

# Effecting recovery-based culture change in the NHS



Quality of mental health services is a national priority (DoH, 2014)

‘Recovery’ focuses on *“building a meaningful and satisfying life, whether or not there are ongoing ... problems”* (Shepherd et al, 2014).

Staff are cynical; user groups critical of appropriation of recovery by NHS

Core principles remain valuable and co-production may be a means of facilitating our collective wellbeing, without minimizing the impact of social and economic disadvantage on mental health

# Effecting recovery-based culture change in the NHS



- Katherine Newman-Taylor describes the validation of the co-developed 'Hope, Agency and Opportunity' tool for use in routine clinical practice
- Liz Vernon-Wilson shows how co-produced tools can shape conversations, facilitate care planning towards personal goals, and evaluate our services
- Rachel Dadswell and Tess Maguire report on a longitudinal evaluation of rehabilitation services, and ask whether these still have a role in the NHS
- Together, these suggest we can work together to effect culture change, acknowledging problems inherent in our constructions of 'recovery'

# Validation of the Hope, Agency & Opportunity; A brief measure of mental health recovery

Southern Health NHSF Trust

Christie Garner, Liz Vernon-Wilson,  
Lesley Herbert, Charlotte Deveson

University of Southampton

Karlien Paas, Sheena Au-Yeung



# Do we need a measure of recovery?



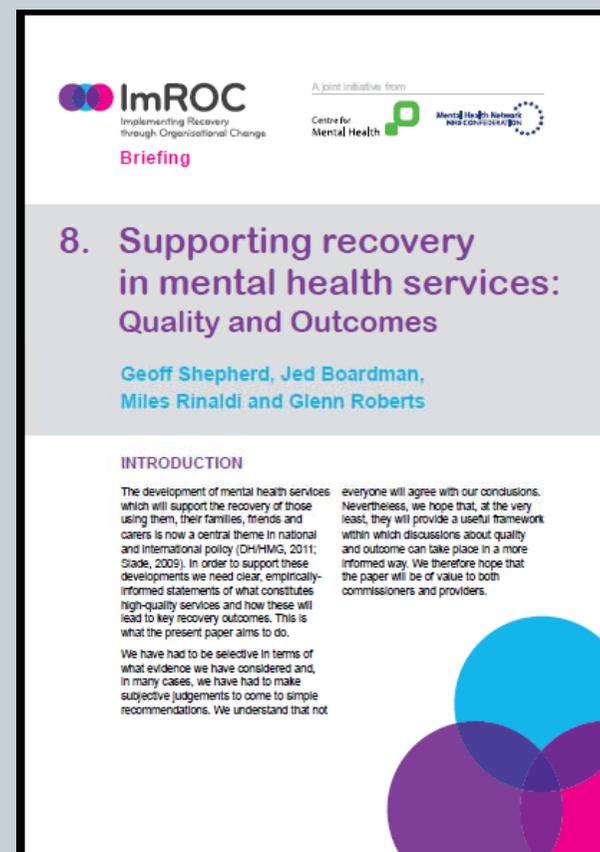
- NHS mental health services are in crisis (cf DoH, 2014)
- ‘Recovery’ provides a clear direction for service improvement through *co-production* and *prioritising personal outcomes* (Repper & Perkins, 2003)
- Outcome data key to safe and effective healthcare (RCPsych, 2013)
- We repeatedly fail to embed measures in routine practice due to validity and feasibility concerns (Gilbody et al, 2002; Kightley et al, 2010)
- People who use services, and family members, find these tools useful (Black et al, 2009; Law et al, 2012)
- Need a brief measure of personal recovery to shape and assess mental healthcare

# Measuring what matters – personal recovery



If we aim to promote recovery in mental health services, we need organisational and individual measures of recovery to determine:

- Are we offering recovery focused services?
- Are we facilitating people's personal recovery?
- Are we using measures that have been developed jointly by clinicians and people with lived experience of mental ill-health?



# Co-development



- Key principles of personal recovery – hope, agency and opportunity (Centre for Mental Health, 2016; Repper & Perkins, 2003; Shepherd et al., 2014)
- Working alliance integral to effective mental health care (Borg & Kristiansen, 2004; Hicks et al., 2012)
- Initial version drafted by clinician and EbE
- Consultation group of four EbEs and four clinicians – iterative process of development



# HAO



Over the last week, please rate how much you have experienced a sense of.....

## 1 Hope:

- Seeing a future for yourself
- Believing that difficulties in your life will get better
- Having things that you want to do

Do you believe that you can live well, and pursue your aspirations and goals?

none of the time   rarely   some of the time   often   all of the time

Comments

## 2 Agency (sense of control):

- Having choice and information about the support you receive
- Feeling that you are able to take control of difficulties in your life
- Knowing how to keep yourself well

Do you have a sense of control over your life?

Comments

## 3 Opportunity:

- Developing and supporting the things you are good at
- Supporting the role that you already have e.g.family member, student, job role
- Having the chance to get involved in your local community

Can you build a full and meaningful life of your choice, with opportunities to be part of wider society?

Comments

## 4 Working relationships:

- Being listened to by health and social care professionals and people that support you
- Working together to build a care plan that fits you
- Feeling that people supporting you believe in your recovery

Do your relationships with staff foster hope, agency and opportunity for recovery?

Comments

# Validation – method & results

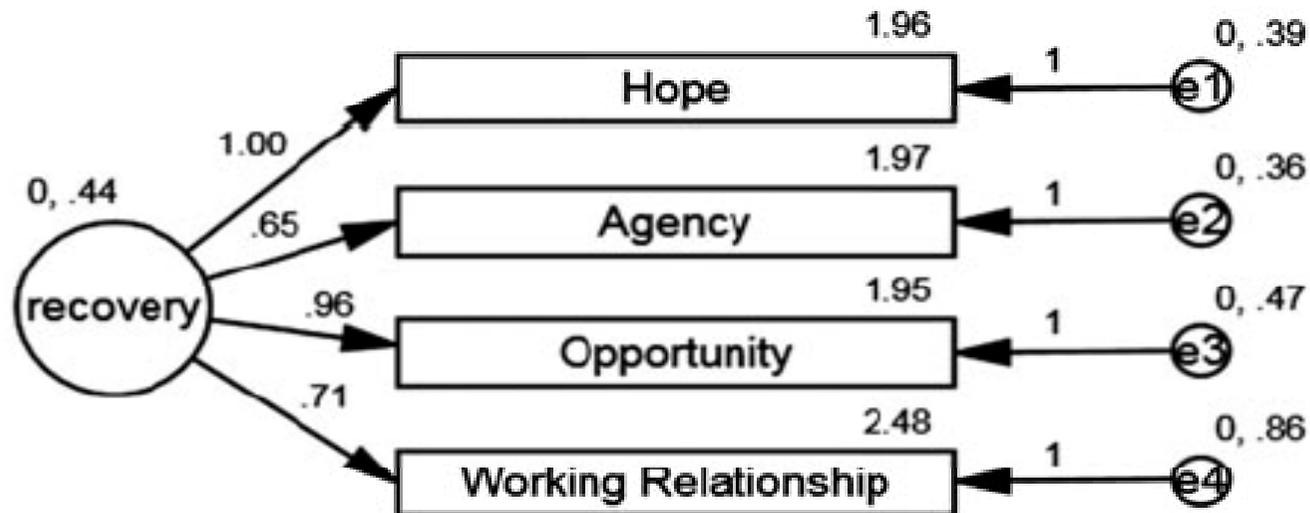


- Psychometric properties of HAO assessed with clinical ( $N=139$ , 19-69 years,  $M=45.6$ ,  $SD=11.3$ ), and non-clinical sample ( $N=201$ , 17-48 years,  $M=20.35$ ,  $SD=3.6$ )
- Acceptable internal consistency, moderate to strong convergent validity (with QPR, WEMWBS and Brief INSPIRE) and substantial test-retest reliability over two weeks



## Validation – method & results (cont)

- Confirmatory factor analysis indicated good fit for single factor model for both clinical and non-clinical groups
- This suggests that the HAO assesses one underlying construct that we can term 'recovery'



# Validation paper



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ORIGINAL ARTICLE

## Psychometric evaluation of the hope, agency and opportunity (HAO); a brief measure of mental health recovery

Katherine Newman-Taylor<sup>1</sup>, Christie Garner<sup>2</sup>, Elizabeth Vernon-Wilson<sup>2</sup>, Karlien H. W. Paas<sup>1</sup>, Lesley Herbert<sup>2</sup>, and Sheena K. Au-Yeung<sup>1</sup>

<sup>1</sup>Psychology Department, University of Southampton, Southampton, UK and <sup>2</sup>Southern Health NHS Foundation Trust, Southampton, UK

# Conclusions



- The HAO demonstrates satisfactory psychometric properties
- Privileged advice of consultation group over usual standards of q're design to elicit single response to one unambiguously defined question per item – feedback and properties indicate not problematic
- Co-production of the measure confers clinical credibility
- Brevity of the tool means it can be incorporated into routine clinical practice to drive improvements in quality of every day clinical interactions, care planning and evaluation of our services

# HAO website: Search

## Hope, Agency & Opportunity measure of recovery



### Psychology

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## Hope, Agency & Opportunity measure of Recovery

People with lived experience of mental ill-health emphasise personal recovery as well as clinical outcomes, particularly the experience of hope, agency (a sense of control over our lives) and opportunity for purposeful activity and social inclusion, irrespective of mental health status. If we want to deliver recovery based mental health services, we need to measure recovery based outcomes.

# Critique



- *“This User Led group is ... fed up with the way colonised ‘recovery’ is being used to discipline and control those who are trying to find a place in the world, to live as they wish, trying to deal with the very real mental distress they encounter on a daily basis ... we reject this new neoliberal intrusion on the word ‘recovery’ that has been redefined, and taken over by marketisation, language, techniques and outcomes ... We believe that there are core principles of ‘recovery’ that are worth saving ... autonomy and self-determination. These principles cannot be found in a one size fits all technique, or calibrated by an outcome measure”*



Any questions?



[knt@soton.ac.uk](mailto:knt@soton.ac.uk)

For HAO: search *Hope, Agency & Opportunity*

*measure of Recovery*