How Scottish mental health charity Penumbra is embedding routine outcome measurement in its everyday work and the effect it is having on it

Outcome measurement in a Scottish mental health charity

Despite a growing body of literature emphasising its importance, routine outcome measurement (ROM) in the UK remains relatively uncommon. But Scottish mental health charity Penumbra is embedding ROM in its everyday work and it is becoming increasingly important.

ROM refers to the planned, systematic measurement and recording of clearly defined variables using specified and robust measures. In the context of mental health, this might involve measuring symptoms, quality of life or behavioural indicators, such as frequency of engagement or disengagement with a particular behaviour such as drinking or drug use.

There is a growing literature base on the use of ROM. In some countries the approach is mandatory; national and state funders of mental health services in Australia and New Zealand require services to collect and use outcome data (Trauer, 2010).

Data collected as part of ROM can be used to map progress, provide feedback to service users and help clinicians to monitor the impact of their interventions. ROM can also enable services to monitor their effectiveness, plan future developments and provide evidence to funders of cost efficiency. In the current era of cuts to public services, this latter point is particularly pertinent.

Measuring recovery as an outcome

In a seminal paper, Anthony (1993) described recovery 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.”

Since the mid-1980s the recovery concept has gained increasing popularity in the UK and beyond with strong recovery movements also developing in New Zealand, Canada and the United States (Smith-Merry et al, 2010). A recent literature search of key databases in the areas indicates that some 300 papers have been published on the topic since 2000, based on articles relevant to the review. While much of this work has focused on defining recovery, a subsection has explored how the concept might be measured in a practice setting.

Tools to measure personal recovery have been developed around the world (see Ralph et al, 2000; Campbell-Orde et al, 2005; Burgess et al, 2010 for comprehensive reviews). However, many have not been extensively psychometrically tested, and are often too lengthy to be used routinely (Neil et al, 2009). Burgess et al (2010) reviewed the current tools available internationally. Twenty-two personal recovery tools were assessed on a number of criteria:

- Explicitly measures domains related to personal recovery
- Is brief and easy to use (≤50 items)
- Takes a consumer perspective
- Yields quantitative data
- Has been scientifically scrutinised

Target audience

- Service providers, managers and staff working with people with mental health problems
- Individuals with mental health problems and their loved ones.

Take-home messages

- Routine outcome measures (ROM) can have practical benefits for organisations, mental health workers and service users
- The Individual Recovery Outcomes Counter (i-ROC) has been developed as a ROM for recovery in mental health
- Feedback from managers, staff and service users indicates that the i-ROC is user friendly and provides valuable information for these three stakeholder groups.
Demonstrates sound psychometric properties (eg. of internal consistency, validity, reliability and sensitivity to change)
■ Is applicable to the Australian context
■ Is acceptable to consumers.

Only four tools were found to fit these criteria, including the Recovery Assessment Scale (RAS) (Giffort et al, 1995; Corrigan et al, 1999) and the Stages of Recovery Instrument (STORI) (Andresen et al, 2006).

Within the UK, to date only a handful of recovery measures have been developed or tested. The Recovery Star (MacKeith & Burns, 2008) was the only tool described by Burgess and colleagues to have been developed in the UK. While it is currently being used by some agencies in Scotland, it has not yet undergone psychometric validation.

The Questionnaire about the Process of Recovery (QPR) is a 22-question tool developed in England (Neil et al, 2009). The authors reported internal consistency, test-retest reliability and convergent validity with a small number of measures. However, it has not yet been tested against any other full measures of recovery.

The Scottish Recovery Network developed the Scottish Recovery Indicator (SRI) (McLean & Whitehead, 2008) in response to Delivering for Mental Health (Scottish Executive, 2006a) and the 2006 review of mental health nursing in Scotland, which saw the discipline shifting toward a recovery focus (Scottish Executive, 2006b). While this tool has been successfully implemented, it does not measure recovery on a personal level, instead focusing on service improvement and system level attitudes and behaviour.

While tools have been developed within the UK, none have undergone full psychometric assessment.

The importance of a locally-developed tool is argued by Smith-Merry et al (2011):

“The holistic reorientation of service provision around the aims of recovery will likely depend upon the promotion and dissemination of multiple recovery technologies tailored to the local peculiarities of mental health care, and acting in different ways and at different sites in the system. Without such technologies, the meaning of recovery as a set of values will remain unrealised in practice.”

Measuring outcomes using the Individual Recovery Outcomes Counter (i-ROC)

One tool that has been developed in Scotland by mental health charity Penumbra is the Individual Recovery Outcomes Counter (i-ROC), which measures recovery on a 1–6 Likert scale across 12 indicators. These 12 indicators are laid out on Penumbra’s HOPE Wheel. HOPE stands for home, opportunity, people and empowerment.

i-ROC was developed by Penumbra staff with extensive experience of recovery work and following a literature review. It is currently used in most of Penumbra’s services on a three-monthly basis as part of service users’ ongoing support.

Service users complete a facilitated self-assessment against each of the 12 indicators. A score is calculated and presented as a spidergram (see p26). This provides a visual representation of a service user’s recovery journey and their areas of comparative strength and need. By identifying these, staff and service users can have a more focused and powerful conversation to work out a joint programme of support to address areas where support is required. Service user scores are stored on an online database in order to facilitate comparison when the measure is next administered.

i-ROC was designed in discussion with service users, mental health workers and following a literature review. It has been extensively trialled by Penumbra over the past four years and has seen some impressive results. Staff and service users have demonstrated their confidence in and liking for the tool and this has led Penumbra to invest significant funding in order to more formally assess its psychometric properties.

Penumbra is now working with the University of Abertay, Dundee to establish the reliability and validity of the tool. This is a four-stage process:

■ Stage 1: Review of the existing recovery-focused literature.
■ Stage 2: Focus groups were held with Penumbra staff and service users to establish their views on the usability of the tool. A number of amendments were made following analysis of this data.
■ Stage 3: A team of Penumbra staff undertook training to ensure consistent use of i-ROC.

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<th>i-ROC Indicators</th>
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<td>Mental health</td>
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<td>Safety and comfort</td>
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The i-ROC measures recovery on a 1–6 Likert scale across 12 indicators.
Outcome measurement

Stage 4: i-ROC will be tested alongside existing measures of recovery in both a mental health and a non-clinical population to establish the psychometric properties and reliability of the tool. In this phase i-ROC will be benchmarked against the BASIS 32 (Eisen, 1996; Eisen et al, 1999) and the RAS (Gifford et al, 1995; Corrigan et al 1999; 2004) both of which have been shown to be reliable and valid when measuring recovery (Campbell-Orde et al, 2005; Dunn et al, 2008; Andresen et al, 2010).

Embedding outcome measurement in the organisation

One of the major challenges facing organisations that hope to embed ROM is to ensure that staff see the relevance of the activity and believe it to be of benefit. Two issues are of particular importance. First, it is essential that staff who use the measure believe that it is of value. In Penumbra, much of the preliminary work to ensure this has already occurred. Staff at all levels are involved in the development and refining of i-ROC and individual ‘champions’ have been identified to train colleagues in the use of the newest version.

Second, organisations must have secure data management systems that can store, retrieve and report on results from a variety of perspectives. For ROM to maximise its potential, it must be supported by an information technology infrastructure that allows for the production of individual and organisation level reports. Penumbra has invested in a sophisticated data management system that can do this.

In terms of benefits to key stakeholders, it is anticipated that completing the project will have the following outcomes.

Organisation

Validating i-ROC will ensure that it is a reliable ROM tool that can be used efficiently, effectively and with confidence by mental health professionals throughout Scotland. The routine use of a valid measure of recovery will enable Penumbra to confidently report meaningful outcomes in order to gain and maintain funding.

As Scotland moves further towards implementing personalisation and self-directed support policies, the impetus will be on services to win individual tenders by evidencing the quality and not the quantity of their support. Individuals will be given greater freedom to choose their services. The focus on recovery as an outcome will no doubt greatly influence consumer choice.

Staff

i-ROC has been designed as part of Penumbra’s HOPE toolkit, a package of tools such as the Wellness and Recovery Action Plan (WRAP) (Copeland & Mead, 2004) designed to develop the staff-service user relationship and focus support on meaningful goals and achievements. i-ROC is used within the toolkit to help staff assess the areas in which their support is most needed. Using i-ROC routinely as one of a number of tools should therefore improve the effectiveness and meaning of support for staff and service users.

A support worker said: “I think i-ROC is a good way for staff to reflect on their own practice, and ensure that outcomes are being met. It is a good way of showing what progress has been made and where someone is on their recovery journey.”

Service users

i-ROC will help develop a staff-service user relationship built on empowerment, recovery and hope. It focuses
support on the most important issues for an individual, and encourages the exploration of issues that service users may have been nervous about or unaware of. Service users can use i-ROC to map their own progress, to build belief in recovery and hope for their own future.

Service user comments on i-ROC include: “[It] has helped me to think about my goals and I need to work on the rest of the i-ROC so I can get better.”

“[It] helps me know where I am... All the things that are in there help me out a lot to find out where I am in my life.”

Once completed, service users’ i-ROC scores are displayed on a spidergram. This can be used to track changes over time.

One i-ROC user’s story

“I have been using i-ROC since I first started using Penumbra’s services. I love my i-ROC and the spidergram as this shows the progression I have made in my life since coming to Penumbra.

“When I first started completing i-ROC, my scores used to be between two and three. I am now up to a five in nearly every area and am working towards getting sixes.

“I always look forward to doing my review. Staff help me when I am completing i-ROC, and remind me of what I have been doing over the previous three months and what I have accomplished. I love the questions – they relate to everyday life. They help me focus on what is important to me.

“Once I have completed my i-ROC review, I choose which area I want to focus on for the next three months. By choosing one area at a time to work on, reaching my target has become more achievable for me.

“I sat down recently with staff and we looked back over the past 12 months. We looked at the spidergram, my comments and the number I had chosen to reflect over the past 12 months. We looked at the spidergram, this shows the progression I have made in my life since coming to Penumbra.

Conclusion

While the implementation of ROMs can be challenging, particularly with regard to the selection of appropriate tools and the embedding of these in the organisation, it provides key stakeholders with information that has practical benefits at an organisational and individual level.

In an era of financial constraint, it is one method by which hard-pressed providers can demonstrate their value to funders. However, the core value of i-ROC lies in its use as a mechanism for helping service users and staff to have powerful and focused outcomes discussions, set goals and targets, identify key areas of support and track progress towards recovery.


