of their abilities



# Helping others along their paths

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- Support groups:
- Peer support specialists
- Training or college classes to enhance abilities, standardize requirements



# Recovery is a Process

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- Recovery is not linear
- Recovery is individualized
- Recovery takes time
- Both Formal and Informal services are needed for recovery.

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