The integrated recovery scale: a new instrument for Routine Outcome Monitoring

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Content presentation

• Background development
  Integrated Recovery Scale (IRS) for ROM

• Present the outcomes of ongoing pilot

The integrated recovery scale is a new instrument for Routine Outcome Monitoring. It is developed by the Dutch National Expertise board for Routine Outcome Monitoring. Recovery is multi-dimensional, consisting of:

1. Symptomatic recovery
2. Physical health
3. Societal recovery
4. Existential: personal recovery

- Short: Not more than five items per domain
- Perspective of mental health professional & patient

The elements of the IRS

Use as much as possible (parts of) existing ROM instruments

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<td>New test instrument based on items of the Health of the Nation Outcome Scales HoNOS (Wing et al, 1998)</td>
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First experiences from a pilot with IRS (n=265)

Population characteristics

- 60% males
- Average age: 45 years (SD=12.9)
- 3 Mental Health Organizations
- 171 (65%) Sheltered and Supported living,
  94 (35%) Flexible Assertive Community Treatment
- Main psychiatric diagnosis: 70% psychotic disorder

IRS: Societal recovery:

Functional Remission tool (Wiersma et al, 2015)
Characteristics Functional Remission (FR) tool

- A mental health professional conducts a semi-structured interview with the individual with SMI. Scored over the past 6 months

Did the patient experience problems in:

- 1 Independent living and self care
- 2 Work, study and goal directed daily activities
- 3 Social activities

- Three-point scale: independent; partially independent; dependent.
- Functional recovery: independent during the majority of time the past six months on all areas.

Example instruction: Daily living and self-care

- 0 – Yes, independent: the individual was living independently and with a good level of self-care, without specific support for the domain of daily living and self-care.
- 1 – Yes, partially dependent: the individual was living satisfactorily with specific support and needed this kind of help to retain an acceptable level of daily living and self-care; received health care (for instance, facilities for supported, independent living, psychiatric home care, help from the family) to keep up acceptable living conditions or to take good care of him/herself thanks to structure offered by others; if the individual was living as an inpatient (< 3 months) this was not the case because of self-neglect or housing problems.
- 2 – No, the individual lived as an inpatient in a mental health care center, sheltered living facility or other non-independent living facilities (> 3 months), AND/OR showed incapacity to live independently (homelessness, decline or neglect of self-care; support measures are needed (for instance, setting the person under the shower) to comply with societal norms.

Results study Wiersma et al:

- The instrument is relatively easy to complete
- Good psychometric qualities.
- Relevant for clinical and policy evaluation.


Functional Remission (FR), results in the pilot group (n=265)

Functional remission (FR-scale), results in the pilot population (n=265)

IRS symptomatic remission (based on elements of HoNOS)
IRS symptomatic remission based on 4 items of the Health of the Nation Outcome Scales

Four HoNOS items scored over the last 6 months, most severe problem scored.
Did the patient experience?
- 3. Problem drinking or drug-taking
- 6. Problems associated with hallucinations and delusions
- 7. Problems with depressed mood
- 8. Other mental and behavioral problems

5 point scale: no problem - very severe problem

- Symptomatic recovery: no or only minor problems in the past six months

Example area Problem-Drinking and Drug Taking

Rate the MOST SEVERE problem that occurred in the past six months:
0  No problem of this kind in the period rated,
1  Some over indulgence but within the social norm,
2  Loss of control of drink or drug taking but not seriously addicted,
3  Marked craving or dependence on alcohol or drugs with frequent loss of control, risk taking under influence,
4  Incapacitated by alcohol or drug problem.

Outcome: % symptom functioning in pilot population; past 6 months (N=265)

Differences in outcome total symptomatic remission IRS per organization. Remission: scores 0 or 1 (n=265, p<.01)

IRS physical health

- IHS physical health consists of only 1 HoNOS item
- Did the patient experience limitations in physical functioning?
  - Scored over the last 6 months, most severe problem
  - 5 Point Scale: no problem - to very severe problem
Outcome: % physical functioning in past 6 months for patients in the pilot population

Sheltered FACT Total

• 1 item sufficient attention in the benchmark?

Personal recovery
5 questions (inspired on the Short INSPIRE, Slade et al)

What is the patients view on the next statements:
• I feel supported by other people,
• I have hope and dreams for the future,
• I feel good about myself,
• I do things that are important for myself
• I have control over my life.

5 point Likert scale: not at all - very much
Cronbach Alpha .75

% Personal recovery in pilot population (n=265)

Feel support Have hope for the future Feel good about myself Do things that are important Have control over my life
very much much somewhat not much not at all

Recovery related to Quality of life
Manchester Short Assessment of Quality of Life (MANSA Priebe, 1999): 12 life domains, 7-point scale: could be no worse - or could be no better

Are you satisfied with your (condensed version 6 MANSA items):
1 Mental health - IHS symptomatic recovery
2 Physical health - IHS physical health
3 Social contacts
4 Employment/daily activities
5 Housing/living situation
6 Finance
7 Quality of life as a whole - Societal recovery
- Personal recovery
Relation IRS and Quality of Life MANSA in FACT population (n=92; p<.01)

Conclusions/ take home message

- IRS can be useful for a simple and meaningful ROM
- Further testing is necessary

Thank you for your attention

Members Dutch Expertise Board on ROM SMI contributed to the IRS: Philippe Delespaul, Hans Kortrijk, Ronald van Gool, Laura van Goor, Annet Nugter, Barbara Schaefer, Wilma Swildens, Jan Theunissen, Ellen Visser, Jaap van Weeghel.