RECOVERY CONTEXT INVENTORY

The Recovery Context Inventory (RCI)

Evaluating the Implementation of the RCI in Irish Mental Health Services

Evaluation Report

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- RCI Respondent

"It allowed us to have more conversations about recovery with someone on an individual level. There are lots of recovery initiatives but RCI stands out in that it provides a profile."
-RCI Facilitator

"This was a game changer in terms of shift in power. It's very exciting. It's a change from "I know best" to you being the expert on your own lives. The idea of equality."
- RCI Facilitator

"It is a fantastic tool. It sets the direction we need to go...It not only teaches recovery systematically but is a tool that brings Ireland's health services into the digital age."
- Site Lead

"It is valuable in that it provides a way of mapping services, of seeing where there are gaps or whether we are using our funding well."
- Site Lead

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Key Findings

The Recovery Context Inventory (RCI) is an online profiling, recovery planning and outcome tool designed to support personal recovery and recovery-oriented service development. Using a mixed methods design, this study aimed to evaluate the process factors and outcomes arising from the implementation of the RCI with key stakeholders, and to gather further information on its psychometric properties. The key findings have been thematically described and an overall summary of the challenges, limitations and recommendations are included.

Theme 1: The RCI is a Useful Support for Mental Health Recovery

Based on the feedback overall, the RCI appears to be viewed by the majority of respondents, facilitators and site leads as being a useful support to people in their mental health recovery. Reports received from respondents in both focus groups and the online questionnaire, facilitator responses to the online survey, and site lead telephone interviews identify the RCI as a 'useful tool for mental health recovery'. Sub-themes point to the RCI providing an opportunity for reflection on one's recovery, being easy to use, facilitating recovery planning, and reflecting a systemic shift towards personal empowerment. Evidence gathered in relation to the RCI's psychometric properties support its suitability for use.

Theme 1: The RCI is a Useful Support for Mental Health Recovery	
Affords Opportunities for Reflection	*"It was useful to separate out all the different areas of my life. It made me re-assess things. It made me realise how important working is to me and the reality of my current financial situation… It also made me realise I have more emotional strength than I thought and it made me reassess my relationship with my family." (R)* *"The RCI gets them to think about what recovery means to them, what they might need in order to get better." (SL)*
Easy to Use	*"I thought it [the online questionnaire] was very user friendly, even though some people weren't used to computers, the RCI was easy to use. Some people are really afraid of computers and this helped them overcome those fears." (F)*
Facilitates Recovery Planning	*"Doing the RCI gave me inspiration to do things for myself. At the time, I was really down but this made me get up and do something." (R)* *"It made them realise they had to help themselves... and that was powerful." (F)* *"It gives people the ability to check where they are, to measure their progress and develop a plan." (SL)*

Represents a Systemic Shift in Power	*"The questions bring up a lot of stuff that I have to deal with. It's my responsibility." (R)* *"It [the RCI] makes a real symbolic difference. Traditionally, professionals have kept confidential paperwork which dictated the direction of their client's lives. The workbook puts this into people's own hands. There is a question of ownership." (F)* *"It created a partnership approach and emphasised the importance of empowerment and letting go." (SL)*
Psychometric Properties	• *Results suggest that the psychometric properties of the RCI point to a tool that is suitable for use.* • *Reliability analysis indicated that the Personal Supports and Service Supports scales achieved levels of reliability that make it acceptable for use.* • *The Personal Supports and Service Supports scales all correlated in a theoretically predictable way with 5 criterion measures.* • *There was evidence of convergent validity as general measures of well being correlated with both Personal Supports and Service Supports scales and subscales.* • *There was evidence of discriminant validity as the Personal Supports scale and subscales were more highly correlated with the Manchester Short Assessment of Quality of Life and Process of Recovery Questionnaire than the Service Supports scale and subscales.*

Note: R=Respondent, F=Facilitator, SL=Site Lead.

Theme 2: RCI Facilitation was a Positive Experience

The reports gathered through the focus groups and interviews primarily, suggested that the majority of respondents, facilitators and site leads had a positive view of the RCI as a facilitated process, albeit that some operational recommendations were made for its future use. These suggestions were responses to primarily logistical issues, which resulted in some frustration for facilitators and site leads, and are discussed in more detail below. Recommendations were, most notably to increase time and resource allocation and to reduce the length of the RCI.

Respondents commented that the familiarity and friendliness of facilitators was helpful and made the process *"very easy"*. Facilitators reported on their perception of the RCI as a tool which stimulated *"useful conversations about recovery"* and provided dedicated time to spend with those whom they were supporting. Site leads also commented on the ability of RCI facilitation to bring about a shift away from paternalism and towards partnership and service user empowerment. Both groups also referenced that they were impressed with the quality of the RCI materials, and identified the help they received from EVE and from fellow facilitators, along with the level of trust between facilitators and respondents, as being important to facilitation. In the online survey, facilitator feedback suggested that the process of facilitation had not impacted on their levels of job satisfaction. It was evident that there were different levels of facilitator support required by respondents, with over 61% of respondents reporting that they answered the questionnaire without help from a facilitator.

Theme 2: RCI Facilitation was a Positive Experience	
Stimulated useful conversations about recovery	*"It allowed us to have more conversations about recovery with someone on an individual level. There are lots of recovery initiatives but RCI stands out in that it provides a profile." (F)* *"Having a facilitator that I knew and was comfortable with was helpful." (R)* *"There was a greater awareness of the recovery agenda. Working with people's own wants and needs instead of with symptoms and medications, they began to glimpse what recovery is really like." (SL)*
Impressed with quality of RCI materials	*"My impressions were very good. The materials are excellent. It provides something concrete about what recovery might involve. I found it easy to recruit people. People wanted to do it." (F)* *"What helped was all the supportive material, online videos explaining how to do parts and many written guidelines." (SL)*
Acknowledged help received from EVE & fellow facilitators	*"EVE were very helpful. If ever you had a query they were available." (F)* *"I found it helpful to be part of a group of facilitators and to be able to compare notes was very beneficial." (F)* *"EVE staff were very accessible."(SL)* *"What helped was the quality of training." (SL)*

Note: R=Respondent, F=Facilitator, SL=Site Lead.

Theme 3: The RCI has Potential for Further Development

Respondents, facilitators and site leads all identified possible future applications of the RCI. Facilitators and site leads proposed that the RCI could be used as a tool to evaluate mental health services. Respondents also identified opportunities for use with younger people to prevent future mental health difficulties and as an educational tool for health professionals. Furthermore, they highlighted the value of using any resulting action plan in doctor-patient consultations. Facilitators and site leads suggested the RCI could be used in GP clinics, at assessment on entering a service, and for people who have recently been discharged from hospital, in order to formulate a recovery action plan for themselves.

Theme 3: The RCI has Potential for Further Development	
RCI as a tool to evaluate mental health services	*"I don't think they had ever been asked what they thought about their treatment." (F)* *"The site reports could guide the services and would also be a useful way of introducing management to the language of recovery." (SL)*

Use of RCI with younger people as a preventative measure	*"Younger people. It might help them engage, the social aspect of it." (R)* *"I think it could be very useful for people who haven't yet entered the system." (R)* *"Young people might prefer to use a computer than tell their story to yet another professional. You can do it at your own time and at your own pace." (F)* *"Would it be a good preventative tool?" (R)* *"There should be a booklet for schools on how do you help yourself." (R)*
RCI as an educational tool for health professionals	*"It could have a role in teaching professionals. It provides a better way of measuring and mapping recovery and progress. It can show what is important to each person." (R)*
Development of Peer Support Workers as RCI Facilitators	*"Someone who had done it before and who knows what it's like." (R)* *"We should look at peer support. Do it as a possible project for people as part of their own recovery and transition from someone who needs help to someone who can give help." (SL)*

Note: R=Respondent, F=Facilitator, SL=Site Lead.

Challenges and Limitations

The implementation of the RCI, as part of the ARI project, was complex, including multiple sites, three stakeholder groups, a variety of evaluation techniques and a highly detailed online system. This complexity gave rise to a range of contextual challenges and highlighted limitations of the research, which are summarised below.

Challenges and Limitations	
I.T. related issues	• Limited I.T. infrastructure across HSE MH services • Lack of I.T. Programme Manager for project • Design company underestimated scale of project • Technical difficulties were experienced
Site related issues	• Servicing demands of both strands of ARI • Lack of resources at local level • Lack of support from senior management
Project design issues	• In response to agreed amendments to the original GENIO grant proposal, additional RCI development time was required to develop the aggregated report function, to future-proof the RCI, to adapt the system based on site feedback and to ensure the confidentiality of user information in accordance with Data Protection requirements

	• RCI specific issues arose regarding questions around sexuality, concerns over the requirement to complete all questions and the time required for completion of the RCI and the additional measures • Facilitation problems occurred due to confusion over the protocols for use
ARI Governance issues	• Time required to establish ARI and integrate both strands of the project • The exclusion of EVE as a site from the ARI project increased the complexity and logistical demands of the implementation process
HR	• Recruitment delays to release members of RCI Development Team
Unanticipated demands	• The increase in the number of sites from four sites plus EVE to seven sites excluding EVE, required additional time to process research ethics in each area
Limitations	• Sample size achieved requires cautious interpretation of results in modules 1 and 4. Given the low numbers who completed the RCI on a second occasion, sample size available to answer questions on the RCI Workbook and RCI Recovery Action plan in Module 3 was small • Confusion regarding protocols for use of RCI suite of materials with facilitators • Aggregated service level reports were not generated due to insufficient numbers completing the RCI Questionnaire (minimum 50 per site) • Limited capacity within sites to recruit Peer Support Workers and Family members as RCI Facilitators

Note: R=Respondent, F=Facilitator, SL=Site Lead.

Recommendations

Based on the conclusions which have emerged from the evaluation study, the following recommendations have been made which are summarised below.

Summary of Recommendations

1. **Deploy the RCI as an additional support for people using mental health services in Ireland**
- As a reported 'useful support for mental health recovery,' the RCI should be made available to users of mental health services as an additional support to their mental health recovery.
- An action plan should be devised in collaboration with the Mental Health Division of the Health Service Executive (HSE) and with relevant Area Management Teams to achieve this recommendation and resolve any potential barriers to use, e.g. IT and resource issues.
- A group of facilitators (ideally comprising at least one peer worker familiar with the RCI) should be deployed to support dedicated RCI work in local mental health services.

2. **Deploy the RCI as a support to recovery oriented service development in mental health services in Ireland**
- The potential of the aggregated report facility to guide higher level decision-making and more effective resource allocation in mental health services locally, regionally and nationally should be further explored and developed with the Mental Health Division.
- The option to use the Service Supports data to evaluate the recovery orientation of mental health services needs to be explored with the Mental Health Division.
- Opportunities to align the RCI data set with existing activity level reporting should be explored to enhance the quality of information available to support service planning and resource allocation.

3. **Enhance the RCI to ensure ease of use**
- A short version of the RCI should be developed through the completion of an exploratory factor analysis (EFA) by combining data gathered from this current study with the previous stage 4 study. The use of an EFA is the most technically appropriate method to reduce the numbers of items and will maintain the RCI's gold standard development criteria. This process will also inform decision making regarding the retention or deletion of questions which may have caused discomfort.
- Review the current password access protocol to establish if it can be simplified.
- Highlight the RCI Profile feature to ensure it is not overlooked.
- Consider the option to develop a paper-based version of the tool for those who prefer not to use the online questionnaire, or where technical limitations pertain.
- Opportunities to maximise the use of eHealth platforms and technology (e.g. smart phone applications) should be fully explored to maximise the accessibility of the tool.

4. **Formalise the RCI as an IT project within HSE**
- The RCI needs to be formalised as an IT project in HSE. Achieving this would provide a mechanism to identify the necessary resources and IT input required to address any remaining technical challenges.
- The agreement of a plan with the Mental Health Division is a prerequisite to implementing this recommendation.

5. Review and adapt the RCI Facilitator Training Programme

- Redesign and adapt the RCI Facilitator Training Programme (to be completed following revisions to the RCI).

6. Increase involvement of Peer Workers

- Where peer worker networks are established, peer workers should be recruited as facilitators to provide respondents with choice in terms of their RCI facilitator.
- Consideration should be given to the possibility of partnering with the community and voluntary sector, as well as Recovery Colleges, to co-produce a course which utilises the RCI.

Items for Consideration

- Explore applications of the RCI with nominated target groups, for example, at risk populations, younger people and those availing of primary care services.
- Applications of the RCI to mainstream settings should also be considered, for example, with those not attending mental health services completing the Personal Supports section only.
- The value of using the RCI as a resource in the education of professionals, family members and the general public should be considered.
- Opportunities to establish a public private partnership to maximise the development opportunities of the RCI and its implementation nationally should be actively pursued.
- Conduct a longitudinal study to follow the experiences of both RCI facilitators and respondents in using the RCI over three years.

Chapter 1 - Background to the Evaluation

This chapter provides a brief overview of some key concepts associated with mental health recovery, information on the Recovery Context Inventory (RCI), its development and the current research study, as part of the Advancing Recovery in Ireland (ARI) initiative.

1.1 Mental Health Recovery

While traditionally, the term recovery has been used to denote 'cure' and people being 'symptom-free', in more recent years, an alternative understanding of recovery has been proposed by people with lived experience of mental health recovery (e.g. Deegan, 1988; Leete, 1991).

Recovery in this sense is a universal human experience involving the creation of a fulfilling and meaningful life, sometimes in the face of ongoing challenges. Mental health difficulties are viewed as one part of a person's overall life and the person is not defined by them (Davidson & Strauss, 1992).

From people sharing their experiences, it is becoming clear that whilst recovery is a deeply personal and unique process, common themes have emerged (Onken, Dumont, Dornan & Ralph, 2002).

> ***"Everyone's journey of recovery is unique. Each of us must find our own way and no-one can do it for us."***
>
> ***Patricia Deegan***

In particular, we have learnt that people who experience mental health difficulties (i.e. all of us at different times in our lives) use both personal resources (e.g. hope, resilience) and other environmental resources (e.g. positive relationships, good housing, supportive services) to develop and sustain a positive identity and satisfying life (e.g. Slade, 2009).

1.2 The Challenge of Recovery

The 'new' understanding of recovery is beginning to have an impact on mental health service delivery and now underpins mental health policy in Ireland e.g. *A Vision for Change* (Department of Health and Children, 2006) and internationally (Slade, Amering & Oades, 2008).

Mental health services are now challenged to transition from a model focussed on 'treating symptoms' to one which supports people in a far more holistic way, taking account of all aspects of a person's life. Thus, a person's recovery from mental illness is considered to be a *"dynamic interactive process that involves transactions between the person and his or her immediate support system, the treatment system, the community and socio-political and socio-cultural variables"* (Loveland et al, 2005, p.26).

A comprehensive review of the literature revealed a dearth of measures that could adequately measure or profile the contextual factors in a person's life that impact upon the personal mental health recovery process. Loveland et al. (2005) reported that "another area that has yet to be developed is the application of measures or tools for assessing environmental factors that can impact peoples' recovery processes" (p.45).

The development of the Recovery Context Inventory can be viewed as a response to this gap which pointed to a requirement to develop valid and reliable measures, which focus upon personally important life circumstances. This research programme is based upon an ecological conceptualisation of the personal recovery process, whereby a person is understood to both influence and be influenced by a range of environmental factors in a dynamic and reciprocal process (e.g. Bronfenbrenner, 1979).

1.3 Electronic Health (eHealth)

The development of innovative ICT services and applications is seen as one of the seven key enablers identified by the World Health Organisation (2012) to support people enjoy a successful eHealth experience.

A key position advanced in the national Electronic Health (eHealth) Strategy for Ireland suggests that *"It is generally acknowledged that the integration of health systems and processes via information technology will become a critical enabler in the transformation of healthcare service delivery, the promotion of population health and wellbeing, and the creation of significant economic development potential"* (pg. 6, 2013).

As an innovation in e-mental health, (i.e. the use of information and communication technologies to support and improve mental health), the RCI has the potential to support cultural change in services, empowering service users to exercise greater choice and control in their lives/or in supporting their recovery journey.

1.4 The Recovery Context Inventory

The Recovery Context Inventory (RCI) is a web-based mental health recovery profiling and outcome measurement tool.

Based upon the doctoral thesis of Tom O'Brien, Principal Psychologist, HSE/EVE, the RCI has been rigorously developed by HSE/EVE's RCI Development Team, over the past eight years, in response to this new understanding of recovery.

The 80-item measure allows people to comprehensively assess the presence of contextual factors in their lives which they consider important to their wellbeing and recovery, under the main headings of **Personal Supports** and **Service Supports** (see Table 1.1). In this way, the structure of the RCI adopts a *'whole life approach'* in facilitating a personal evaluation of a broad range of factors in a person's life, including mental health services, that impact upon the personal recovery process (O'Brien, Webb & Stynes, 2012).

Table 1.1. *Domains of the RCI.*

Personal Supports Domains
1. Personal Resources (8 Items) Respondents' views of their finances, their access to easy-to-understand information on mental health, feeling accepted and supported by others, the control they have over decisions about their future and the respect given to their decisions.
2. Personal Growth (10 Items) Respondents' views of the actions they have taken on personal and vocational goals, to advocate for themselves and others and to support others when needed.
3. Personal Skills (8 Items) Respondents' views of their ability to exercise, do everyday tasks, set goals and get involved in work and social activities in their communities.
4. My Community (3 Items) Respondents' views of their access to a safe, friendly environment and support to participate in community activities.
5. Personal Relationships (3 Items) Respondents' views of the presence of a very close personal relationship in their lives and their satisfaction with their sex life and communication skills.

Service Supports Domains
6. Support With My Goals (3 Items) Respondents' views of the support offered by staff in their service to set and review their personal goals.
7. Support With Jobs & Money (3 Items) Respondents' views of the support offered by staff in their service about work and managing money.
8. Support With My Personal Life (5 Items) Respondents' views of the opportunity they have to get supports from their service in relation to sexuality, spirituality, friendships, housing and their use of peer supports.
9. Recovery Values In Practice (37 Items) Respondents' views of the presence of values, attitudes and behaviours in their service that support mental health recovery.

The respondent is invited to rate both the **presence** and perceived **importance** of mental health recovery contextual factors and is thereby sensitive to the highly personal and unique nature of this process. For the person who chooses to complete the questionnaire, it is intended that the experience will support an increase in self-awareness and reflection and promote self-determination through personal recovery action planning.

Following completion, a **personalised profile** is presented providing the person with a picture of their life across each of the nine life areas of the RCI. In addition, the person can compare their profiles over time and consider, for instance, changes in their life circumstances.

A **Recovery Planning Workbook** has been designed to support reflection and planning activities which individuals may choose to engage in, following completion of the RCI. RCI Facilitators (comprising mental health staff members and peer support workers) are trained to support respondents through the process, using a manualised **Facilitator Training Programme**. Figure 1.1 outlines the personal recovery planning process using the RCI.

Trained **Organisational Data Processors (ODPs)** can also generate an **aggregated service level** report for the mental health service based on the anonymous answers of respondents, subject to a minimum number of 50 responses. This report provides 'real-time' information on both the views and priorities of service users which can then be used for planning purposes, resource allocation, and as a measure of recovery orientation and customer satisfaction. Just as each person can compare two different RCI profiles side-by-side to track their recovery over time, services have this same feature built into their service profiles so they can track and evaluate their progression as a recovery-oriented service model.

These reports can then be further aggregated into **regional level reports** and a **national report** (based on HSE regions). The Key Features of the RCI are summarised below.

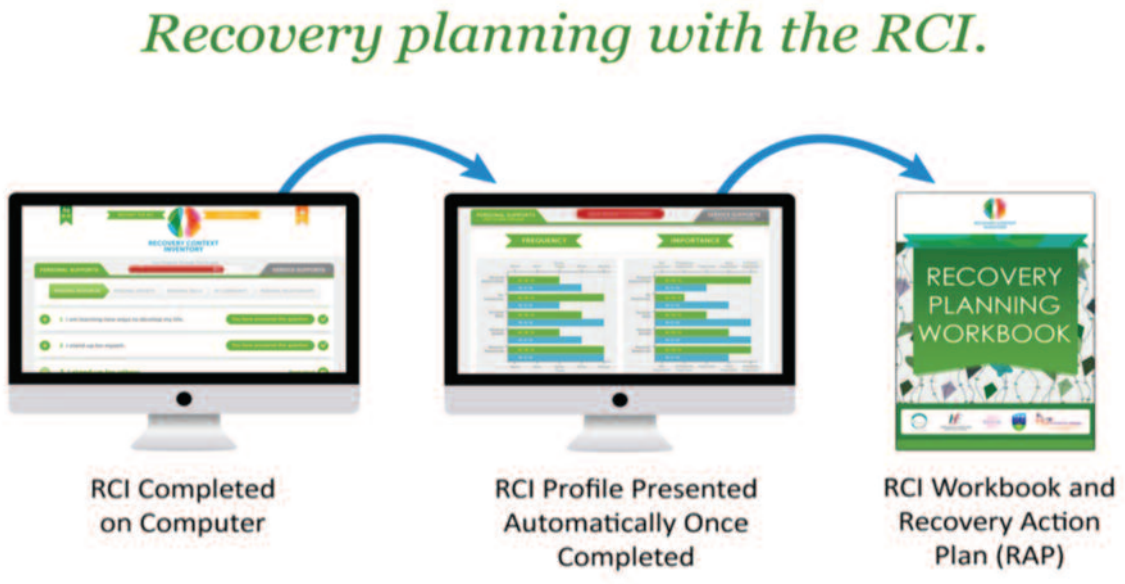

Figure 1.1. *Recovery planning with the RCI*

Key Features of the RCI

In summary the authors suggest that the RCI:

- Provides a personalised profile of 9 different aspects of life circumstances which are supporting or inhibiting a person's recovery and wellbeing.
- Is web-based, secure, and attractive for ease of use and quick receipt of profile.
- Supports self-discovery and the development of a personal recovery plan.
- Enables an appreciation of areas of strength.
- Allows people to track changes in their recovery profiles as they can complete the RCI again and compare profiles over time.
- Can facilitate the sharing of key information with people whom the individual feels are an important support for their recovery.
- Has a unique rating system that recognises the centrality and individual nature of the personal recovery experience.
- Has undergone a rigorous and staged development process, using best practice scale development and psychometric testing techniques.
- Has an aggregated service level report feature which provides credible information on the views and priorities of service users.

A suite of resources to support the effective use of the RCI by users and the mental health services have been developed and is presented in Table 1.2.

Table 1.2. *RCI Suite of Resources*

RCI Suite of Resources				
User level	**RCI Online System- Questionnaire & Personal Profile**	**RCI Workbook & Recovery Action Plan**	**RCI Recovery Action Plan 'Take Away'**	**RCI Video tutorials on You Tube**
	Produces a personalised profile of factors supporting individual	Facilitates a reflective process and review of the RCI profile. Opportunity to develop an RCI Recovery Action Plan	Credit card sized plan to record recovery action plan goals and other information	Provides an accessible user friendly educational resource for RCI system use
Service level	**RCI Online System- Service Level reports**	**RCI Facilitator Training Manual & programme**	**RCI Organisational Data Processor Training Manual & programme**	**RCI Video tutorials on You Tube**
	Produces local, regional and national reports based on aggregated user perspectives of both personal and service factors supportive of recovery	Manual details theoretical and comprehensive practical information for this role. The training programme focuses on the information, attitudes and skills required to be an effective facilitator	Manual details theoretical and comprehensive practical information for this role 'The training programme focuses on information and skills required to be an effective ODP	Provides an accessible user friendly educational resource for RCI system use

1.5 The Development Process of the RCI

The development of the RCI has involved a rigorous, scientific process spanning eight years, involving an extensive literature review, a consensus-building process with over a hundred nominated expert representatives of stakeholder groups in both Ireland and the UK on the design of the RCI and psychometric testing with hundreds of people with lived experience of mental distress.

The process has been underpinned by academic support from the School of Psychology, University College Dublin, expert consultants and informal support from a variety of subject experts.

Currently in Stage 5 of development, the construction of the RCI has adhered to best practice scale construction methodologies and a focus on accessibility and the tool was awarded a Plain English Award. The previous construction stages of the RCI are presented in Figure 1.2.

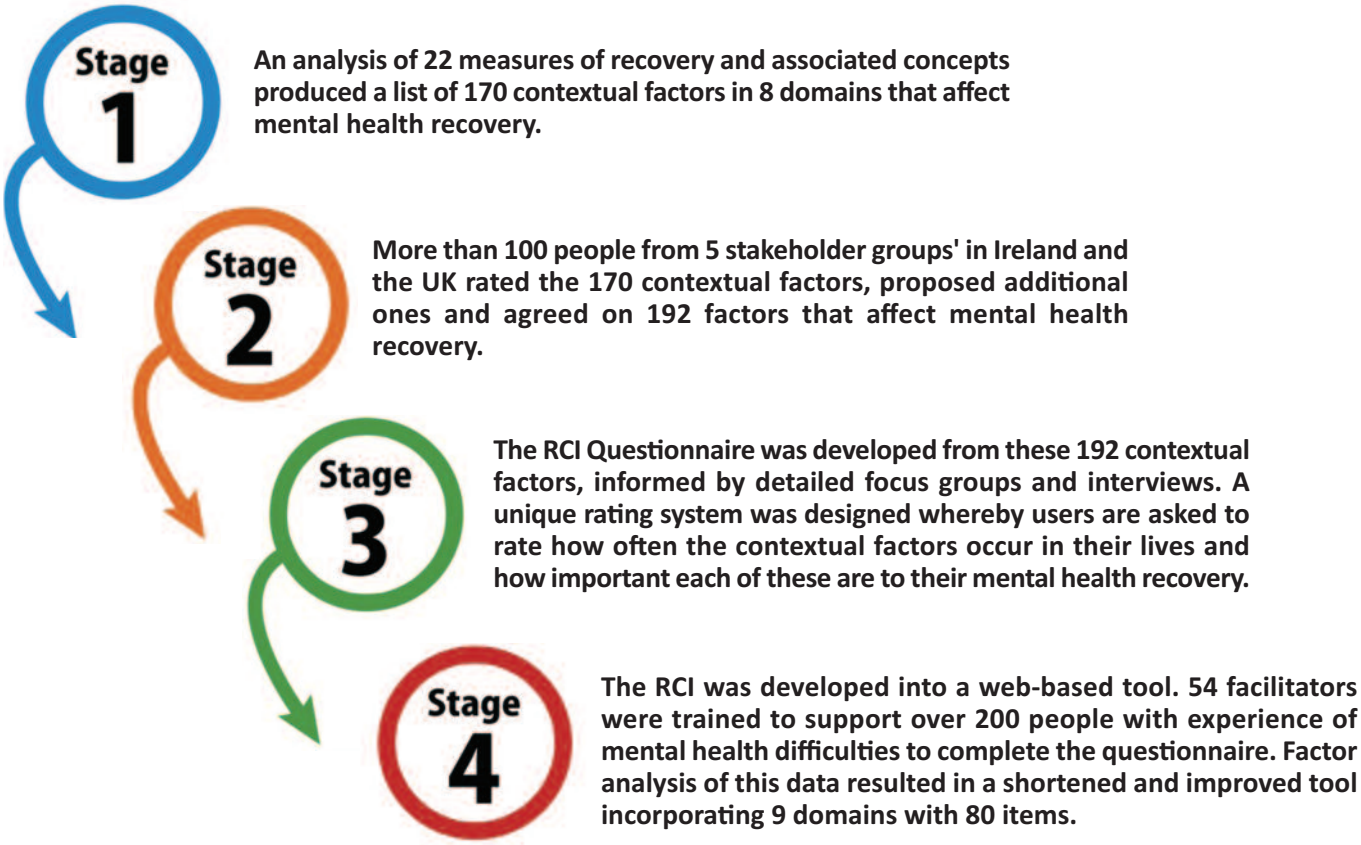

Figure 1.2. *RCI stages 1-4 development process*

Figure 1.3. *RCI Stage 5 implementation process*

Testing in 2012 (Stage 4), involving 211 participants showed impressive psychometric properties (Cronbach's Alpha scores for Personal Supports and Service Supports were 0.91 and 0.96 respectively). This last phase of development comprised Exploratory Factor Analysis and led to a useful reduction in the number of items contained in the tool.

A Bamford Review in Northern Ireland of patient outcome measures (Donnelly, Scott, Mc Gilloway, O'Neill, Williams & Slade, 2011) recommended consideration of the RCI for use as a service user rated measure of recovery-orientation.

Stage 5 involved the rolling-out and evaluation of the RCI with respondents, facilitators and ARI project leads and further psychometric testing in HSE mental health services nationally. The implementation process is described in Figure 1.3 and comprehensive information on the research design is presented in Chapter 2.

1.6 Rationale for the Stage 5 Evaluation of the RCI

In order to establish the utility of the RCI as a recovery planning tool within HSE mental health services, it was essential that EVE captured the experiences of use directly from service users, facilitators, project leads and the service overall. Specifically, we were keen to learn their views on its perceived usefulness to supporting personal mental health recovery and recovery-oriented service provision.

As a result, we proposed a comprehensive multi-modular evaluation as a core dimension of our Genio funding application. The Genio grant facilitated a very useful and valuable opportunity to properly resource a more comprehensive evaluation of the implementation of the RCI, as part of the Advanced Recovery in Ireland (ARI) initiative.

1.7 Advancing Recovery in Ireland (ARI)

In 2012, ARI was introduced as an initiative to support mental health services in Ireland in their efforts to implement a number of the key concepts in *A Vision for Change* (Department of Health and Children, 2006).

'ARI focusses on service level structures, systems and practices that can maximise personal recovery opportunities and outcomes for service users. It aims to achieve this by facilitating the individual to manage their personal recovery and on the development of recovery focused mental health practice in the service. It recognises the service provider, service user and family as equal stakeholders.' (ARI Governance document 2013, p.3).

The first phase of this Genio funded project involved introducing the RCI and an organisational change methodology developed in the UK called Implementing Recovery through Organisational Change' (ImROC)[1].

Following a HSE Expression of Interest Broadcast and a detailed selection process (See Chapter 2), seven sites were invited to participate in the first round of the ARI programme.

1.8 Summary

The Recovery Context Inventory has been designed as a profiling and outcome tool to support personal mental health recovery and recovery-oriented service development and represents an innovation in e-mental health. It has undergone a rigorous consensus-building and scientific development process, involving hundreds of stakeholders. Stage 5 of RCI development provided an important opportunity to introduce the RCI on a larger scale in adult mental health services in Ireland and to carefully evaluate the experiences, opinions and recommendations of respondents, facilitators and site leads. In addition, it provided data for additional psychometric testing purposes, in line with best practice and to ensure the continued development required of a high quality tool. It is anticipated that the outcomes of this multi-modular evaluation will be useful to decision-making in relation to the design, delivery and resourcing of the Recovery Context Inventory in the Irish mental health system.

[1] Implementing Recovery through Organisational Change (ImROC) is not the subject of this report

Chapter 2 - Method

In this chapter, the aims, objectives, study design, method, and procedure will be described and an overview of the profile of participants will be presented. More detailed and specific information including the profile of participants for each module of the evaluation is provided at the start of each relevant chapter.

2.1 Main Aim of Study

The main aim of this multi-modular study was to evaluate the process and outcomes associated with the implementation of the four components of the Recovery Context Inventory (RCI), i.e. the RCI Questionnaire, RCI Profile, RCI Recovery Planning Workbook and RCI Recovery Action Plan with respondents, facilitators and ARI project leads and to gather further information on its psychometric properties.

2.2 Objectives of Study

The study had the following objectives:

- To implement the RCI in seven[1] public adult mental health sites in Ireland (as part of the ARI project).
- To evaluate respondents' experience of the RCI, including the online RCI Questionnaire, RCI Profile of results, RCI Workbook and RCI Recovery Action Plan.
- To evaluate facilitators' experience of the RCI.
- To evaluate ARI project leads' experience of the RCI.
- To conduct further psychometric testing, in relation to the validity and reliability of the RCI.

[1]Note: the original Genio grant was to support four sites and HSE/EVE

2.3 Participants

This section presents general information on participant demographics and inclusion and exclusion criteria. Information on specific inclusion criteria, recruitment procedures and participant demographics for each individual module of the overall study is presented at the start of the relevant chapter.

2.3.1 Site selection. Based on the response to an Expression of Interest broadcast across the HSE, a rigorous site selection process was undertaken, from which seven sites were selected. See 2.3.3 below.

2.3.2 Demographics. The sections below detail the three participant groups targeted by this study.

Respondents. A total of 168 RCI Questionnaire completions by respondents were recorded by the online system. Of these, 13 were incomplete, and so were deleted in line with ethical considerations (i.e. it was assumed that consent was withdrawn). This left 155 completions, composed of 127 individual respondents who completed the RCI at Time 1, 28 of whom subsequently completed the RCI a second time.

Facilitators. 89 facilitators in seven sites across Ireland were trained as RCI Facilitators. See Table 2.1 for numbers of trained facilitators by site and RCI Questionnaire completion rates.

Table 2.1. *Facilitators Trained and RCI Questionnaires Facilitated by Site*

Site	Facilitators Trained	First Completions	Second Completions
Dublin South-Central	16	42	5
West Cork	11	27	7
Carlow/Kilkenny/South Tipperary	11	15	1
Roscommon, East Galway	11	18	5
Mid-West	14	10	6
Cavan/Monaghan	11	15	4
Mayo	15	0	0
Total	89	127	28

ARI Site Leads. Nine members of teams at local sites took on the role of ARI Project Lead. The original primary objective for the site leads module was to elicit feedback on the experience of use of the aggregated report facility of the RCI, through an online survey. Once sites achieve 50 RCI completions, it is possible to generate a site level report aggregating the data; however this target was not met. It was therefore decided to broaden the scope of this module and to seek the required research ethics approval from each of the sites for this modification to the research protocol. The revised design took the form of confidential telephone interviews conducted and analysed by an independent researcher, Mike Watts PhD.

2.3.3 Inclusion and exclusion criteria. The sections below outline the inclusion and exclusion criteria for sites, respondents and facilitators. Criteria specific to each study, where they differ from those below, are presented at the start of each of the relevant chapters.

ARI Site Selection. Sites underwent a rigorous selection process in order to be included in the ARI project, as follows:

- An invitation to submit expressions of interest for inclusion in the ARI project was broadcast nationally throughout the HSE.
- On reply, a supplementary information document was sent to interested sites, including a Site Readiness Questionnaire (Appendix B). Pre-requisites to qualify for the ARI project included a demonstrable commitment to a recovery ethos and organisational change, and a number of IT requirements necessary to run the RCI. These IT requirements were as follows:
  - Sufficient nominated computers available for use by service users to complete the RCI twice over a three month period.
  - Computers connected to a printer
  - Computers located in a private space
  - Computers capable of accessing the internet with wired broadband
  - At a minimum, the web browser to be:
    - Internet Explorer Version 8
    - Firefox Version 14
    - Chrome Version 20
    - Safari Version 5.1.4 (on a computer running Windows)
  - Ideally, web browser versions to be:
    - Chrome Version 22
    - Internet Explorer Version 9
    - Firefox Version 16
    - Safari Version 5.1.7 (on a computer running Windows)

- Returned questionnaires were scored using a standardised system. Following this, representatives of qualifying sites were interviewed by the ARI Project Coordinator and ARI Project Manager.
- Where a site was successful in its application to join the ARI project, a member of senior local HSE management was required to take on the role of project sponsor, and name a Lead for the Local ARI Project Team.

ARI Site Leads. The selection of site leads was made at local level. A site lead from each site was invited to participate in the evaluation.

Facilitators. An RCI Facilitator Role Description (Appendix A) was supplied to sites to support good information sharing and decision making in the selection and recruitment process. This document was developed with staff and peer workers in mind, and included information on essential requirements, main duties and responsibilities in relation to the facilitator role. RCI Facilitators were recruited by the local site team from a broad stakeholder group (i.e., staff members, service users, family members/carers) and were to be a member of a team that could support them in their role with any issues which may have arisen for people using the RCI materials. They were required to be familiar with recovery principles and possess a belief that all are capable of personal growth, change and recovery. Facilitators were also required to have Garda Clearance, command basic IT skills, and attend a twelve-hour training programme on facilitating the RCI.

Respondents. Potential RCI respondents were included where they were adults (18+ years) with self-reported experience of mental health difficulties that had disrupted their lives in a personally significant way. They were voluntarily using mental health services for at least the past two years, having had contact with mental health services at least twice in the past year, and accessing services on an outpatient basis at the time of the study.

Contact with mental health services was taken to include:

- admission as an in-patient (staying in a service for at least one night),
- use of out-patient mental health services, and
- use of day hospitals or day centres.

The contact could also be with:

- a psychiatrist or mental health nurse – out-patient or home visits,
- a general hospital liaison service,
- mental health social worker,
- a community mental health nurse,
- a psychologist employed by the mental health services,
- an occupational therapist employed by the mental health services.

All participants were required to have English language fluency and were deemed by facilitators to have capacity to engage in the study.

Individuals who were under the age of 18 and/or who were not fluent in English and/or lacked capacity to provide informed consent were not invited to participate. Similarly, individuals who did not have a primary mental health difficulty but who presented with head injury or a primary intellectual difficulty (ID) in the absence of a mental health difficulty could not take part. People who were not attending a clinical mental health service at the time of the study, or who were attending a mental health service but not for at least the previous 2 years and/or had not had contact with clinical mental health services at least twice in the past year were excluded from the study also. Any individual participating in any other major research project e.g., clinical trials, testing of new questionnaires were advised not to take part in this project.

2.4 Study Design

An evaluation protocol was designed to elicit information on critical implementation, process and outcome indicators for both service users and participating mental health services. A mixed methods, multi-modular approach was employed, using a combination of focus groups and interviews conducted by Mike Watts, PhD, and questionnaires (data collected online). As a result, information was gathered from RCI respondents, facilitators and project leads in the form of both quantitative and qualitative data. See Figure 2.1 for an outline of the evaluation modules.

In order to further establish the scientific credentials of the RCI as a valid and reliable instrument, an academic psychometrician was recruited to conduct additional statistical testing of the RCI.

The use of automated survey methodology for both RCI respondents and facilitators facilitated quick and reliable analysis and the availability of online anonymised raw data for verification purposes. In addition, the availability of Mike Watts, PhD, as an independent evaluator, to conduct focus groups and interviews, added an important vehicle for stakeholder engagement using a format designed to facilitate a fuller exploration of critical issues.

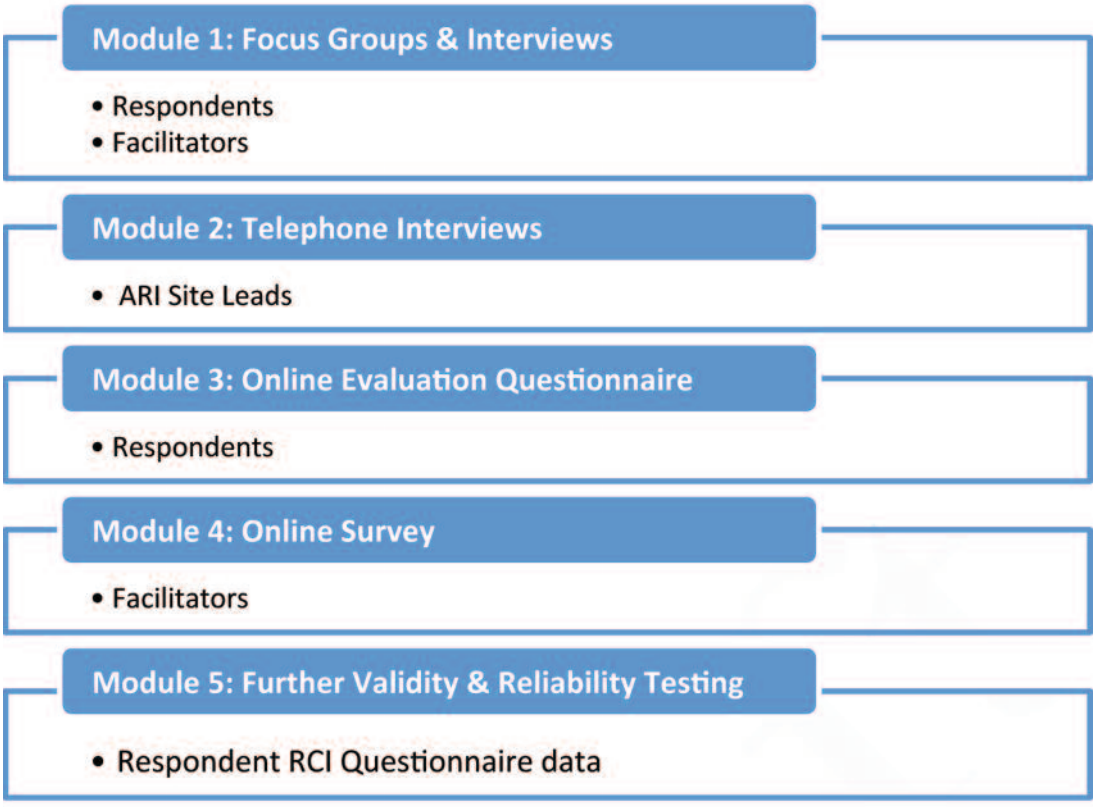

Figure 2.1. *Outline of multi-modular study design and participant categories*

2.5 Implementation Process

The implementation process involved site selection, training, recruitment of respondents and use of the RCI suite of materials at time 1 and 2 as outlined in Figure 2.2.

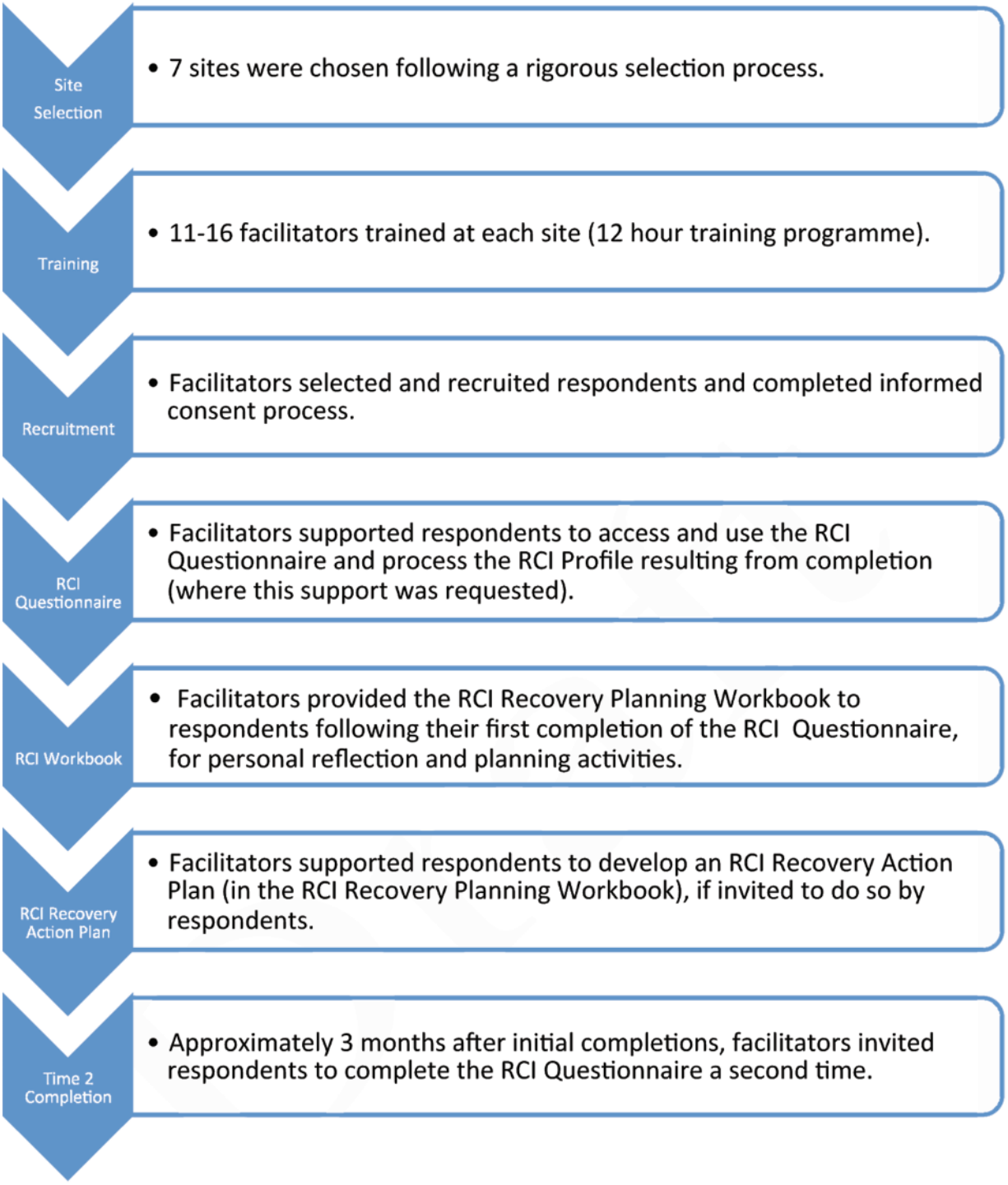

Figure 2.2. *Outline of implementation process.*

Further information on methods for each individual module of the main study can be found in the relevant chapters.

2.6 Data Analysis

Quantitative data were analysed using the Statistical Package for the Social Sciences (SPSS), Version 20. Partial completions (including where the respondent had completed the RCI Questionnaire but stopped before finishing the additional measures) were excluded from analysis, in line with consent procedures.

Concurrent validity and reliability testing was carried out by an academic psychometrician. See Chapter 7 for findings.

Focus group and interview data took the form of transcribed audio recordings and session notes. Thematic analysis of these data was carried out by independent researcher Mike Watts PhD, who submitted a report of findings to the research team. See Chapters 3 and 4 for a summary of this analysis.

2.7 Research Ethical Procedures

Research ethical approval was granted by the Research Ethics Committees in each of the seven sites.

Prospective participants were supported through an informed consent process, to ensure that they were clear on the purpose of the study, their rights associated with taking part, their right to decline to take part, and the right to withdraw. They were also given time to review the information, ask questions and to discuss taking part with family and friends. Those interested in taking part did so voluntarily.

In the event that a prospective participant appeared unclear on any of the information contained in the consent form, the information was explained. If, following this explanation, the prospective participant still did not appear to understand the information contained in the consent form, the facilitator or researcher sensitively explained that they could not take part at this point in time.

In order to protect an individual's confidential information, the following protocols were used:

- Within the online system, the RCI Questionnaire, RCI Profile etc. could not be accessed without two passwords: one held by the facilitator and one held by the respondent. Unless both passwords were entered, access to the system would be denied. Respondents were under no obligation to share their password with their facilitator and hence were free to rate the items contained in the RCI Questionnaire in a candid manner. This was particularly relevant as approximately half the items in the RCI relate to supports provided by the site (who may have employed the facilitator).
- The facilitator password was designed to ensure that the RCI would only be used by respondents when a facilitator was on hand to provide support, debriefing etc., if required. This protocol ensured a level of standardisation for this stage of the RCI development.
- The site level reports could not be produced until at least 50 respondents had taken part. No identifiable information was included in these reports (i.e., no real names, dates of birth, usernames, clinic the person is attending, location of completion of RCI, etc.,) thereby protecting the anonymity of the individual. The facilitators knew therefore who had taken part, but the site did not have access to that person's data in an identifiable format unless the person themselves chose to share it.

- The research team in EVE were able to access raw anonymised data for all individuals who took part. While the researchers were able to identify the HSE Region and the site to which the data related, they were unable to identify information relating to specific locations within that service. This raw data contained no identifiable data (i.e. real names, dates of birth, usernames, clinic the person was attending).
- Data relating to RCI completions were stored securely on an external server. Signed consent forms were stored in locked filing cabinets, and will be destroyed after five years. Transcripts of interviews and focus groups omit identifying information, and audio recordings of same were stored securely and will be destroyed after five years.

2.8 Summary of Method

The aim of this study was to evaluate the implementation of the four components of the RCI with respondents, facilitators and ARI site leads across seven sites, and to gather further information on its psychometric properties. This was addressed through a multi-modular study design which incorporated focus groups, online questionnaires, an online survey and telephone interviews. Data analysis took the form of thematic analysis of qualitative data, and statistical analysis of quantitative data conducted by the RCI research team. The psychometric analysis was conducted by Professor Mark Shevlin, an independent academic psychometrician, and focus groups and interviews were conducted and analysed by independent researcher Mike Watts, PhD. Research ethical approval was obtained from Research Ethics Committees in each of the seven sites.

Chapter 3 - A Qualitative Exploration of the RCI, using a Focus Group and Interview Methodology

3.1 Overview

This chapter presents the findings of Module 1 of the evaluation study; an independent qualitative exploration of the RCI conducted and authored by Mike Watts, PhD. Based on the lived experience of both respondents and facilitators participating in the RCI, this evaluation allowed a comparison of findings through the analysis of a rich tapestry of personal testimony and narrative.

Focus groups and structured interviews with 28 participants revealed a positive response to the RCI from respondents and facilitators. It also highlighted a number of commonly experienced difficulties. Findings are summarised based on the responses of both respondents and facilitators to the standardised set of 9 questions used in the focus groups/interviews. Findings are divided into Part A, which focuses on the experience of use of facilitation of the RCI components, and Part B, which enquires into the RCI as a facilitated process. Final thoughts are also presented.

3.2 Method

Focus groups and interviews with RCI respondents and facilitators were used to qualitatively explore the experience of use of the RCI and its perceived impact, from both perspectives. These focus groups and interviews took place within a number of sites selected to take part in Advancing Recovery in Ireland (ARI), using a standardised set of questions (Appendix C & D). Questions asked about two main areas: (A) the use and perceived impact of the RCI, and (B) the RCI as a facilitated process. Inclusion criteria ensured that each respondent had completed the RCI Questionnaire at least once and that each facilitator had facilitated a minimum of three respondents. Focus groups were held separately for respondents and facilitators.

Prior to the interviews taking place, research ethical approval was granted by Research Ethics Committees within each of the seven sites. Prospective participants were recruited through each site's ARI steering group and before participation were furnished with an information sheet, a question schedule, a consent form and a biographical data form. Following each interview or focus group, participants were de-briefed and reminded of its confidential nature, and that participation was voluntary. Each person was invited to express any difficulties they had experienced with the focus group or interview and given phone numbers to ring should they wish to speak to someone afterwards. Each focus group or interview was conducted by two facilitators, one who acted as scribe and the other who asked the questions and sought to ensure that all interviewees were encouraged to voice their opinions. Interviews were audio recorded and partially transcribed. From these transcriptions and the scribe's notes, site reports were drafted which were then subsumed into an overall report.

3.3 Participants

Participants in this module of the study consisted of two groups; respondents (service users who had used the RCI) and facilitators. Profiles of these two groups are presented below.

3.3.1 Respondent profiles

The respondents who took part represented a wide range of men and women with very different personal, social and educational backgrounds. For descriptive purposes, they were divided into two definable groups. Many of the respondents had been attending day centres and/or had lived in hostels for many years and by their own admission had become chronically dependent and passively institutionalised. For this group, recovery appeared to be a new concept that was both exciting and frightening. Benefits of doing the RCI

included things like coming to a realisation that they:

- had a role to play in their own mental health and recovery,
- were important and that the future might hold unknown possibilities.

Many of this first group of respondents had poor computer skills, and often found it difficult to concentrate for any extended period of time. Consequently, many found it a challenge to complete the RCI and were heavily reliant on their facilitator.

The second group were at a different stage of recovery. Many had already completed a range of recovery-oriented courses, were members of a peer support group or recovery-oriented committee, or had engaged in other forms of personal development. This group tended to be better educated and have better computer literacy. They were already quite well integrated in society and were playing active leadership roles within various settings. Typically, members of this group were actively seeking a return to work or placement in third level courses that might lead to employment. They had much less need for a facilitator.

While respondents were, in general, positive in their assessment of the RCI, both groups articulated some criticisms which are outlined in the findings.

Table 3.1 presents information on respondents' location, age-group and gender.

Table 3.1. *Respondent Characteristics by Site, Age-Group and Gender*

Variable		N Respondents
Site	Dublin South-Central	7
	Mid-West	5
	Roscommon/East-Galway	2
	Carlow/Kilkenny/South-Tipperary	1
	West Cork	1
	Cavan/Monaghan	0
	Mayo	0
Age group	18-25	0
	26-35	3
	36-45	1
	46-55	4
	56-65	6
	66+	2
Gender	Male	7
	Female	9
Total		16

3.3.2 Facilitator profiles

The 12 facilitators interviewed were, like the respondents, a heterogeneous group of men and women. Their experience of working in the area of mental health ranged from 5 -37 years. While the majority were from a nursing background (N=7), some of these nurses were working in the community, others in day centres and two were in managerial roles. There was one psychologist, one occupational therapist, one holistic life coach, one trainer and one mental health coordinator. The training, role and working conditions of each facilitator meant that each of them was approaching the RCI from a different context and perhaps with different understandings and expectations of recovery. The facilitators were, as a group, more critical of aspects of the RCI, than the other respondent groups.

Table 3.2 presents information on facilitators' location, age-group and gender.

Table 3.2. *Facilitator Characteristics by Site, Age-Group and Gender*

Variable		N Facilitators
Site	Dublin South-Central	3
	Mid-West	3
	Roscommon/East-Galway	0
	Carlow/Kilkenny/South-Tipperary	2
	West Cork	4
	Cavan/Monaghan	0
	Mayo	0
Age group	18-25	0
	26-35	2
	36-45	2
	46-55	8
	56-65	0
	66+	0
Gender	Male	2
	Female	10
Total		12

3.4 Part A Findings: Use and Perceived Impact of the RCI

The following findings are a summary of respondent and facilitator responses to focus group/interview questions focusing on their respective experiences of the RCI and its perceived impact.

Q1. Having used the RCI (Questionnaire/Profile/ Workbook/Recovery Action Plan) what were your general impressions of it?

Main Findings: Respondents and facilitators valued the RCI for different reasons. For respondents, it was person-centred and recovery-oriented, identified personal strengths, gave rise to positive emotions, encouraged a life re-assessment and prepared them to take action. Facilitators valued the RCI because it was user-friendly, facilitated useful discussions about recovery and provided feedback about the quality of locally based mental health services. Both respondents and facilitators expressed discomfort with questions relating to sexuality and the length of the RCI Questionnaire.

Themes and illustrative quotes from respondents and facilitators detailing their general impressions of the RCI are presented in Table 3.3. with (R) and (F) denoting respondent and facilitator quotations, respectively, here and in all subsequent tables

While there were differences in people's initial expectations and experience of completing the RCI Questionnaire, respondents found it helpful at a number of levels. Firstly, at an emotional level, it gave rise to positive and empowering feelings which made them hopeful that recovery might be a reality. At a personal and reflective level, it highlighted personal strengths and revealed areas of life that perhaps needed work, while at the same time, on a motivational level encouraging many to take action. At a systemic level, people valued that the RCI was *"about me and my recovery [rather than me as an illness or me and my diagnosis]."*

Respondents did express reservations that initially they felt the RCI was very long and disliked the requirement that all questions must be answered each time. Some respondents reported that it could raise painful issues, without necessarily offering a forum for resolution. It should be noted here that these respondents were amongst those who had not had access to the RCI Workbook.

Facilitators gave a range of very positive first impressions to the introduction of the RCI, expressing value for each of its four components (Questionnaire, Profile, Workbook and Action Plan). They suggested that the RCI opened up very useful conversations around recovery, and compared well with other initiatives: *"There are lots of recovery initiatives but RCI stands out in that it provides a profile."* It also provided a unique context by which to obtain feedback about the quality of locally based mental health services. Criticisms included uncertainty about questions around sexuality and the RCI's length.

Table 3.3. *General Impressions of the RCI*

Q1	Theme	Illustrative Quotes
	Person-centred and recovery-oriented	*"It was about me [rather than about me as an illness]." (R)*
	Identifying personal strengths *)*	*"It helped me to pick out my personal strengths." (R*
	The awakening of positive feelings	*"It was enjoyable." (R)* *"It was enlightening." (R)* *"I found it helpful."(R)*
	Life re-assessment	*"It made me look at myself and what I needed to do, this was positive." (R)*
	Preparation to take action towards recovery	*"I know I started to set goals for myself. Up until now, I thought I would NEVER get anywhere." (R)*
	User friendliness	*"It [the online questionnaire] was very user friendly." (F)*
	Facilitating useful discussion	*"It allowed us to have more conversations about recovery with someone on an individual level." (F)*
	Providing feedback on mental health services	*"...and importantly to review the kind of help they are getting from services, how they are being treated by staff. It made them realise they needed to value themselves more and stand up for themselves." (F)*
	Discomfort with sexuality questions	*"Some of the questions, I said to myself, are too personal." (R)* *"One lady was recently widowed and found these questions [about sexuality] really upsetting." (F)* *"The RCI is taking us into areas where I felt uncomfortable because I have no training in sexuality. It's giving permission to talk but have I as a facilitator the skill to deal with it?" (F)*
	Length of Questionnaire	*"Will I ever have the time? It is very long." (F) "Time was my major reservation." (R)*
	Raises painful issues	*"I have to be honest. It awakens trauma but doesn't provide a place to deal with this." (R)*

Q2. How well did the RCI help identify how frequently personally important recovery factors occur in respondents' lives?

Main Findings: Respondents and facilitators agreed that the RCI was effective in identifying life factors important to recovery. For respondents, identification of these factors encouraged action, which in turn gave rise to feelings of empowerment, which sometimes brought about a change in attitude towards themselves or others.

Facilitators suggested that many respondents needed outside encouragement, whereas others were more self-motivated. Some reasoned that outside motivation could be an essential ingredient of life for everyone as well as for people in recovery. They also commented that the RCI provided opportunities to improve the relationship between the respondent and facilitator and was useful in assessing mental health services, by providing a unique context through which respondents could safely evaluate the quality of local mental health services. A number of facilitators criticised the RCI because respondents had to answer all questions.

See Table 3.4 for a summary of themes from both respondents and facilitators in relation to the RCI's ability to help identify important life factors.

Table 3.4. *The Identification of Important Life Factors*

Q2	Theme	Illustrative Quotes
	Identifying important life factors	*"Oh yes it did. For example, the social side of things." (R)* *"It did, it hit on all the right areas." (F)* *"It allowed people to verbalise concerns about housing, employment and the relationship of money to recovery." (F)*
	Motivation to act and actions taken	*"It's making me want to do things for myself." (R)* *"I have joined the local spa." (R)*
	Empowering feelings	*"It made me feel good about myself." (R)*
	Attitude shift	*"It focused me on creating another role for myself." (R)* *"It changed my attitude to people who were trying to help me." (R)*
	Need for outside motivation	*"Without real encouragement people tended not to follow up on the workbook." (F)* *"If we could just give them a push." (F)*
	Possibilities for improving the relationship between facilitators and respondents	*"They [the respondents] are far more capable than I had thought they were." (F)* *"It [the RCI] invited new types of conversation that I would not normally have." (F)*
	Assessing services	*"I don't think they had ever been asked what they thought about their treatment." (F)* *"There was a lot of despondency, people were sick of the way they are being treated." (F)*

Requirement to answer every question	*"There were so many questions it ruled out selecting what was important to you." (F)*
Questions about sexuality	*"A lot of people have said that if you are gay or transgender there is a lot of stigma if you go into hospital. People find a lack of support for issues around sexuality in the services. It's "Oh we can deal with your illness but don't expect us to deal with your sexuality." (F)*

The RCI helped respondents identify many life factors important to them and to their recovery. While some people relied on their facilitator for initial direction, all reported that the RCI, when put into action, had the power to positively effect change in their attitudes to themselves, to others and their expectations for the future.

In the view of facilitators, the RCI was generally successful in helping respondents become aware of different life factors that were important for recovery. In many instances, completing the RCI led directly to action; for others it helped confirm progress already made. Many facilitators suggested that while the RCI was successful in creating awareness, converting this into action would need outside encouragement. There was also evidence that some respondents began to help and encourage each other: *"One or two people teamed up and went walking together."* One facilitator found, to her surprise, that interest in the RCI began to spread by word of mouth, which suggested it was very successful in interesting people about recovery; *"That really amazed me, people asking me about an online questionnaire they had heard they could complete. Usually people don't discuss anything."*

One facilitator said the RCI changed her view of her respondents; it made her believe they were *"Far more capable than I had thought they were."* Facilitators suggested that the RCI might have a role in bringing about organisational change through creating a heightened awareness of difficulties respondents expressed with current service delivery. While some facilitators expressed doubts around the usefulness of questions dealing with sexuality, others suggested that if handled well, this type of question could be a good thing. The requirement that all questions be answered each time the RCI Questionnaire was completed was also cited by facilitators as a drawback.

Q3. Did the RCI help you to reflect? Did it motivate action?

Main Findings: For respondents, the RCI proved to be a very effective tool for life reflection. Reflection led to the identification of actions each person could choose to take, to effect their own recovery. Taking action was also linked to the birth of hope and the realisation of many new and exciting possibilities for the future.

While the RCI was viewed by facilitators as an effective tool for reflection that motivated people to take action, some facilitators communicated that many respondents needed a lot of outside encouragement and support. They questioned the ability of some respondents to arrive at an accurate assessment of their life situation as they appeared to go by feelings sometimes at the expense of facts. It should be noted that the possible intrusion by a facilitator into a respondent's version of reality is a complex issue that might require further exploration. What might appear helpful from a facilitator's perspective might be construed as controlling from the perspective of a respondent. They also saw the RCI having valuable potential in various settings.

Table 3.5 summarises themes with illustrative quotes for this question.

Table 3.5. *Reflection and Action*

Q3	Theme	Illustrative Quotes
	A tool of reflection	*"Yes, it made me think about my life, all the different areas." (R)* *"It did, it most certainly did." (F)*
	Identification of actions	*"Identifying what I need to do." (R)*
	Taking action	*"I now stand up for myself." (R)* *"One person said it made her see she was being controlled in a particular relationship and she was going to do something about it." (F)*
	The birth of hope and of exciting possibilities	*"It gave me confidence to go forward. It was very helpful and makes you hopeful for the future." (R)*
	The need for outside encouragement	*"Motivation is a big thing." (F)* *"The current context is one of paternalism where people only do things they are asked to do." (F)*
	Feelings are not always facts	*"Some people would say 'I have no support at home' and I would know they had a really good partner or mother. It showed me that people often felt very alone and isolated when I knew they weren't." (F)*
	RCI's potential in other areas	*"Extend this to people who are not using the services at the moment." (F)* *"RCI might be most useful with first-time clients, it could be very powerful." (F)*

There was general accord among respondents that the RCI is a tool that readily awakens reflection and encourages action in many important life areas. A number of people linked taking specific actions based on reflection to the birth of hope; *"achieving small goals is enjoyable and that does give you hope."* Because of the presence of hope, new possibilities began to present themselves; *'I now stand up for myself. It's making people more respectful of me, they are looking at me and saying "oh my gosh!"*'

There was agreement among facilitators that the RCI helps people reflect on important life factors. Whether this led to action or not largely depended on the motivation and perceived level of insight of each respondent. Use of the RCI opened up discussion between respondents and facilitators, and facilitators were able to provide concrete examples of reflection leading to actions. Facilitators agreed with respondents that the RCI might prove to be a powerful tool of intervention with people who had yet to enter the mental health system and the fact that it is an on-line tool might be an advantage with younger people.

Q4. Did the RCI help you to form an action plan for recovery?

Main Findings: The RCI did help respondents to form a recovery plan; it encouraged them to take positive action which in turn opened up new life possibilities which they could choose to explore. Facilitators related that the RCI gave rise to a realisation that each person is responsible for their own recovery.

Table 3.6 shows themes and quotes in relation to this question.

There was agreement that the RCI is a tool that helps those who use it to formulate an action plan. Most of the respondents who took part in these interviews had not formally used the Workbook and Profile. It must be noted, however, that nine of the sixteen respondents who took part in this module of the study had not received the Workbook. Nevertheless, there was evidence that through completing the on-line questionnaire and thinking about their life situations they had begun to systematically take actions leading towards recovery. By striving for recovery, respondents allowed themselves to explore new and exciting expectations and possibilities for the future; *"I thought I don't have an action plan but [then realised] really I do. It really focused me on getting back to work."* Taking action began a process of change which began to awaken new possibilities for the future. Facilitators suggested that the main difference the RCI had made was that it changed people's attitude towards their own role in recovery; 'It made them realise they had to help themselves, even if they did need a little bit of active encouragement, and that was powerful.'

Table 3.6. *Forming an Action Plan*

Q4	Theme	Illustrative Quotes
	Forming a plan	*"It really focused me on getting back to work." (R)* *"[The RCI] makes people aware that there is always something that you can do." (R)*
	Taking action	*"I'm getting more and more involved." (R)* *"Perhaps the biggest change is that I now frequently take time out for myself, giving myself permission to have a rest and read a book." (R)*
	Exploring new possibilities	*"I would consider working anywhere and I had given up on the idea that I would ever work again." (R)*
	Awakening the idea of personal responsibility for recovery	*"It made them realise they had to help themselves, even if they did need a little bit of active encouragement and that was powerful." (F)*

Q5. Did the RCI make a difference to the lives of respondents?

Main Findings: Despite a limited experience of the RCI, respondents gave examples of how it had made a positive difference to their lives, through changing the way they thought about themselves, changing the way they acted, and experiencing a range of positive feelings as a result of their efforts. Facilitators commented that the RCI is a valuable part of a 'groundswell of recovery' that represents a symbolic shift in power.

Table 3.7 displays themes and quotes for this question.

Despite their quite limited experience of the RCI, respondents, in general, indicated that it had made a difference in their lives. They reported that the RCI had changed the way they thought about themselves and the importance of their own actions and these in turn had led to new and more positive feelings.

While the RCI was generally recognised as having the potential to make a significant difference to the lives of people who used it, facilitators felt that at this stage it was too early to say definitively that it had. However, there were some indications that people had changed their thinking about themselves and some had embarked on a course of action aimed at recovery. For facilitators, the RCI was seen as one part of a much larger movement for change (or 'groundswell') that was coming from a variety of sources, and incorporated a symbolic shift in power.

Table 3.7. *Capacity to Make a Difference to Respondents' Lives*

Q5	Theme	Illustrative Quotes
	Changes in thinking	*"It made me realise I can do something." (R)* *"It made me reflect that I have quite a lot of power and that I have done quite well." (R)* *"One person was able to say 'I don't really have it that bad.' She is someone who is always depressed. I wasn't expecting this." (F)*
	Changes in acting	*"It's made me try things [I wouldn't have tried before]." (R)* *"I was holding back but now I am pushing forward." (R)*
	Changes in feeling	*"It makes you hopeful for the future." (R)* *"It has given me the urge to move on." (R)* *"It has given me confidence that I am on the right path." (R)*
	Part of a groundswell of recovery	*"The RCI specifically doesn't make a whole heap of difference on its own but it is part of a groundswell and people are beginning to embrace this massive change." (F)*
	Representing a symbolic shift in power	*"It [the RCI] makes a real symbolic difference. Traditionally, professionals have kept confidential paperwork which dictated the direction of their client's lives. The workbook puts this into people's own hands. There is a question of ownership." (F)* *"It has potential for them to set their own agenda…which would be great." (F)*

3.5 Part B Findings: The RCI as a Facilitated Process

This section explores respondents' and facilitators' experiences of the RCI as a facilitated process. The relative independence/dependence of different respondents on their facilitator influenced their responses. For some, the facilitator was only needed to help gain access to the RCI, *"It made me think there must be a way I could have done this from home."* For others, it would have been unthinkable to try and complete any of the RCI components without a heavy reliance on a facilitator; *"The facilitator read me the questions and allowed me to not do too much. She also explained bits of it. I don't think she affected my answers."*

Q6a. What was helpful about having or being a facilitator?

Main Findings: Respondents acknowledged a number of helpful aspects of facilitation; facilitators provided 'moral support' (belief and encouragement), and were also a source of practical help and information. From the facilitator perspective, positive aspects included active support from EVE and other locally based facilitators, having a good relationship with respondents, and an opportunity for a new relationship. The shift in power represented by the RCI was also reported in this section.

Table 3.8 outlines these themes with illustrative quotes.

Table 3.8. *Helpful Aspects of Facilitation*

Q6a	Theme	Illustrative Quotes
	Providing moral support and encouragement	*"It made it much more comfortable… she had a calming influence." (R)* *"I wouldn't have been able to cope." (R)*
	Providing information and practical help	*"She was very helpful; if I was stuck I could ask her things." (R)*
	Active support	*"EVE were very helpful. If ever you had a query they were available." (F)* *"I found it helpful to be part of a group of facilitators." (F)*
	A good relationship	*"It is helpful to work with people with whom you already have a good relationship." (F)*
	Opportunity for new relationship	*"The RCI has the potential to focus a relationship. Anything that helps you and your service user is useful." (F)*
	A shift in power	*"This was a game changer in terms of shift in power. It's very exciting. It's a change from "I know best" to you being the expert on your own lives. The idea of equality." (F)*

While some respondents were much more reliant on the help of a facilitator than others, everyone found the concept of friendly facilitation to be helpful. People reported having a facilitator helped them to overcome nervousness, clarify questions and solve technical challenges. For some, the facilitator was the main reason they tackled the RCI and this had been a positive experience.

From the facilitator perspective, helpful aspects of facilitation included help from EVE, peers and a trusting relationship between facilitator and respondent. It was suggested that the timing of the RCI's introduction as part of a groundswell of interest in recovery meant that it would be readily welcomed by both facilitators and respondents and that its methods represented a symbolic shift in power. The RCI ensured precious 'me' time to respondents and facilitators suggested that peer facilitation could be profitably explored.

Q6b What were unhelpful aspects of facilitation?

Main Findings: Whilst most respondents did not have comments to make in relation to this question, one respondent suggested that her facilitator could have explained the role she was meant to perform better. From the facilitators' perspective, unhelpful aspects of facilitation centred around the difficulty of making or finding enough time and a lack of resources.

Table 3.9 displays themes and quotes for this question.

There was general agreement amongst facilitators that the biggest challenge associated with facilitation of the RCI was finding the time needed. In terms of resourcing, in the current climate, it would be impossible to envisage the RCI becoming a regular tool without the appointment of designated facilitators:

"We have 4000 services users over the whole region. If we were to expand it universally it would be impossible. I have between 40 and 100 people that I am trying to be meaningfully involved with; I can't imagine how I can expand it to my clients."

Table 3.9. *Unhelpful Aspects of Facilitation*

Q6b	Theme	Illustrative Quotes
	Finding enough time	*"Getting the time is a real problem." (F)* *"With each service user, it's essentially a half a day. We wouldn't normally have this time to give." (F)* *"It was left with me to find the time out of my own workload and I don't have any." (F)* *"It was bad timing. Coming on top of ARI it presents as something extra." (F)*
	Lack of available computers	*"Computer availability. I had to break loads of rules." (F)* *"We had huge problems with computer access." (F)* *"Computer access proved really difficult." (F)*
	Lack of management endorsement	*"We would have to really prioritise it more than we can afford to right now. Time, energy and the technical aspect, the resources and an issue of emphasis. As a service provider, if I mention RCI to my interdisciplinary team, 80% wouldn't know what it was." (F)* *"To make it really become part of ongoing practice, it would need the support of everyone working in mental health." (F)*

Another major difficulty was having easy access to computers.

One person was frustrated by the conditions laid out for participation (i.e. a requirement for current involvement with mental health services) which excluded a number of potential respondents that she was working with. Other aspects of facilitation which facilitators had found to be unhelpful included; *"Not being exposed to the tool enough before we facilitated' and the password process being 'a bit complicated."*

To be effective the RCI would need to be accepted by all members of the multi-disciplinary team and to have the endorsement of senior management, endorsement which one facilitator found was lacking.

Q7. What advice do you have to make the experience of the RCI more useful?

Main Findings: Respondents recommended developing or clarifying the role of the facilitator, offering a shorter version, eliminating or explaining questions relating to sexuality, eliminating computer linked problems and introducing the option of peer facilitation. They also suggested that the RCI could be used as a tool of prevention, and as a tool of professional education.

Facilitators recommended providing enough time and human resources, developing training modules aimed at understanding the RCI and building in elements of peer support. They also recommended reducing the RCI's length.

Table 3.10 displays themes and quotes for this question.

Table 3.10. *Advice to Make the RCI More Useful*

Q7	Theme	Illustrative Quotes
	Develop the role of the facilitator	*"Maybe a little more involvement from the facilitator." (R)*
	Provide the option of a shorter, less repetitive version of the RCI	*"I would shorten it a bit. It was very repetitive." (R)* *"It is far too time consuming." (F)*
	Eliminate or explain questions relating to sexuality	*"Why would they want to ask embarrassing questions?" (R)*
	Provide the option of peer facilitation	*"Someone who had done it before and who knows what it's like." (R)* *"Peer facilitation is a lot more appropriate." (F)*
	Develop the RCI as a tool of prevention	*"What [young people] would especially like is because it's computerised." (R)*
	As tool of professional education	*"It could have a role in teaching professionals." (R)* *"These questions [in the RCI] are so much better than 'Are you feeling suicidal? Are you sleeping?'" (R)*
	Provide time and resources	*"I need time to really actively encourage them to use the workbook." (F)* *"They really need one-to-one." (F).*
	Develop training	*"…discuss a dummy profile so they could learn how to read it and move from there to making an action plan." (F)*

Respondents offered suggestions about the identity and role of the facilitator. The RCI was seen as having a potential role in educating professionals and in preventing 'mental illness' among young people. It also had the potential to offer a leadership role to people who had completed it. It was suggested that discussion between respondents could be of benefit. Many respondents thought it was too long and inflexible in its current form.

For facilitators, recommendations for improvement of the facilitation process included the provision of more time for discussion and encouragement of respondents' answers, the introduction of support and training for peer facilitators and the development of leadership roles for suitably able respondents. The development of training programmes and discussion groups using real vignettes from the RCI as well as a co-produced training course for facilitators incorporating the wisdom of respondents who had been facilitated were also recommended. A smoothing out of technical difficulties and an alternative to the on-line version of the RCI were suggested. The length of the RCI, especially if it was being repeated, and the inability to rate only selected domains was seen as potentially problematic; facilitators recommended a greater flexibility within the RCI.

Q8. What helped or hindered the use of the RCI?

Main Findings: For respondents, the availability (or non-availability) of computers and friendly, computer literate facilitators were seen as very helpful to the introduction of the RCI, while experiencing computer difficulties was reported as hindering its use. Facilitators found that being able to network with other facilitators and the fine quality of the materials provided by EVE helped the use of the RCI. The training, difficulties with computers and the length of time needed for facilitation were common hindrances.

See Tables 3.11 and 3.12 for themes and illustrative quotes for this question.

Table 3.11. *Things that Helped the Use of the RCI*

Q8	Theme	Illustrative Quotes
	The availability of computers and friendly computer-literate facilitators	*"The availability of the computers and the familiarity and friendliness of people in [name of service] made it very easy." (R)* *"Having a facilitator that I knew and was comfortable with was helpful." (R)*
	Quality of materials and support	*"The networking between facilitators and having a local person as the ODP or admin was very helpful." (F)* *"The facilitator manual was very detailed and useful." (F)* *"The quality of the workbook was very high and the profile which was appreciated by respondents." (F)*

Table 3.12. *Things that Hindered the Use of the RCI*

Q8	Theme	Illustrative Quotes
	Time (length of questionnaire and delays)	*"People [both facilitators and respondents] dropping out because of delays." (F)* *"Time and technology are the two areas that need to be looked look at." (F)*
	Computer related problems	*"It took several tries to get connected to the HSE computer and then one browser wouldn't work." (F)* *"She tried loads of times to get connected and kept failing." (R)*
	Problems with training	*"The training was a mixed blessing. It was so long and not very specific." (F)* *"It made you think facilitation was far more difficult than it is. It was so easy." (F)*
	Lack of funding to cover costs	*"Cost for respondents and voluntary facilitators." (F)* *"I had to travel quite a distance and wasn't offered any financial help." (R)*

Q9 Have you any final thoughts?

Main Findings: Respondents reiterated the idea that the RCI has potential uses in prevention, recovery and education and that it could also be used to improve the doctor-patient relationship. Their main criticisms related to the length and repetitive nature of the RCI and the fact that you had to complete the whole questionnaire each time. Some respondents mentioned experiencing difficulties in accessing computers which they found frustrating. Personal questions to do with sexuality and medication were also referred to as problematic as the RCI did not allow for follow up or discussion. It should be noted here again that these respondents were amongst those who had not had access to the RCI Workbook.

Facilitators commented that the RCI can open up discussion between different stakeholder groups to develop a plan for organisational change within the HSE, but that it needs to be shorter and more flexible.

Table 3.13 displays themes and quotes for this question.

Table 3.13. *Final Thoughts*

Q9	Theme	Illustrative Quotes
	The RCI as a tool of prevention, education in addition to recovery	*"Younger people. It might help them engage,* the social aspect of it." (R) *"It would help [people being discharged from hospital] begin to make a plan. It should be available through GPs." (R)* *"Ask "how are you?" rather than 'are you suicidal?'" (R)*

As a means of improving the doctor-patient relationship	*"Perhaps if people presented their action plan to their doctor, it might help bring about change in that relationship." (R)* *"Opening discussion between different stakeholder groups. It could open up discussion between service users and providers." (F)* *"It can be used to explore people's fears about the consequences of change." (F)* *"The College of Psychiatry could use it to better understand where service users are coming from and how they perceive being helped." (F)* *"It would be good for carers to do the RCI tool." (F)* *"It has huge potential in a Recovery College. It could be very useful for staff." (F)*
As a means of bringing about organisational change	*"It could be used as part of change management within HSE, generate discussion about what needs to change." (F)*
The length and inflexibility of the RCI in its current form	*"If the RCI is meant to be a tool for regular use they need to narrow down what people are working on, to allow people to concentrate on two or three goals." (F)* *"It takes far too long." (F)* *"Possibly the second time round if you could just concentrate on the parts that you found most important." (R)* *"It needs to be more compact." (R)* *"It would be good if it could be personalised so people could hone in on what was very important for them." (F)*

This question produced answers similar to those already elicited under suggestions for improvement. A suggestion was made that the RCI might be very useful to people who were just coming out of hospital. Similarly the idea was again mooted by both respondents and facilitators that the RCI might be a good training exercise for professionals, so they realise the type of questions that might be helpful in their interviews and dealings with service users. One respondent thought that the action plan could become a useful part of the doctor-patient relationship.

The RCI was recognised by facilitators as having the potential to identify specific factors within the services just as effectively as it does in the lives of respondents and thereby promote reflective discussion which could motivate change. Both facilitators and respondents addressed the length of the RCI and re-iterated the idea that it would be useful to be able to be selective about which parts of the RCI to focus on.

3.6 Summary

The RCI led to personal and interpersonal change at many levels. Respondents spoke about becoming hopeful, of being empowered and of finding meaning and direction through the use of each element of the RCI. Facilitators reported a deepening of their understanding of recovery, of each respondent and of the relationship between them. The RCI provided a valuable means of evaluating the current medically dominated mental health services and, it was hoped, could become instrumental in bringing about organisational change. It was suggested the RCI could be developed into a unique educational tool for all the professional stakeholder groups. The RCI was seen as having an unexplored role in the prevention of mental illness among at risk populations and it was felt that its on-line nature might especially appeal to younger people.

Criticisms of the RCI centred on a difficulty of access to computers, the lack of time available to facilitators, the RCI's length and its repetitive nature. It was recommended that it should be made more flexible so that respondents could use it to work on life areas particularly important to their unique life context. Questions that explored sexuality presented difficulties to both respondents and facilitators. There were recommendations that these questions should perhaps be made optional and that, where appropriate, expert help would be made available.

The RCI provides people with mental health problems and mental health practitioners working with them an effective way to co-create a recovery plan uniquely suited to each individual's life context. Involvement in this recovery process enriches the lives of all involved and increases a growing pool of knowledge accumulating throughout a burgeoning and world-wide recovery movement.

3.7 Recommendations

After considering the promising findings of this study and noting the limited scope of this exploration of participants' experience, this researcher makes the following recommendations:

Design Recommendations

1. That the following problems, frequently identified by respondents and facilitators, be considered:
   - its length and requirement that all questions be answered
   - the way in which questions dealing with sexuality are presented
2. That a paper-based version of the RCI be made available.

Implementation Recommendations

1. That the following problems, frequently identified by respondents and facilitators, be considered:
   - computer issue
   - the availability of time and resources
2. A small team of facilitators (ideally comprising at least one peer worker with experience of use of the RCI) be deployed for dedicated RCI work in mental health services on a weekly basis. That at least one of these facilitators should be someone with personal experience of mental illness and who has used the RCI.

Future Development Recommendations

1. That the RCI's potential as an educational tool be explored among service providers, family members and members of the general public.
2. That the RCI's potential as a preventative tool be explored among members of second and third level schools.

3. That the RCI's potential to evaluate the quality of services and contribute to processes of organisational change be explored.
4. That EVE co-produce a course that utilises the RCI within the community and voluntary sector, in order to collaborate with a broader potential pool and that Recovery Colleges being developed through ARI be invited to include these as part of their curricula.
5. That funding be made available to conduct a longitudinal study to follow the progress of respondents and facilitators who use the RCI over a three year period.

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Chapter 4 - Telephone Interviews with RCI Site Leads

4.1 Overview

This chapter presents the findings of Module 2 of the evaluation study and contains a summary of reflections of six Advancing Recovery in Ireland (ARI) site leads, who oversaw the implementation of the RCI in their sites. This independent qualitative module of the study was conducted and authored by Mike Watts, PhD.

4.2 Method

Recorded telephone interviews were conducted with the site leads of six pilot sites selected to take part in ARI. It was not possible to process research ethics in one site, hence this site was not invited to participate in this module of the study. Interviews consisted of eight standardised questions (See Appendix E) designed to explore the process of using the RCI from the point of view of each site lead and which, collectively, explored their views of the experience of:

a. service users

b. facilitators

c. the site as a whole

4.2.1 Consent to take part

Prior to each interview, a phone call was made to each site lead to inform him or her about the process and to gain their consent to take part. Once agreement had been secured, an information sheet, consent form and a copy of the questions were sent to each lead by email. At a pre-arranged date and time which suited the particular site lead, telephone interviews were conducted and recorded. Prior to interview, each site lead was given an assurance that all interviews would be anonymised to encourage each person to be completely frank about their experiences and their views. At the end of each interview, the researcher debriefed each participant using a standardised format and thanked them for their time and wisdom. Phone calls lasted from 36 to 58 minutes and were conducted from the researcher's home.

4.2.2 Ethical Approval

Prior to the commencement of this phase of the evaluation, research ethical approval for the interviews was obtained locally for each site by members of the RCI Development Team.

4.2.3 Analysis

After interview, each recording was transferred to a computer and then transcribed. Each question or question part was then analysed for emergent themes. These themes are contained in the next section entitled findings.

4.3 Participant Profiles

Of the six site leads, four were nurses, one a psychologist and one a peer support worker.

4.4 Findings

This section contains themes that emerged during telephone conversations with site leads.

Question1: What are your general impressions of the RCI from the perspective of your role as site lead?

Main Findings: In general, it was felt that the RCI was a beneficial tool, empowering service users to have a direct input into their own recovery and positively influencing their relationship to HSE staff. Facilitators were enthusiastic about it and the high standards of design and support by EVE were widely acknowledged. One site lead in particular had been excited by this technology-based tool commenting that it is:

"A fantastic tool in relation to the way the world is moving, towards a technology based infrastructure. A recovery tool using IT? Fantastic! That's the way the world is going. Let's go with it."

Most site leads, while acknowledging the benefits, also qualified these by mentioning some generalised difficulties. Two common difficulties they had experienced with the initial roll out of the RCI were computer/IT related issues and time/workload issues. These two themes recurred throughout the interviews. Examples of themes from this question are presented in Table 4.1.

Table 4.1. *Qualified Positive Impressions of the RCI*

Q1	Theme	Illustrative Quotes
	Positive impressions of the RCI	*"Staff felt, when there was an opportunity to do it, it was beneficial..."* *"A very good tool. Feedback from service users is good. It gets service users to examine their lives, it is strengths based, it gets them to look at their life themselves rather than relying on a professional…"* *"Overall a good recovery tool..."*
	Computer and IT related difficulties	*"…however the challenges lay in lack of IT equipment."* *"…but from a lead perspective, the IT aspect was very difficult. Both access and the level of IT skills among staff and users."* *"Very practically, it's computer based and we have no accessible computers. It's a huge challenge to find computers that suit. There is a huge expenditure of energy involved, so only really highly motivated people got it done."*
	Time and workload issues	*"I think that it became too much work as part of ARI and consequently because it was left to different individuals, it didn't get high enough priority and may have got a bit lost."* *"People felt it was an additional burden and they had to do it, one more chore."*

Question 2: Can you speak a bit about the implementation of the RCI at your site? Was there anything that particularly helped or hindered this process?

Main Findings: While most of the feedback in response to this question concentrated on what had hindered the rolling out of the RCI, two themes relating to what helped in the implementation of the RCI consistently emerged. All but one site stated that the main thing that helped was the quality of the training and the support from the RCI team; EVE personnel were *"very involved and always available"*. In addition, the RCI represented a partnership approach to recovery which made it attractive to both staff and service users. See Table 4.2 for themes and illustrative quotes in relation to what helped in the implementation of the RCI.

Site leads identified seven separate hindrances to the smooth and effective roll out of the RCI: a chronic lack of computers, chronic lack of designated time, the timing of the launch in tandem with ImROC, stakeholder attitudes, a lack of support from senior management, delays in the roll out of the RCI and what one lead called an *"inequality of incentive"*. See Table 4.3 for themes and illustrative quotes in relation to what hindered the implementation of the RCI.

Table 4.2. *What Helped the Implementation of the RCI*

Q2a	Theme	Illustrative Quotes
	Quality of training and support	*"What helped was all the supportive material, online videos explaining how to do parts and many written guidelines. If you were motivated, you certainly had the means to do it."* *"EVE staff were very accessible."* *"What helped was the quality of training."*
	A partnership approach to recovery	*"The training brought people [facilitators] together and motivated them."* *"The RCI contains elements of a 1-1 relationship between service users and staff. Consumer feedback has been positive."*

Table 4.3. *What Hindered the Implementation of the RCI*

Q2b	Theme	Illustrative Quotes
	Computer and time related problems	"There were major IT difficulties. Access was incredibly difficult, we had to break rules and protocols in order to find computers." "They [the staff] just didn't have time." "It just took too much time."
	The timing of the RCI launch and resultant confusion	*"Two projects coming under one umbrella. Getting people to accept both ARI [sic] and RCI was very confusing for people. They should have been two very separate projects. Initially, we were promoting ARI [sic] and we didn't really mention RCI, so when it arrived it was kind of an add-on."*

	"Because of the timing, people felt they had to choose between ARI [sic] and RCI." *"Because it came at the same time as ARI [sic] and there was so much about ARI [sic] the RCI got lost. If it had come at a different time, it would have been much better."*
Stakeholder attitudes	*"It was seen as overload, another chore, just one more thing to be done."* *"The RCI could have been stalled [by management] because of the idea of providing feedback about existing services. No one likes getting evaluated."* *"Our own mind-set about IT didn't help. I think we were over cautious about how difficult it might be. Consumers found it easy. We had reservations about its confidentiality because it was online. These things affected staff motivation and the way we tried to sell it to service users."*
A lack of support from senior management	*"It wasn't promoted by higher management... It would have been helpful to have AMTs on board and they could have delegated and ensured that 50 people within the site completed it."* *"Only one psychiatrist showed any interest at all in the RCI. Senior management didn't seem to be aware of it at all."* *"If this was to happen again... I would insist on senior management providing top down support or nothing happens."*
Delays in roll out	*"We had two lots of training and then a big delay which was a real hindrance. I lost a lot of facilitators. They got fed up and had forgotten a lot of the facilitation skills and had to be reminded."*
Inequality of incentive	*"The inequality of ARI expenses etc. 'We want you to give your time and wisdom and to be involved but we can't pay you'. This was a huge issue. People in this area have been volunteering for the last number of years and there is an inherited resentment about inequality."*

Access to computers and issues of time were mentioned by all site leads and feature prominently throughout the interviews. There was also agreement from all sites that the simultaneous introduction of two separate recovery initiatives, ImROC and the RCI, led to a great deal of confusion. This confusion, in turn, had a negative effect on the attitudes of both facilitators and site leads. As one person put it: *"I felt I was imposing yet another task on them [staff] rather than offering them an opportunity."*

One person suggested that the long delay between training of facilitators and the eventual roll out of the RCI was also a hindrance. Another site lead agreed; the frustration can be heard within his choice of words: *"There was a long gap until it came on line. Most people had forgotten how to do the damn thing and had lost their enthusiasm and needed more motivation."* However another lead reported that this delay had been partly helpful; *"The long delay worked in our favour; it gave us time to recruit people but it also meant that facilitators had forgotten what they had been told."* Finally, one site lead said that a lack of adequate incentives for volunteers to take part (in both the RCI and ImROC) added to a growing problem of inequality of rewards between service users and staff involved in the promotion of recovery.

Question 3: What do you see as the benefits of implementing the RCI in your site?

3a: Have there been any benefits for service users?

Main Findings: Site leads agreed that the RCI's greatest benefit to service users lay in its ability to empower them and to actively encourage a healthy independence. Other benefits mentioned were that it had the capacity to change people's attitudes in a positive way, it was a helpful introduction to the digital age, it explored areas of life often ignored in standard system based interviews and it provided opportunities for peer support.

Table 4.4 presents themes and illustrative quotes in relation to this question.

The RCI was seen as a tool which facilitated learning, where people could gain a new understanding about themselves, their situation and their recovery. One person compared it favourably to other well validated recovery tools such as WRAP. Another suggested that the RCI had the potential to be a home based tool, one that could be used independently from the system. One site lead noted that the RCI provided a context where people could reflect on and positively change their attitude towards the idea of being helped. It was also seen as a vehicle that made people think about different areas of their lives that were not usually considered significant and which could lead to a re-evaluation of what is important to recovery. One site lead felt that a more personal approach to the RCI might be preferred by service users. In this site, facilitators had included a service user and a family member, which raised a number of questions about the possible role of peers.

Table 4.4. *Benefits for Service Users*

Q3a	Theme	Illustrative Quotes
	A tool of empowerment and independence	*"Ultimately it might create a greater sense of independence and each person's power to overcome things."* *"It is an empowerment tool getting people to look at their own recovery."* *"It gave them a valuable snapshot of where they were at and where they would like to be. A holistic overview and sense of direction along with some concrete aids such as the graph."*
	Cultivating a positive change in attitudes	*"Doing the RCI has the capacity to give people an ability to know when they do or don't need help."* *"It helps because it systematically covers areas that usually get ignored and which are really important, things like setting personal goals, developing social networks... it is comprehensive and introduces the idea of a holistic approach."*
	An introduction to the digital world.	*"The fact that it's a digital tool, one they can use themselves It's for them. In the future, maybe people could access it through their own smart phone, like a personal WRAP plan where a facilitator might be an optional support."*
	The need for a more personal approach	*"Some people would prefer a more personal approach rather than being online, more personal interaction."*

3b: Have there been any benefits for staff?

Main Findings: Site leads proposed three main benefits for staff: the RCI was a learning tool for staff, it positively changed the relationship between professional and service user and it increased job satisfaction and meaning. One site lead felt that there had been no benefits to staff due to the small uptake.

Table 4.5 presents themes and illustrative quotes in relation to this question.

A number of site leads felt the RCI had a positive effect on the relationship between staff who acted as facilitators and services users, bringing about a shift from paternalism towards partnership and a shared responsibility. One site lead thought that the benefits stated above would automatically lead to a greater sense of purpose and meaning for staff. However, one site lead felt that the RCI had made little difference to staff in the present trial and that there had been little enthusiasm from service users: *"In general it is up to service users, whether they want to follow it up or not and no one wanted to."*

Table 4.5. *Benefits for Staff*

Q3b	Theme	Illustrative Quotes
	The RCI as a learning tool	*"There is a fine line between paternalism and risk taking e.g. safety vs. responsibility. Staff need to learn when to take risks and RCI could be a teaching tool for this."* *"There was a greater awareness of the recovery agenda. Working with people's own wants and needs instead of with symptoms and medications; they began to glimpse what recovery is really like."* *"I think staff should be made to do it for themselves. This would change their idea of recovery. I did it myself and found it interesting. It could enhance their work."*
	Moving away from paternalism	*"It created a partnership approach and emphasised the importance of empowerment and letting go."* *"They are showing their clients a tool that benefits them; they are empowering people, letting people take their own power. Staff being able to offer this would be brilliant."*
	Increased job satisfaction and meaning	*"I am someone who believes that if you improve the lot of service users, you also improve the lot of the staff in terms of job satisfaction."*

Question 3c: Have there been any benefits for the service overall?

Main Findings: Site leads gave a mixed reaction to this question. On the positive side, the RCI had been useful as a call for radical service change; it enhanced a general understanding of recovery and built bridges between different parts of the service and it had the potential to provide invaluable feedback about the services. On the negative side, it was suggested the service did not currently have the resources necessary to implement a widespread usage of the RCI.

Table 4.6 presents themes and quotes in relation to this question.

One lead was adamant that the current structure of the services prohibited a widespread introduction of the RCI. He felt there was a danger of alienating all concerned by trying to do too much with too little. Another saw the RCI as legitimately highlighting IT deficits. For the RCI to be successfully introduced, there would also have to be radical changes in the area of staffing and the incorporation of peer support into the work force. There was a consensus that the RCI's potential to provide feedback about the quality of mental health services could be invaluable.

Table 4.6. *Benefits to the System*

Q3c	Theme	Illustrative Quotes
	Not in the present context	*"If it happened today, the services wouldn't be able to cope... my biggest concern is if we try to do too much with a very lean resource, we will turn people off, both staff and service users. Because it is online there needs to be an accessible IT infrastructure and we need to allocate time."*
	Highlighting systemic deficits	*"It highlighted IT deficits. This is the way things are going, for example APSI and AWARE, have free online services. If the 50 service users had been obtained, there could have been invaluable feedback."* *"It can't be done unless it incorporates a lot of peer support. This could really bring about huge change in the system. We often see collaborative practises happening generated by staff which then include service users. This could work the other way service users taking power and then including staff."*
	Enhancing knowledge about the nature of	*"There has been an enhancing of their [all* recovery and building bridges *stakeholders] knowledge of recovery."* *"From the organisational side of things, we used it with EVE partnership; it helped bridge a partnership between EVE and HSE. A lot of staff saw EVE as something separate."*
	A means of valuable feedback about the quality of services	*"It could also provide very useful feedback about services. The more people who do it, the more useful this would be."* *"There could be a lot of value if it was generalised. Especially, if more professional groups used it and as a method of providing feedback about the service."* *"It is valuable in that it provides a way of mapping services, of seeing where there are gaps or whether we are using our funding well."*

Question 4: What do you see as the challenges of implementing the RCI in your site?

Main Findings: Site leads identified two main challenges to implementing the RCI in each site, namely finding enough time for facilitators and enough readily available and accessible computers. They also identified a number of other challenges for the different stakeholder groups, which are outlined below.

4a: Have there been any challenges for service users?

Main Findings: Site leads identified four challenges which faced service users: for many service users the RCI was too difficult, there was no provision for follow up, at times the structure of the RCI was too inflexible which made it confusing, and some service users felt it was just another thing that staff wanted them to do. On the positive side, it was seen as representing a welcome challenge, providing an opportunity for peer support. Table 4.7 presents themes and illustrative quotes in relation to challenges for service users.

Table 4.7. *Challenges for Service Users*

Q4a	Theme	Illustrative Quotes
	The RCI was too difficult and presented challenges	*"I think it's too difficult for a lot of people. We are talking about the whole service and a lot of people have huge educational difficulties. For this group, it would be impractical."* *"Some people felt overwhelmed by the challenge, the contrast from a passive role in a paternalistic culture to active participation in making their own recovery action plan. It was a bit like 'Planning for the Future' a sudden change in understanding how things work. It awoke a lot of very conflicting feelings."* *"People often got stuck and needed help. It was very difficult for them."*
	No provision for follow up	*"If people do identify an area where they need to work on it, are the resources there to follow it up?"*
	The RCI's current structure	*"People said I am having to rate the local services now and I want to say my nurse is great but my psychiatrist is awful. There didn't seem to be a way this could be done."*
	Another thing 'they' want me to do for them	*"This is just one more thing 'they' want me to do for 'them'."*
	An opportunity for peer facilitation and equality of reward	*"Maybe service users could be trained to do it independently of staff, either on their own or with a peer facilitator."* *"If the RCI was a project on its own, then we should train up a lot more people as facilitators including service users and address the problem of equality of reward, find some way of showing real appreciation of the input of peers."*

Three site leads suggested that, for many service users, the RCI might be too difficult if it were to become part of standard practice. Another felt that the whole concept of taking responsibility for your own recovery might be very difficult to understand after spending years in a culture which directed their every move. Another site lead reported that service users had found some questions confusing because of their generalised nature. One site lead suggested that some service users didn't understand how the RCI could be beneficial, seeing it as *"one more thing **they** want me to do for **them**''*. This lead doubted if service users would follow up with the RCI without strong encouragement.

Two leads suggested that the RCI provided a great opportunity for peer facilitation, a challenge on the side of taking positive risks and one that had the potential to alleviate the stress caused to staff from the introduction of new initiatives. Peer facilitation in turn would help address what is currently seen as an inequality of reward for service user input.

4b: Have there been any challenges for staff?

Main findings: A number of challenges for staff were identified: a severe lack of resources, a fear of overload and burn out, a lack of management support, staff attitude and 'skills decay' due to delays in the roll out of the RCI. See Table 4.8 for themes and illustrative quotes.

Table 4.8. *Challenges to Staff*

Q4b	Theme	Illustrative Quotes
	A severe lack of resources	*"We are working in very complex organisations and any change has implications and creates waves that affect everyone. This plus constant demands for more and for change. Pay has been cut by 20%. The number of colleagues by 20%, resources cut by 20%. We have constant new demands such as safety, new assessment and reporting techniques, accountability and being recovery oriented. People tend to drop anything that is not absolutely necessary."*
	A fear of overload	*"A lack of designated time, can create a lot of fear. People tend to avoid doing anything extra because of this fear. They lose sight of possible benefits. We all start with seeing how will this impact on me."* *"It was seen as more overload."*
	A lack of management support	*"Locally people weren't getting support from management. It needed time, application and the provision of designated time, this was the main challenge."* *"To be effective, all members of MDTs should have to do it themselves. The fact that it was mostly left to nurses kind of devalued it."* *"It would have been better if staff members who did the training included social workers and OTs as well as nurses and that they did get time allocated for that day."*
	Skills decay	*"Skills decay, many people had forgotten the training they received, this was demoralising and demotivating."*

	Staff attitude	*"Some staff felt they were burdening services users especially when they couldn't see benefits themselves. They wondered if being asked to do the RCI would make service users feel bad, either showing up a lack of IT skills or be seen as very patronising."*

The timing of the RCI meant that it became one more burden within a very under resourced work context where more and more is expected from less and less people with fewer and fewer resources. The very stressful context in which mental health staff are currently working created a fear of overload and burn out that worked against people taking on new things. Because there was no pro-active support for the RCI from local management, many staff couldn't find the time. Another lead suggested that a lack of management support meant that it usually fell to nurses to implement the RCI and that this devalued it, in a way that would have not existed had all disciplines been encouraged to take it on. One lead suggested that some staff felt that the RCI was seen as overload by service users, which negatively affected their enthusiasm for the RCI.

4c: Have there been any challenges for the service overall?

Main Findings: Site leads identified the following as challenging the service overall: a chronic lack of resources and multiple new demands, a side-lining of the RCI, and the attitude of some doctors. Table 4.9 presents themes and illustrative quotes in relation to this question.

Table 4.9. *Challenges to the Services*

Q4c	Theme	Illustrative Quotes
	A chronic lack of resources & multiple new demands	*"Resources, staff, time, adequate technology, having designated spaces."* *"It was just too much having ARI[sic] and RCI all at once."* *"There is a throughput of staff and lots of new projects coming on stream all the time."* *"Staff throughput is standard, people moving onto different things, promotion, moving home. We have a current shortage of staff and we have to depend on agencies."*
	A sidelining of the RCI	*"RCI can get side-lined by clinical programmes and everything that has to be done. Safety and quality standards take priority over everything else. People do recovery stuff when they can but it isn't seen as top priority."* *"The RCI was a bit split off from main services as was ARI[sic]. This was almost something you did as a hobby on the side. No one was really encouraged and supported, if they chose to do it."*
	The attitude of some doctors	*"It was really hard to get doctors on board. They saw it as a hindrance that would take up too much time. Because of this, the RCI was a non-starter in some sites."*

Two people spoke about difficulties created by the chronic shortage of staff and a high rate of turnover which made commitment to new projects such as the RCI difficult. Some site leads felt that both ImROC and the RCI had been side-lined in favour of many other new procedures and initiatives that were coming on stream such as safety issues and reporting protocols. The RCI suffered more from this than ImROC and was seen as *"split off from the main services"*.

Question 5: As you know, once at least 50 people complete the RCI in a site, the service is able to generate a service level report, based on the averaged responses of users. This report shows the views of users about a wide range of recovery promoting factors. These factors relate both to a person's personal life and their experience of the mental health services, The report shows how often these factors occur in their lives and secondly how important service users think these factors are to their recovery. We recognise that due to a range of factors your site has not generated a service level report as yet but I wanted to canvass your views on this facility nevertheless.

At this stage, do you anticipate that the RCI aggregated report facility could become an important support to recovery-oriented planning in your service?

Main Findings: Site leads' answers revealed a very real and widespread enthusiasm for the would-be benefits to be accrued from a regular supply of aggregated reports which would provide valuable feedback about what helps service users to recover and about how they perceive local mental health services. However, only one person thought that it was realistic to anticipate the generation of such aggregated reports within the current climate of the HSE. This person suggested that now might be a good time to re-launch the RCI.

Site leads gave a number of reasons why they didn't think it practical to generate enough individual reports to warrant aggregated feedback; it wasn't practical, the RCI is too complicated, a lack of resources and support and the format of feedback would not suit. Table 4.10 presents themes and illustrative quotes in relation to these responses.

Table 4.10. *Site Lead Responses to Aggregated Reports*

Q5a	Theme	Illustrative Quotes
	Positive responses	*"I would love this to happen."* *"It would be great. It would highlight areas we need to work on."* *"It would give us really valuable feedback."*
	Let's do it now	*"Yes, it could become an important support to recovery oriented planning and the more that did it the better it would be… now the intensity of ARI is finished, it would be really good to have a go at it."*
	Not practical	*"I would love to see this happening. But I am a pragmatist. I don't think at present we can achieve this target. There are just too many demands. I can't see ourselves achieving this without extra resources. Time is impossible to find."*

	"In the current climate, it is very difficult to see how we can regularly get this." *"It is just not realistic at the moment."*
The RCI is too complicated	*"I can't see the RCI delivering this. I think a 20 question survey would be easier and provide equally valuable material."*
A lack of resources and support	*"There would have to be management buy in. It can't be just left up to each site lead. The heads of all the disciplines need to be convinced. It would be great if every allied professional had to do 5 RCI interviews a month."* *"The biggest issue is that our IT structure is totally inadequate and I can't see how it could be brought up to scratch without a massive investment."* *"You would have to have IT facilities available. Tablets would be a good option."*
The format of feedback would not suit	*"In this region, the services are very different in each of the sites so an aggregate report wouldn't be accurate for the region as a whole, we would need 3 reports."*

Three site leads expressed the idea that this level of usage of the RCI was currently just not practical, the main reason being a chronic lack of resources. One person thought the RCI, in its current form, was too long and complicated even though its key ideas were very valuable.

Question 6: Based on your experience as a representative of your site, what recommendations would you make for the future of the RCI?

a) Any recommendations to make it more useful to service users?

b) Any recommendations to make it more useful to staff?

c) Any recommendations to make it more useful to the service overall?

Main Findings: Site leads proposed seven main recommendations aimed at ensuring that the RCI was more useful to service users, staff, and the service overall. These were:

- make the RCI much more accessible,
- provide a wider range of trained facilitators with personal knowledge of recovery,
- introduce service users to the RCI in different ways and as standard practice,
- emphasise the importance of evaluation,
- allow designated time,
- ensure the active support of senior management,
- promote the benefits of psychiatrists understanding and championing RCI usage and finally
- promote the benefits of receiving site reports based on feedback from 50 service users.

Table 4.11 presents themes and illustrative quotes in relation to this question, and indicates whether each suggestion was made in relation to increasing usefulness for service users, staff, or the service overall.

Table 4.11. *Site Lead Recommendations for Service Users, Staff and the Service Overall*

Q6a: Main Themes	SU	Staff	Service	Illustrative quotes
Simplifying and making the RCI more accessible	✓	✓	✓	*"If it must be online (and I think it could be converted into a briefer paper version), it should be shortened and there should be an investment in tablets."* *"The HSE need to acknowledge the need for computers, but in addition, participants should have access to a cup of coffee. We need to create an amenable space that is warm and inviting to service users."* *"There needs to be a radical change in the IT infrastructure. We would have to change protocols around computers."*
Providing a wider range of trained facilitators, with personal knowledge of recovery	✓	✓	✓	*"We should look at peer support. Do it as a possible project for people as part of their own recovery and transition from someone who needs help to someone who can give help."* *"Get the facilitators to become convinced of it. So start by getting facilitators to do it themselves so they are able to speak from their own passion."* *"We need to create a context that would welcome peer or other voluntary input. If the onus on facilitation didn't rest with staff only; if peers, suitable volunteers and family members could be recruited, it would help embed the RCI within the system."*
Introducing service users to the RCI in different ways and as standard practice	✓	✓		*"It could become a standard option at the time of referral. It could give people an empowering role in their own assessment as it involves sharing responsibility."* *"As all referrals come through GPs, maybe they should be trained in both its use and potential."* *"To be effective, everyone needs to have been trained and aware of RCI. It gives a very holistic overview of where people are at; perhaps this is the unique quality of the RCI."*
Importance of evaluation	✓	✓		*"It would be good to ask people who facilitated to reflect back."* *"The HSE need to speak with people who couldn't implement the RCI."* *"It might make real sense to take a really long term view of costs and benefits. To be able to convince staff that it would be value for money."*
Designated time		✓		*"Allowing a block of time e.g., one afternoon which is just for RCI. However shortages and overload make this difficult."*
Active support of senior management and psychiatry			✓	*"Provide training for top management so they are convinced of its value."* *"Training for students of psychiatry needs to include the benefits and practice of the RCI."* *"The site reports could guide the services and would also be a useful way of introducing management to the language of recovery."*

One site lead felt that if the RCI were radically simplified, then time would not be such a problem. Two other site leads suggested that a simplified paper version might also help expand the use of the RCI. It was felt that if the RCI was more easily accessible online, it would appeal to more service users. Greater accessibility might include: allowing access through personal computers, the use of public facilities such as libraries or the provision of tablets in waiting rooms and out-patient clinics so that service users could complete the RCI or parts of it, in preparation for a visit with their doctor. One site lead thought that the RCI should be greatly simplified and perhaps could be delivered in a paper version or as a touch screen feedback mechanism. One site lead suggested that efforts should be made to have the RCI embedded in a national IT structure currently being established throughout the mental health services. Another pointed out that current protocols around internet usage would need to be changed to allow HSE computers to provide access to the RCI. Another suggested alternative computer access might be more empowering to service users. As well as having computers that were easily accessible, it was felt that efforts need to be made to show appreciation for the participation of both service users and staff.

A number of site leads stressed that one huge barrier to the successful roll out of the RCI was the lack of time available to staff who wanted to act as facilitators. They made a number of suggestions of how this problem could be addressed. It was felt that facilitation was a very suitable role for trained peer support workers. If one professional facilitator recruited and supported 10 peer facilitators the amount of facilitation would multiply by ten and yet the time needed by the professional would remain the same. It was suggested that staff might benefit from training in preparation for this new relationship between staff and service users. Peer facilitation was seen as a valuable means of creating leadership roles for service users and the creation of additional resources for the services in general. One site lead suggested the creation of a fund specifically aimed at providing peer facilitation. As well as bringing in peer facilitators with personal experience of recovery, two site leads, drawing on their personal experience and passion for other recovery instruments and programmes such as WRAP, suggested that a requirement for facilitators should be to undertake the RCI themselves so they could experience its value to their own mental health. One site lead suggested that another source of facilitators might be to recruit students from the various mental health disciplines. Such a role would introduce them to recovery concepts and be an interesting facet of their training.

One site lead put forward the suggestion that the way service users are introduced to the RCI could play a crucial role in making it more useful to them. This person went on to suggest that GPs might be key to the standardisation of the RCI as a tool of personal empowerment. The RCI could become a standard part of a service user's entry into the mental health system. One site lead suggested that to be effective, the RCI needs to become a standard part of mental health services and its use should become a part of the training of all mental health professionals.

A suggestion was made that staff who had facilitated the RCI might be a good source of ideas about how to make the RCI more useful to service users. This person felt that a number of people who wanted to facilitate but for various reasons (such as time, computer access or lack of senior management support) were unable to do so, should be included in this feedback. Another suggestion of how to make the RCI more useful to staff involved taking a long term view, aimed at providing convincing evidence of its value. This could be achieved by evaluating its effects within one or more pilot areas.

The active support of senior management would be crucial if services are to benefit from the RCI. The support of psychiatry would greatly enhance the chances of the RCI becoming part of mainstream practice. It was suggested that site based reports, available when 50 service users have completed the RCI, would help convince management of its value.

Question 7: What resources and supports would need to be in place for the RCI to be successfully implemented in your site in the future?

Main Findings: This question revealed a fairly broad agreement of what resources and supports would be needed for the RCI to be successfully implemented. Five themes emerged: developing a management strategy, investing in suitable hardware, ensuring the designation of time, a supply of friendly, motivated facilitators and undertaking evidence based research.

Table 4.12 presents themes and illustrative quotes in relation to this question.

Table 4.12. *Resources and Supports Needed*

Q7	Theme	Illustrative Quotes
	Developing a management strategy	*"We need senior management buy in and for them to create some kind of monitoring mechanism to ensure uniformity across all sites."* *"An RCI working group should be established in each site with a budget and the support and involvement of top management. Each MDT should be made to appoint an RCI champion to promote its use at a local level."* *"It could be embedded as standard practice in day hospitals, sowing the idea of service users becoming students who learn about recovery. It could become a standard part of every care package."*
	Investment in suitable hardware	*"For the RCI to become possible, the HSE needs to invest heavily in a suitable IT infrastructure."* *"Financial resources for designated hardware are essential."* *"We need to figure out the technical side. The provision of tablets might be one solution. They could be independent of the HSE system. If it were easily accessible from people's own computers."*
	Ensuring the designation of time and a supply of friendly, motivated facilitators	*"If we were to do it as it is, for example, 3 hours for each person, we would need one extra staff person for every 12 service users. Even if it only took an hour, you would need one extra full time person for every 40 service users. So the main resource is to find suitable friendly recovery oriented people with time and motivation."* *"The introduction of paid peer facilitators would be one way to go and having a role like that would help their own recovery as well."*
	Undertaking evidence based research	*"We need supportive evaluations, longitudinal studies clearly showing benefits to service users, staff and the service."* *"There would be value in a longitudinal study but to do this, you would need both facilitator and service user buy in."* *"Everyone needs to 'get' the benefits, of promoting the RCI, there needs to be feedback. People need to be convinced that it is worth all the effort."*

While investment in a suitable computer based infrastructure and the provision of designated facilitator time were the most frequently mentioned resources needed to successfully launch and support the RCI, most sites suggested that a successful launch could only be achieved if a suitably motivated management structure was first of all put in place. The RCI, like ImROC, needs the full backing of both senior and middle management as well as appealing to services users. It was made clear that unless facilitators felt valued and supported, they would be unable to maintain a motivation to champion the RCI approach.

Question 8: Do you have any other final thoughts or observations on the RCI?

Main Findings: As the telephone interviews drew to a close all site leads were in agreement about the positive potential of the RCI. One site in particular was extremely enthusiastic:

"It is a fantastic tool. It sets the direction we need to go and is apace with current systems within western culture. It should be one of the centrepieces of a recovery college. It not only teaches recovery systematically but is a tool that brings Ireland's health services into the digital age."

Site leads in general expressed regret that the RCI had not experienced a wider uptake or been used more frequently. A number of reasons were given to explain why. Most concerned the current context of Irish mental health services and the introduction of the RCI at the same time as ImROC. The biggest practical problem had been the lack of ready access to technology. Even the lead who saw the RCI's use of internet technology as an exciting development stated: *"We don't have a suitable infrastructure at the moment."*

In order for the RCI to demonstrate its real potential, a number of site leads were emphatic that its roll out would need proactive support from members of senior management and from psychiatry.

One site lead suggested that now would have been a better time to launch the RCI. Another suggested there would be enthusiasm within her site for a re-launch. Themes and illustrative quotes in relation to this question are displayed in Table 4.13.

Table 4.13. *Final Thoughts*

Q8	Theme	Illustrative Quotes
	Positive potential	*"Its heart is in the right place."* *"It was a very good experience."* *"The trainers were excellent."*
	Contextual problems to do with the HSE	*"The current context is a total barrier. If it is to be done as part and parcel of what we have now, it's not a goer. If we could provide the necessary resources, it would be."* *"It fails in the Irish infrastructure, it just can't fly. This is a real pity. It needs a total transformation of the services as they are. If it could be adapted to the reality of services as they are, it could be valuable."*

Senior management support	*"Senior management need to buy in. Targets [for its use] need to be set and these need to be enforced. At the moment, psychiatry doesn't buy into it at all. They need to be convinced."* *"Overall senior management haven't actively sought to support it."*
The timing and context of its launch	*"I am sorry it came at the time it did. It should have worked much better."* *"Because it was launched in parallel to ARI[sic] it got lost. Now might be a better time."* *"It has been really good to do this exercise [the telephone interview], to reflect and see how we might develop RCI in our own work. We still have people who were trained and who didn't get going. They are a ready resource it would be a shame to waste."*

4.5 Summary

Interviews with six site leads involved in promoting the RCI as part of ARI revealed a number of factors that hindered its successful roll out. Some of these had not been so evident in the focus group/interview study conducted with RCI users and facilitators and had, in the views of the site leads, contributed to a lower than expected uptake of the RCI. The main things working against the widespread usage of the RCI were listed as:

1. A chronic lack of computer access.
2. A chronic lack of designated staff time.
3. Confusion, staff overload and fear due to the massive amounts of new recovery work coming on board at the same time. They especially mentioned the joint launch of ImROC and the RCI, expressing the opinion that the RCI had not received the same levels of support available to ImROC.
4. A lack of active support from senior management and psychiatry.
5. Delays between training and roll out of the RCI.

Despite all the difficulties experienced, all site leads thought that the RCI could prove to be an invaluable recovery tool.

All described very real benefits that would accrue from its widespread introduction. The RCI was seen as a valuable means of learning about recovery and of assessing services at a local level. The site leads made a number of recommendations, which if taken on board, would make a successful launch of the RCI possible.

Chapter 5 - RCI Online Evaluation: Respondents

5.1 Overview

The RCI suite of resources includes four main components; the online RCI Questionnaire, the RCI Profile (which displays RCI Questionnaire results in the form of a pair of bar charts), the RCI Recovery Planning Workbook, and the RCI Recovery Action Plan (which is contained in the RCI Recovery Planning Workbook). This chapter presents the findings from Module 3, the online evaluation questionnaire which was presented to respondents at different points during their first and second completions of the RCI Questionnaire. These questions related to the ease of use and usefulness as a support to mental health recovery of the four components of the RCI, respondents' pattern of use of the RCI Recovery Planning Workbook, and the levels of facilitator support that respondents used in completing the RCI Questionnaire. See Appendix F for a table of questions and the time points at which they were presented to people who completed the RCI.

5.2 Participants and Method

Participants for this study comprised all those who completed the RCI Questionnaire and were presented with the evaluation questions at Time 1 (N=127) and Time 2 (N=27). It should be noted here that 28 respondents completed the RCI again at Time 2, but for technical reasons it was not possible to use the data from one of these completions.

52% of this sample was male. The mean age for males and females was 41.80 years (SD[2]=10.97) and 45.95 years (SD=11.17) respectively. Respondents were recruited from ARI sites within four areas; HSE Dublin Mid Leinster (29.1%), HSE Dublin North East (11.8%), HSE South (37.0%), and HSE West (22.0%). The number of respondents recruited from different ARI sites is shown in Table 5.1.

Table 5.1. *Distribution of Recruitment by Site*

Site	N	%
Carlow Kilkenny South-Tipperary	15	11.8
Cavan-Monaghan	15	11.8
Dublin South-Central	42	33.1
Mid-West	10	7.9
Roscommon East-Galway	18	14.2
West Cork	27	21.3
Mayo	0	0
Total	127	100

The majority of respondents were born in Ireland (89.8%) with the remainder originating from the United Kingdom (8.7%), India (0.8%) and the United States of America (0.8%). The respondents' ethnicity was predominantly white (97.6) with others Asian (0.8%) or 'Other' (1.6%). Most respondents described themselves as 'Not in a relationship' (68.5%) with others 'In a committed relationship' (26%) or 'In a casual/dating relationship' (5.5%). Almost half (49.6%) of respondents reported themselves to be 'Unable to work due to sickness or disability'. See Table 5.2 for further demographic information.

[2] SD stands for Standard Deviation, which is a measure of the spread of numbers around the average score, with higher scores indicating a greater spread

Table 5.2. *RCI Questionnaire Respondent Demographics*

Variable	Range	Mean (SD)
Age in Years	21-69	44 (11.45)

Variable		N	%
Gender	Male	66	52
	Female	61	48
Ethnicity	White	124	97.6
	Asian	1	0.8
	Other	2	1.6
Country of Origin	Ireland	114	89.8
	UK	11	8.7
	India	1	0.8
	USA	1	0.8
Relationship Status	Not in relationship	87	68.5
	Committed relationship	33	26
	Casual/Dating	7	5.5
Level of Education	No formal education/training	1	0.8
	Primary education	16	12.6
	Lower Secondary	24	18.9
	Upper Secondary	19	15.0
	Technical or Vocational	25	19.7
	Advanced Cert/Apprenticeship	7	5.5
	Higher Certificate	10	7.9
	Ordinary Bachelor Degree/National Diploma	5	3.9
	Honours Bachelor Degree/Professional qualification	14	11.0
	Postgraduate Diploma or Degree	6	4.7
	PhD or higher	0	0
Employment Status	Employed (including self-employed)	12	9.4
	Unable to work due to sickness or disability	63	49.6
	Student or in training	21	16.5
	Looking after home/family	8	6.3
	Retired from employment	4	3.1
	Unemployed	15	11.8
	Other	4	3.1

Time in a Job	All of my adult life	19	15.0
	A lot of my adult life	46	36.2
	Some of my adult life	31	24.4
	A little of my adult life	25	19.7
	None of my adult life	6	4.7
Longest Employed	Less than 1 year	16	12.6
	1 year	12	9.4
	2 years	15	11.8
	3 years	14	11.0
	4 years	8	6.3
	5 years	9	7.1
	More than 5 years	53	41.7
Use of Supports	Clinical Supports for Mental Health	118	93
	Clinical Supports for Physical Health	61	48
	Peer Support	53	42
	Education or Training	41	32
	Day Service (Not Education/Training)	43	34
	Everyday Living Support Services (e.g. MABS)	18	14
	Personal Support Services (e.g. AA, GROW)	18	14
	Probation Services	0	0
	Other	6	5

5.3 Ease of Use of the Four Components of the RCI

Main Findings: On the whole, respondents gave the four components of the RCI positive or neutral ratings with regards to ease of use. The components of the RCI which most respondents labelled as *Very Easy* or *Easy* were the RCI Profile and RCI Questionnaire. The sections below describe these results in more detail.

Table 5.3 and Figure 5.1 show the ratings respondents gave to each component of the RCI in terms of ease of use. Numbers represent the amount of respondents who reported having used each of the RCI components.

Table 5.3. *Ease of Use of RCI Components*

Rating	Questionnaire N	Questionnaire %	Profile N	Profile %	Workbook N*	Workbook %*	Action Plan N*	Action Plan %*
Very Easy	42	33	4	15	2	12	2	12
Easy	36	28	15	58	4	25	5	29
Neither Easy Nor Difficult	34	27	6	23	7	44	10	59
Difficult	14	11	0	0	3	19	0	0
Very Difficult	1	1	1	4	0	0	0	0
Total	127	100	26	100	16	100	17	100

* Figures refer to respondents who reported using this component

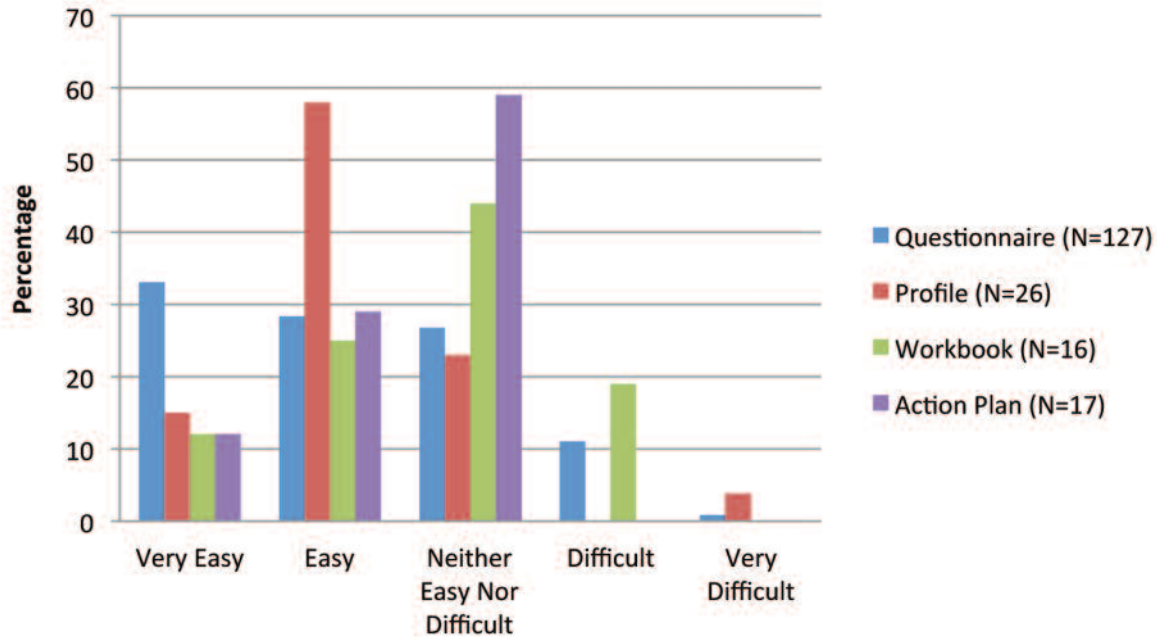

Figure 5.1. *Ease of use of RCI components*

5.3.1 RCI Questionnaire ease of use

The most frequent answer respondents gave to the question about the RCI Questionnaire's ease of use was *Very Easy*. In total, 61% (N=78) reported that it was *Very Easy* or *Easy*. 27% (N=34) found it neither easy nor difficult, while 12% (N=15) found it difficult or very difficult.

5.3.2 RCI Profile ease of use

Of the four components of the RCI, the RCI Profile received the highest percentage of positive scores for ease of use, with 73% of respondents (N=19) selecting either the *Very Easy* or *Easy* options. 23% of respondents (N=6) found the process neither easy nor difficult, and one person (4%) found the RCI Profile very difficult to use.

5.3.3 RCI Recovery Planning Workbook ease of use

The most common response with regard to the RCI Recovery Planning Workbook was *Neither Easy* nor *Difficult*, which 44% (N=7) of respondents selected. 37% (N=6) of respondents who used the RCI Recovery Planning Workbook found it to be easy or very easy to use, whereas 19% (N=3) found it difficult to use.

5.3.4 RCI Recovery Action Plan ease of use

Similarly to the RCI Recovery Planning Workbook responses, *Neither Easy* nor *Difficult* received the highest number of endorsements for the RCI Recovery Action Plan, at 59% (N=10). 41% (N=7) of respondents who used the RCI Recovery Action Plan rated it as very easy or easy to use, with none of the respondents reporting that it was difficult.

5.4 Usefulness of the RCI as a Support to Recovery

Main Findings: Overall, respondents viewed the four components of the RCI as useful in supporting their mental health recovery, with little variation and very few people deeming the process unhelpful; the most frequently endorsed single response was Helpful. The RCI Recovery Action

Plan and RCI Profile received the highest percentages of positive responses in terms of usefulness as a support to recovery, by those who completed the questions relating to these elements.

Table 5.4, Figure 5.2 and the sections below summarise the views of respondents on the usefulness of each component of the RCI as a support to respondents' mental health recovery.

Table 5.4. *Usefulness of RCI Components as a Support to Mental Health Recovery*

Rating	Questionnaire N	Questionnaire %	Profile N	Profile %	Workbook N*	Workbook %*	Action Plan N*	Action Plan %*
Very Helpful	29	23	2	8	3	19	3	19
Helpful	64	50	18	69	9	56	11	69
Neither Helpful Nor Unhelpful	32	25	6	23	3	19	2	12
Unhelpful	1	1	0	0	1	6	0	0
Very Unhelpful	1	1	0	0	0	0	0	0
Total	127	100	26	100	16	100	16	100

* Figures refer to respondents who reported using this component

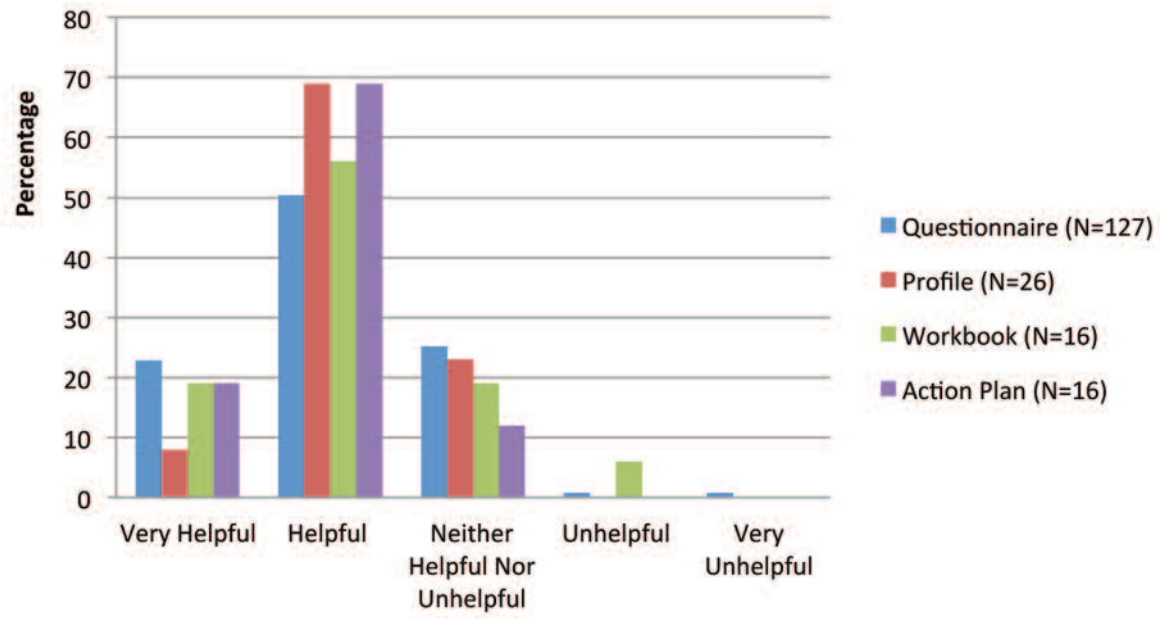

Figure 5.2. *Usefulness of RCI Components as a Support to Mental Health Recovery*

5.4.1 RCI Questionnaire as a support to recovery

73% of respondents (N=93) reported the RCI Questionnaire to be *Very Helpful* or *Helpful* as a support to their recovery. A quarter of respondents (N=32) found it neither helpful nor unhelpful, and two people (2%), found it unhelpful or very unhelpful. The most commonly selected response to this question was *Helpful*.

5.4.2 RCI Profile as a support to recovery

77% (N=20) of respondents who viewed their RCI Profile reported finding it helpful or very helpful, and 23% (N=6) reported that it was neither helpful nor unhelpful. None of the respondents reported finding it unhelpful or very unhelpful. The highest ranking single response for this question was *Helpful*.

5.4.3 RCI Recovery Planning Workbook as a support to recovery

Three quarters (N=12) of respondents who used the RCI Recovery Planning Workbook rated it *Very Helpful* or *Helpful* in supporting their recovery, with Helpful being the highest ranked response. 19% (N=3) felt that it had a neutral effect and one person (6%) found it unhelpful.

5.4.4 RCI Recovery Action Plan as a support to recovery

Of all the components of the RCI, the RCI Recovery Action Plan was rated most highly in terms of usefulness as a recovery support, with 88% (N=14) of respondents who used it rating it as *Very Helpful* or *Helpful*. 12% (N=2) reported it to be neither helpful nor unhelpful, and none of the respondents who used the RCI Recovery Action Plan found it unhelpful. The most highly endorsed single response to this question was *Helpful*.

5.5 Overall Usefulness of the RCI as a Support to Recovery

27 respondents were presented with a question about the usefulness of the RCI as a whole in supporting recovery. 70% (N=19) reported that the RCI was very helpful or helpful. 30% (N=8) found it neither helpful nor unhelpful, and none of the respondents found it unhelpful or very unhelpful. Figure 5.3 displays these results. Furthermore, 70% of respondents (N=19) reported that they would recommend the RCI to others, with 30% (N=8) responding that they did not know whether they would recommend it.

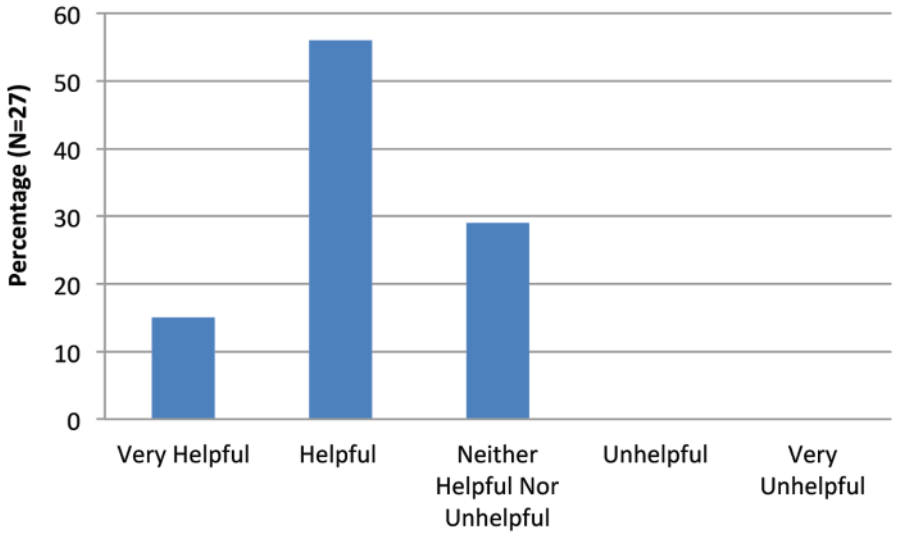

Figure 5.3. *Overall usefulness of the RCI as a support to recovery*

5.6 RCI Recovery Planning Workbook Pattern of Use

Main Findings: Respondents who used the RCI Recovery Planning Workbook mostly chose to use it on their own without support. The domains in which most respondents focused on taking action were 'Personal Skills' and 'Support with my Personal Life.'

All respondents who completed the RCI a second time (N=28) were presented with questions on their use of the Recovery Planning Workbook. Workbook data were not available for one of these completions due to technical reasons. Of the 27 remaining respondents, 10 (37%) reported having used the RCI Recovery Planning Workbook. Of these 10, 8 used the RCI Recovery Planning Workbook on their own, without the support of a facilitator, while two elected to use it with the help of a facilitator. None used the RCI Recovery Planning Workbook with a keyworker, family member or friend.

The RCI Recovery Planning Workbook provides a framework for taking action in specific domains covered by the RCI, through the RCI Recovery Action Plan. Respondents who used the RCI Recovery Planning Workbook reported taking steps in a range of domains, with the highest numbers (50%, N=5) focusing on Domain 3, 'Personal Skills', and the same amount focusing on Domain 8, 'Support with my Personal Life'. 30% (N=3) of respondents who used the RCI Recovery Planning Workbook took action in the domains relating to Personal Resources, Personal Growth, Personal Relationships and Recovery Values in Practice. Two respondents (20%) focused on Domain 4, 'My Community', and one person (10%) took action in Domain 6, 'Support with my Goals'. None took action in Domain 7, 'Support with Jobs and Money'; see Table 5.5 and Figure 5.4.

Table 5.5. *Domains in which Respondents Who used the RCI Workbook Took Action*

Took Action in Domain:	N	%
1. Personal Resources	3	30
2. Personal Growth	3	30
3. Personal Skills	5	50
4. My Community	2	20
5. Personal Relationships	3	30
6. Support With My Goals	1	10
7. Support With Jobs And Money	0	0
8. Support With My Personal Life	5	50
9. Recovery Values In Practice	3	30

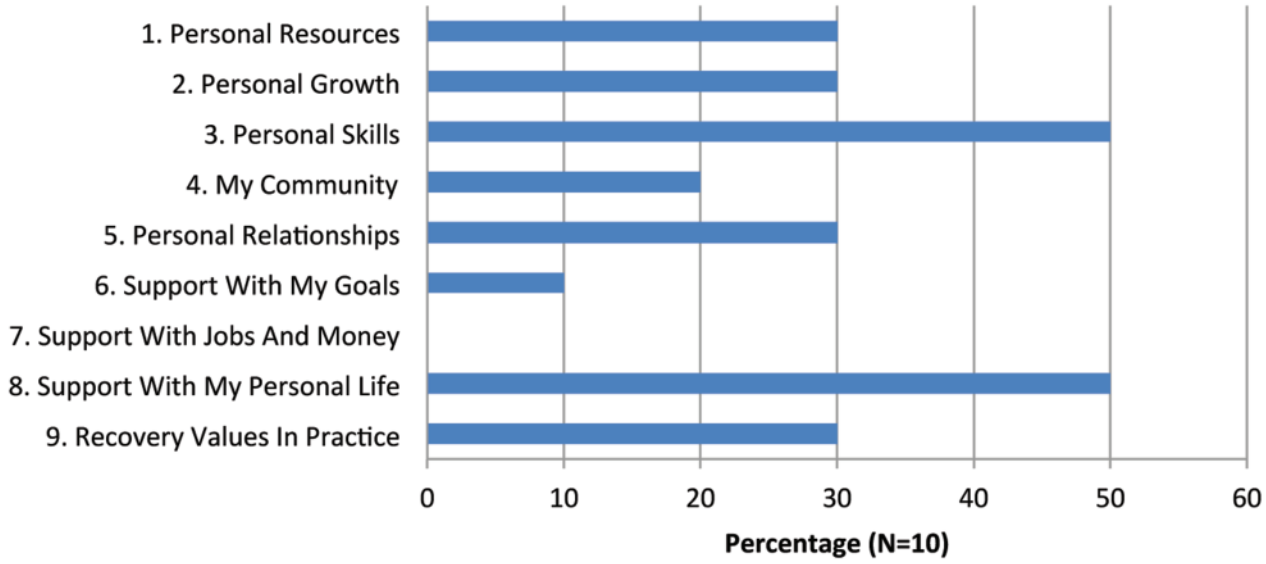

Figure 5.4. *Percentage of respondents who took action in each domain*

5.7 Respondents' Use of Facilitator Support

Main Finding: The majority of respondents (61%, N=78) answered the RCI Questionnaire without the help of a facilitator.

Respondents provided information online about the level of facilitator support they used whilst completing the RCI Questionnaire; see Table 5.6 and Figure 5.5. Results presented below constitute the answers from every respondent who completed the RCI Questionnaire at least once (N=127). Respondents were free to answer "yes" to more than one question, thus there is some overlap.

61% of respondents (N=78) stated that they answered the RCI Questionnaire without facilitator help. 43% (N=55) reported that they needed help with specific computer issues. 35% (N=44) responded that they needed help to understand the questions on the RCI Questionnaire. Others required a varying amount of facilitator support with either reading the questions or making the responses on the computer; 24% (N=30) read the questions but needed the facilitator to make the response on the computer, 17% (N=21) made the responses themselves but a facilitator read them the questions, and for 24% of respondents (N=30), the facilitator both read the questions and made the requested response on the computer.

Table 5.6. *Levels of Facilitator Support used by Respondents*

Statement	N	%
I answered the RCI without help	78	61
I needed help with specific computer issues	55	43
I read the questions and told the Facilitator what response to make on the computer	30	24
The Facilitator read the questions to me and I made the response on the computer	21	17
The Facilitator read the questions to me and made the response that I told him/her to make on the computer	30	24
I needed help with understanding the questions within the RCI	44	35

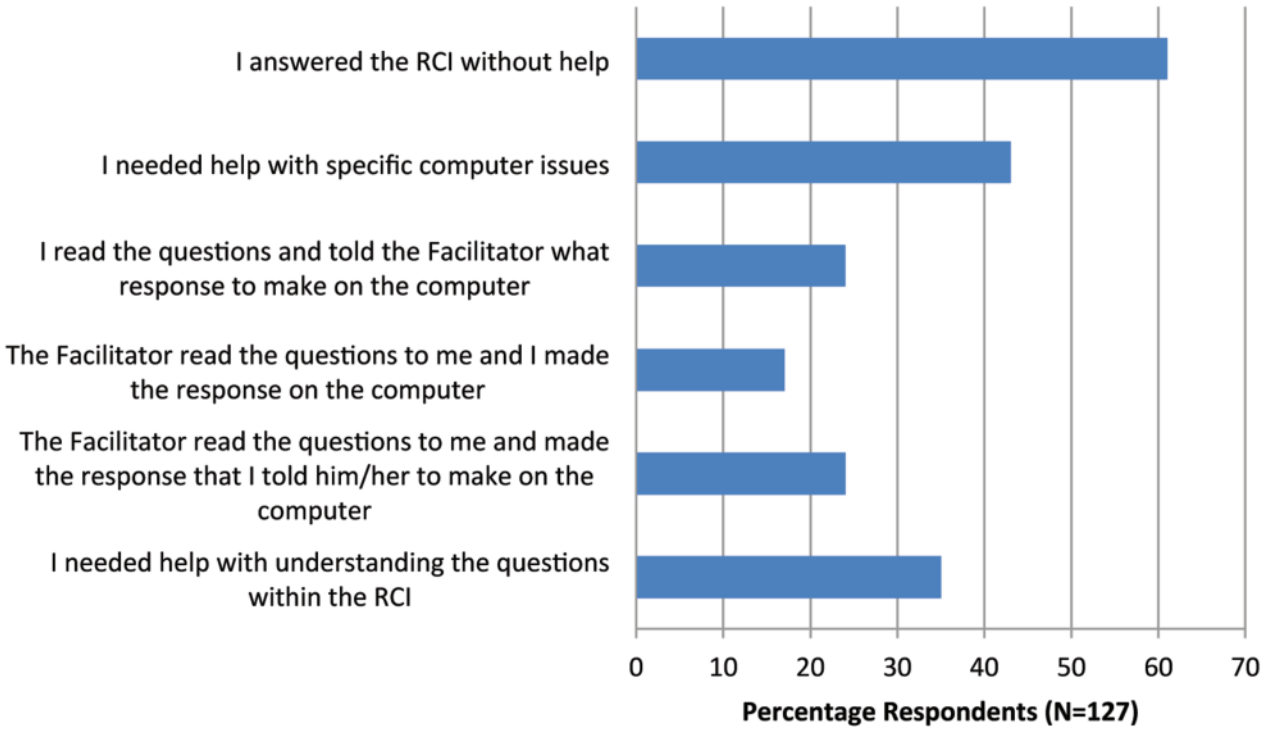

Figure 5.5. *Percentage of respondents who used different levels of facilitator support*

5.8 Summary

Overall, respondents considered the RCI to be both easy to use and useful as a support to their mental health recovery.

The RCI Profile emerged with the highest positive scores in terms of ease of use, with 73% of respondents labelling it *Very Easy* or *Easy*, followed by the RCI Questionnaire at 61%. The RCI Recovery Action Plan and RCI Recovery Planning Workbook received mainly neutral ratings, labelled as neither easy nor difficult to use.

All components of the RCI were deemed by respondents to be useful to their recovery, with Helpful being the most common response across all components. No less than 72% considered each component *Very Helpful* or *Helpful*. The RCI Recovery Action Plan was considered to be the most useful, with almost 90% of respondents who used it rating it positively. However 59% of respondents who used this component found it neither easy nor difficult to use. Similarly, 75% of respondents who had used the RCI Recovery Planning Workbook rated it as *Helpful* or *Very Helpful*, whereas only 37% rated it as *Easy* or *Very Easy.* The RCI Profile received consistently positive ratings for both ease of use and usefulness as a support to recovery, and the RCI Questionnaire was deemed helpful or very helpful by 73% of respondents.

When asked to consider the usefulness of the four RCI components as a whole, respondents reported that they were worthwhile and useful for their mental health recovery, with 70% both labelling it *Very Helpful* or *Helpful*, and stating that they would recommend it to others.
Data were available from 10 respondents who used the RCI Recovery Planning Workbook, 80% of whom chose to use it without support. The most common domains in which respondents chose to take action were 'Personal Skills', and 'Support with my Personal Life'.

Respondents drew on varying levels of facilitator support when completing the RCI Questionnaire. The majority (61%, N=78) reported completing it without the help of a facilitator.

Chapter 6 - RCI Facilitator Survey

6.1 Overview

This chapter presents the findings from Module 4 of the evaluation study; the anonymous online facilitator survey. Questions focused on the facilitator perspective on the ease of use and usefulness of the four components of the RCI package; that is, the RCI Questionnaire, RCI Profile, RCI Workbook and RCI Recovery Action Plan. The survey also included some general questions about the usefulness of the RCI as a whole, impact on level of job satisfaction, and an open question designed to elicit views on challenges, benefits and recommendations from the facilitators' direct experience.

6.2 Participants and Method

All facilitators who had completed the training and for whom contact details were available were invited to take part in this study, including those who had not facilitated any respondents in completing any components of the RCI. Having these broad inclusion criteria provided a means of gathering feedback not only in terms of the experience of facilitating the RCI, but also in relation to barriers to facilitation.

A total of 81 facilitators were sent an e-mail inviting participation. This e-mail included an information sheet and a link to the online survey. Facilitators were invited to complete the survey within the following two weeks. A follow-up reminder e-mail was sent towards the end of the two weeks.

When a facilitator clicked on the link, they were taken to an online consent form. Once consent was affirmed, they were given access to the online survey, and a debriefing document was presented on completion. Appendix G contains a copy of the facilitator survey.

23 facilitators (henceforth termed 'participants' in this module) completed the survey, giving a response rate of 28%. However, it appears from the pattern of responses received that there was some confusion, as there were inconsistencies in numbers reporting having facilitated each of the different components. 18-20 participants reported facilitating the RCI Questionnaire, 16-18 the RCI Profile, 5-7 the RCI Workbook and 4-7 reported having facilitated the RCI Recovery Action Plan. These figures demonstrate that there exist some discrepancies between responses to questions in reported experience of facilitating the RCI components. For instance, five participants reported having not facilitated the RCI Questionnaire in response to Question 9, however only three selected Did not facilitate the Questionnaire for Question 1, and four selected this response for Question 2. Similarly, six and seven people answered questions relating to the RCI Workbook and RCI Recovery Action Plan rather than selecting the Did not facilitate options, however in Question 9, only five reported facilitating the RCI Workbook, and four the RCI Recovery Action Plan. Results must also be interpreted with caution due to the low numbers of participants with experience of facilitating each component. Demographic information was not collected as part of this anonymous online survey.

Quantitative data were analysed using descriptive statistics. Qualitative data from the open question were analysed using theoretical thematic analysis (Braun & Clarke, 2006). This involved coding the data for specific information on challenges, benefits and recommendations.

6.3 Ease of Use of the RCI Components

Main Findings: Overall, participants in the online facilitator survey found the four components of the RCI easy to use. The RCI Recovery Action Plan was rated as the most easy to use component. Table 6.1 and Figure 6.1 show the percentage of responses within each answer category for each of the four RCI components.

Table 6.1. *Ease of Use of RCI Components – Facilitator Perspective*

Response Options	Questionnaire N	Questionnaire %	Profile N	Profile %	Workbook N*	Workbook %*	Recovery Action Plan N*	Recovery Action Plan %*
Very Easy	2	10	1	6	1	14	2	33
Easy	10	50	7	39	5	71	3	50
Neither Easy nor Difficult	5	25	7	39	0	0	0	0
Difficult	2	10	2	11	1	14	1	17
Very Difficult	1	5	1	6	0	0	0	0
Total	20	100	18	100	7	100	6	100

*Figures refer to participants who reported facilitating each component

Percentages are rounded to the nearest whole number

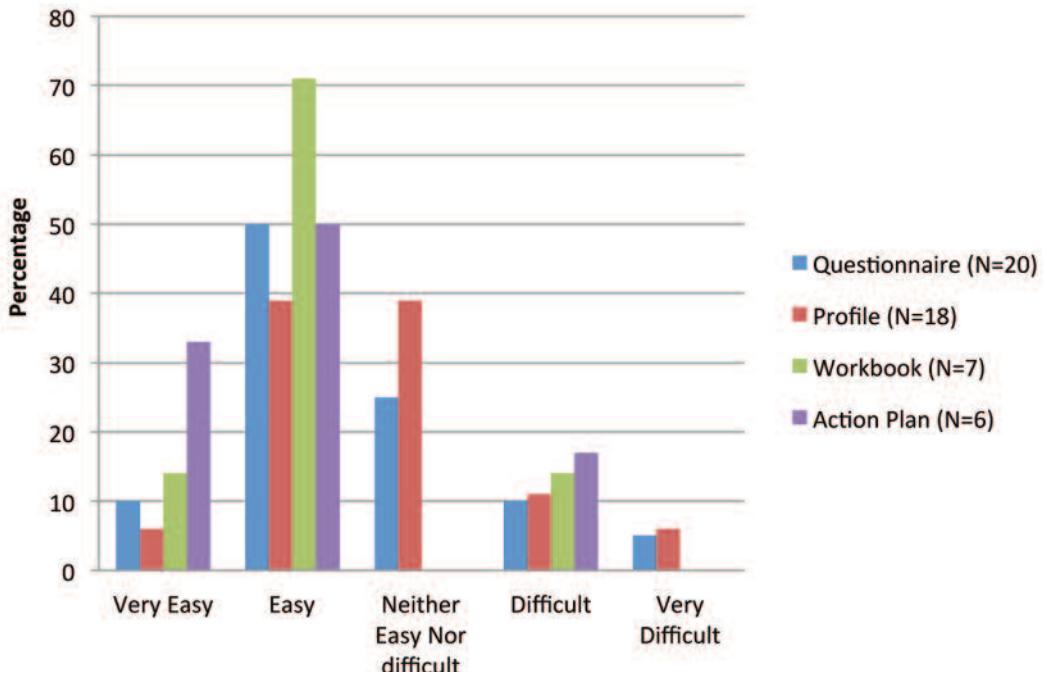

Figure 6.1. *Ease of Use of RCI Components – Facilitator Perspective*

6.2.1 RCI Questionnaire

Of participants who reported facilitating the RCI Questionnaire (N=20), 60% (N=12) found it easy or very easy to facilitate, a quarter (N=5) found it neither easy nor difficult, and three facilitators (15%) found it difficult or very difficult. The most common response to this question was *Easy*.

6.2.2 RCI Profile

45% (N=8) of participants who reported facilitating the RCI Profile found it very easy or easy to facilitate. 39% (N=7) found it neither easy nor difficult, and 17% (N=3) found it difficult or very difficult. The two most common responses to this question were *Easy* and *Neither Easy* nor *Difficult*, each selected by seven participants (39%).

6.2.3 RCI Recovery Planning Workbook

Of participants who reported facilitating the RCI Workbook (N=7), 85% (N=6) found it very easy or easy to facilitate. One person (14%) found it difficult. The most commonly selected response to this question was *Easy*.

6.2.4 RCI Recovery Action Plan

83% (N=5) of the six participants who reported facilitating the RCI Recovery Action Plan found it very easy or easy to facilitate. One person (17%) found it difficult to facilitate. The most common response to this question was *Easy*.

6.4 Usefulness of the RCI as a Support to Recovery

Main Findings: Overall, participants rated the four components of the RCI as useful as a support to service users' mental health recovery. The RCI Workbook had the highest percentage of positive ratings for usefulness. Figure 6.2 and Table 6.2 give further details on the usefulness of the RCI components for service users' mental health recovery.

Table 6.2. *Usefulness of RCI Components as a Support to Mental Health Recovery – Facilitator Perspective*

Response Options	Questionnaire N	Questionnaire %	Profile N	Profile %	Workbook N*	Workbook %*	Action Plan N*	Action Plan %*
Very Helpful	3	16	0	0	2	29	1	14
Helpful	7	37	10	56	4	57	4	57
Neither Helpful nor Unhelpful	8	42	6	33	1	14	2	29
Unhelpful	1	5	2	11	0	0	0	0
Very Unhelpful	0	0	0	0	0	0	0	0
Total	19	100	18	100	7	100	7	100

*Figures refer to participants who reported facilitating each component

Percentages are rounded to the nearest whole number

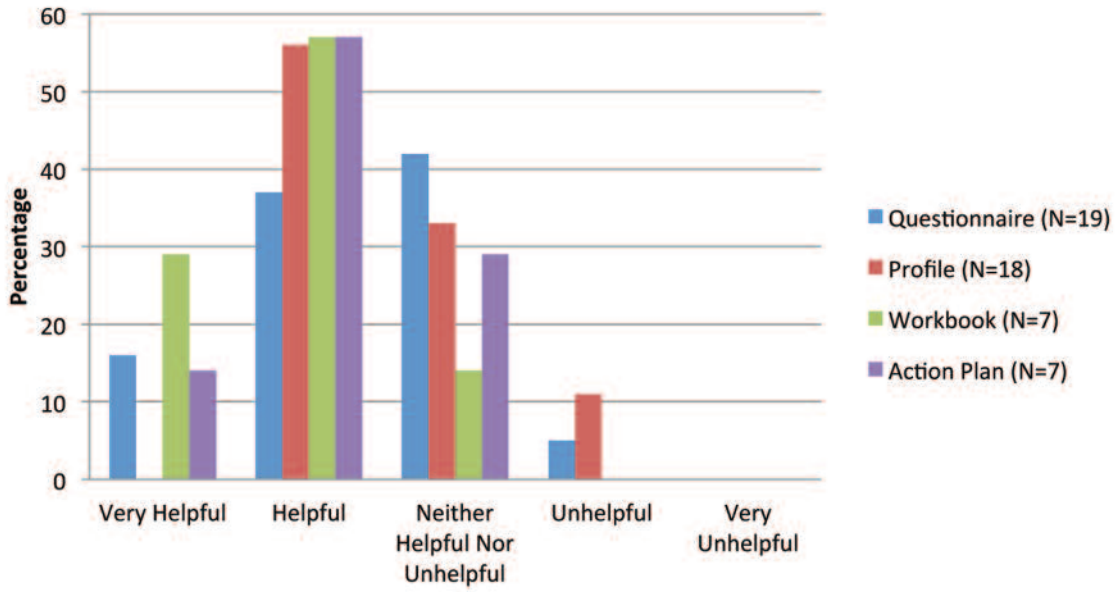

Figure 6.2. *Usefulness of RCI components as a support to mental health recovery – Facilitator perspective*

6.4.1 RCI Questionnaire as a support to recovery

53% (N=10) of participants related that the RCI Questionnaire was very helpful or helpful, 42% (N=8) that it was neither helpful nor unhelpful, and one person (5%) described it as unhelpful. The most common response to this question was *Neither Helpful* nor *Unhelpful*.

6.4.2 RCI Profile as a support to recovery

18 participants reported having facilitated the RCI Profile. Of these, 56% (N=10) rated it as *Helpfu*l, one-third (N=6) rated it as *Neither Helpful Nor Unhelpful*, and two participants (11%) related that it was unhelpful to service users' mental health recovery. The most commonly selected response to this question was *Helpful*.

6.4.3 RCI Workbook as a support to recovery

Of the seven people who reported facilitating this component of the RCI, all but one rated it as very helpful or helpful (86%, N=6), whilst one person (14%) rated it neither helpful nor unhelpful. The most common response to this question was *Helpful*.

6.4.4 RCI Recovery Action Plan as a support to recovery

Seven people reported having facilitated the RCI Recovery Action Plan. Of these, 71% (N=5) thought that it was helpful or very helpful as a support to service users' mental health recovery, and 29% (N=2) found it neither helpful nor unhelpful. Participants most commonly selected *Helpful* in response to this question.

6.5 Overall Usefulness of RCI as a Support to Recovery

Main Findings: Participants (N=23) found the RCI as a whole (i.e. the RCI Questionnaire, RCI Profile, RCI Recovery Planning Workbook and the RCI Recovery Action Plan) to be helpful as a support to service users' mental health recovery, with just over 60% (N=14) considering it very helpful or helpful. 30% (N=7) found it neither helpful nor unhelpful, and 9% (N=2) found the RCI as a whole unhelpful (See Figure 6.3).

When asked whether they would recommend facilitating the RCI to a colleague, 44% (N=10) of participants said that they would, 17% (N=4) that they would not, and 39% (N=9) responded that they did not know whether they would recommend it. 74% (N=17) of facilitators surveyed said that facilitating the RCI had not changed their level of job satisfaction, with 13% (N=3) responding that it had, and 13% (N=3) that they did not know whether it had. Five people responded to a question about whether any change in job satisfaction had been positive or negative. Of these people, 80% (N=4) said that the RCI had a very positive or positive effect on their level of job satisfaction, with one person (20%) saying that the effect was negative.

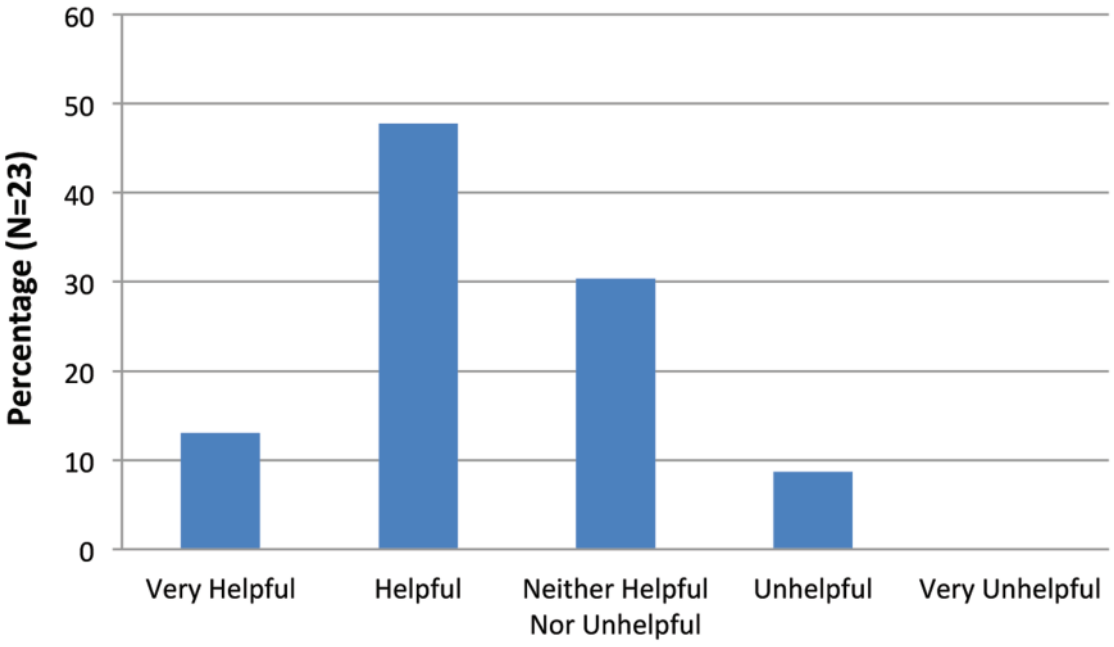

Figure 6.3. *Usefulness of the RCI as a whole – Facilitator perspective*

6.6 Facilitator Responses to Open Question

Main Findings: Most frequently cited benefits of the RCI included its usefulness and focus on strengths and recovery. Barriers included issues around time, Information and Communications Technology (ICT) and confusion or difficulty with the facilitation process. Participants made recommendations for the future use of the RCI including facilitator role and profiles of suitable respondents.

An optional open question was included at the end of the survey, as follows: *"Do you have any other comments? e.g. opinions on the RCI as a facilitated process, implementation issues - positive or negative, recommendations for the future of the RCI..."* This question was answered by 14 participants. Responses were coded for benefits, barriers and recommendations. The results are presented in the sections below and in Table 6.3.

Table 6.3. *Benefits, Barriers and Recommendations for the RCI – Facilitators' Views*

Category	Features	Examples	F (N=14)	%
Benefits	RCI Being Useful	*"It is a good tool for those who use the service and who suffer from mental health difficulties in general."* *"The workbook is a useful adjunct."*	4	29
	Positive Experience of Process	*"I liked the process."* *"Taking part as a facilitator has been very enjoyable for me as a staff member."*	4	29
	RCI Highlighting Strengths & Recovery	*"One of the most positive outcomes was the reassurance for service users, when they had clearly identified their supports in their lives and other things which they now realise that they often take for granted."* *"I like the focus on Recovery and focusing on what's going well as well as areas for change."*	3	21
	RCI Having Potential	*"There is no doubt that the RCI could be a useful tool for mental health service users."*	2	14
Barriers	Time Issues	*"...too long and repetitive and due to the time limit for completion he had not sufficient time to continue it the following week."* *"It was quite time consuming."*	7	50
	ICT Issues	*"The computerised care plan is more problematic for us than useful as we do not have computers set up for clients and none of them possess computers of their own."* *"I may have used the RCI further and had a more positive view of it overall had I not had difficulties administering it due to initial computer problems."*	5	36

	Unclear Process	*"I trained but didn't really know what to do then as I wasn't asked to facilitate in any specific location, and felt out of the loop at times. It did get confusing for me."*	4	29
	Difficult Process	*"I found the RCI difficult."* *"Our service users found it difficult."*	4	29
	Group vs. Individual	*"Unlike the WRAP, it is very much an individual process, not interactive, no group work."* *"The difficulty I had was that I introduced the RCI to a group of service users all at the same time… unfortunately, the first person said "no", which then started a contagion effect, and everyone else followed suit and said no also."*	2	14
Recommendations	Profile of Suitable Respondents	*"For someone who is computer literate and is also self-directed and working on change it could be a useful tool."*	2	14
	Future Role of Facilitator	*"It would be better sold by mental health keyworkers within Mental Health teams and offered as a self-directed option for service users with little facilitator input."*	1	7
	Process Recommendations	*"If I were doing it again, I would approach people on an individual basis, and come back for their answers individually also."*	1	7

6.6.1 Benefits of the RCI

Benefits of the RCI included the RCI being seen as a useful tool with future potential. Its ability to highlight service users' strengths and its recovery focus were also commented on, and participants related having a positive experience of the process of facilitation.

The usefulness of the RCI was commented on by 29% of participants (N=4). Some pointed out the usefulness of specific components of the RCI, such as the RCI Workbook and RCI Profile. An overall benefit of the RCI was seen to be its recovery focus, and ability to highlight respondents' strengths and help them to identify existing supports in their lives. This was mentioned by 21% (N=3) of participants, and was seen as reassuring for respondents using the RCI.

Positive experiences of the RCI process were also described by participants (29%, N=4). Some reported enjoying the facilitator role, whilst others recounted that RCI respondents had positive feelings towards the experience of the RCI: *"The RCI was received really well among those who completed it."*

6.6.2 Barriers to RCI facilitation

Concerns to do with time, ICT issues and confusion or difficulty with the process were the most frequent barriers cited by participants. 50% (N=7) of respondents to this question commented on specific issues to do with time. The most frequent complaint was that the RCI Questionnaire was too lengthy. Others reported that time delays made the process feel disjointed, and that the time limit of one week to complete the RCI Questionnaire after using the 'Take a Break' facility was too short. One person remarked that an effect of the lengthiness of the RCI Questionnaire was that it left little time for follow-up or supporting respondents in their use of the RCI Profile and RCI Workbook.

36% (N=5) of respondents to this question cited technical issues as a barrier to implementation. One participant reported that this tainted their overall attitude towards the RCI: *"I may have used the RCI further and had a more positive view of it overall had I not had difficulties administering it due to initial computer problems."* This issue appears to be related to ICT protocols within services and the HSE generally, and a lack of resources: *"The IT issue was not resolved, in that a service user had to have their own PC, or have access to a PC, that was not linked to the HSE system, a service user cannot access this system with or without a designated user."*

For some (29%, N=4) there seemed to be a lack of clarity about the facilitator role and accessibility features. For instance, comments included: *"It is only available to people who can use a computer", "I wasn't asked to facilitate in any specific location"* and *"I didn't complete the 2nd phase because I wasn't sent the link."* Other facilitators (29%, N=4) commented on the process itself being difficult, either for facilitators, or for respondents to the RCI Questionnaire.

Finally, two (14%) facilitators commented on the individual format of the RCI; one observing that an individual rather than group briefing process may be better to avoid any 'contagion effect' of people deciding against participation, and the other remarking that the RCI lacks group-work, which is valuable in other recovery-oriented programs such as WRAP.

6.6.3 Recommendations for the future use of the RCI

Facilitators who responded to the open question made recommendations in three main areas: describing a profile of suitable respondents (14%, N=2), changing the facilitator role (7%, N=1), and suggestions to do with the process of facilitation (7%, N=1). In terms of targeting suitable respondents, it was suggested that the RCI may be most useful to service users who are computer-literate, self-directed and change-focused. It was proposed that the facilitator role could be reduced through making the RCI more self-directed, and that keyworkers could be best placed to act as RCI Facilitators. In terms of the process of facilitation, the recommendation was made that the briefing and consent process be conducted on an individual basis rather than in a group, to avoid a 'contagion effect.'

6.7 Summary

Overall, the RCI was viewed as easy in terms of ease of use, and useful as a support to mental health recovery. Few participants stated that facilitating the RCI had changed their level of job satisfaction. Four out of the five people who responded to a question about whether any change in job satisfaction had been positive or negative reported that the RCI had a very positive or positive effect.

The open question highlighted both positive and negative experiences of the process of facilitating the RCI, with some participants relating that the process was enjoyable, and others relaying difficulties and a lack of clarity around the process. Common benefits included seeing the RCI as a 'useful tool' that highlights strengths and recovery. The most commonly shared barriers were time and ICT issues. Within these themes, participants related that the RCI Questionnaire was too time-consuming, with some repetitive questions, and delays between phases of implementation. The ICT issues mainly included barriers relating to the HSE ICT protocols and local site resources. It was mentioned that negative initial experiences of ICT barriers may have coloured facilitators' overall views of the RCI.

Recommendations for the future use of the RCI included descriptions of suitable respondents (i.e. computer-literate, self-directed, change-focused) and facilitator role (i.e. reducing facilitator input, keyworkers acting as facilitators).

Chapter 7 - Validity and Reliability Testing

7.1 Overview

This chapter presents the findings from Module 5, an independent analysis of RCI Questionnaire data aiming to further assess the RCI's psychometric properties. Specifically, reliability and concurrent validity were examined. This analysis was carried out, and the report compiled, by Professor Mark Shevlin, an academic psychometrician.

7.2 Participants and Method

Participants for this study comprised all those who completed the RCI Questionnaire (N=127), of which 52% were male. The mean age for males and females was 41.80 years (SD[1]=10.97) and 45.95 years (SD=11.17) respectively. Respondents were recruited from ARI sites within four areas; HSE Dublin Mid Leinster (29.1%), HSE Dublin North East (11.8%), HSE South (37.0%), and HSE West (22.0%). The number of respondents recruited from each ARI site is shown in Table 7.1.

The majority of respondents were born in Ireland (89.8%) with the remainder originating from the United Kingdom (8.7%), India (0.8%) and the United States of America (0.8%). The respondents' ethnicity was predominantly white (97.6%) with others Asian (0.8%) or 'Other' (1.6%). Most respondents described themselves as 'Not in a relationship'(68.5%) with others 'In a committed relationship' (26%) or 'In a casual/dating relationship' (5.5%). Almost half (49.6%) of respondents reported themselves to be 'Unable to work due to sickness or disability.' Table 7.2 shows further demographic information.

Table 7.1. *Distribution of Recruitment by Site*

Site	N	%
Carlow Kilkenny South-Tipperary	15	11.8
Cavan-Monaghan	15	11.8
Dublin South-Central	42	33.1
Mid-West	10	7.9
Roscommon East-Galway	18	14.2
West Cork	27	21.3
Mayo	0	0
Total	127	100

[1] SD stands for Standard Deviation, which is a measure of the spread of numbers around the average score, with higher scores indicating a greater spread

Table 7.2. *RCI Questionnaire Respondent Demographics*

Variable	Range	Mean (SD)
Age in Years	21-69	44 (11.45)

Variable		N	%
Gender	Male	66	52
	Female	61	48
Ethnicity	White	124	97.6
	Asian	1	0.8
	Other	2	1.6
Country of Origin	Ireland	114	89.8
	UK	11	8.7
	India	1	0.8
	USA	1	0.8
Relationship Status	Not in relationship	87	68.5
	Committed relationship	33	26
	Casual/Dating	7	5.5
Level of Education	No formal education/training	1	0.8
	Primary education	16	12.6
	Lower Secondary	24	18.9
	Upper Secondary	19	15.0
	Technical or Vocational	25	19.7
	Advanced Cert/Apprenticeship	7	5.5
	Higher Certificate	10	7.9
	Ordinary Bachelor Degree/National Diploma	5	3.9
	Honours Bachelor Degree/Professional qualification	14	11.0
	Postgraduate Diploma or Degree	6	4.7
	PhD or higher	0	0
Employment Status	Employed (including self-employed)	12	9.4
	Unable to work due to sickness or disability	63	49.6
	Student or in training	21	16.5
	Looking after home/family	8	6.3
	Retired from employment	4	3.1
	Unemployed	15	11.8
	Other	4	3.1

Time in a Job	All of my adult life	19	15.0
	A lot of my adult life	46	36.2
	Some of my adult life	31	24.4
	A little of my adult life	25	19.7
	None of my adult life	6	4.7
Longest Employed	Less than 1 year	16	12.6
	1 year	12	9.4
	2 years	15	11.8
	3 years	14	11.0
	4 years	8	6.3
	5 years	9	7.1
	More than 5 years	53	41.7
Use of Supports	Clinical Supports for Mental Health	118	93
	Clinical Supports for Physical Health	61	48
	Peer Support	53	42
	Education or Training	41	32
	Day Service (Not Education/Training)	43	34
	Everyday Living Support Services (e.g. MABS)	18	14
	Personal Support Services (e.g. AA, GROW)	18	14
	Probation Services	0	0
	Other	6	5

In addition to completing the RCI Questionnaire, respondents completed the following additional questionnaires to test for validity:

1) **Process of Recovery Questionnaire (QPR)** (Neil et al., 2009)

   The QPR is a 22-item personal recovery measure developed in consultation with service users in the United Kingdom. It has demonstrated useful psychometric properties. However, a more recent analysis (Law et al., 2014) suggests that a 15 item version has more psychometric support.

2) **Recovery Self-Assessment (RSA)** (O'Connell et al., 2007)

   The Recovery Self-Assessment instrument was developed to operationalise principles of recovery into standards and practices ('rhetoric to routine'), assess levels of fidelity to recovery-supporting practices and to supply data to inform programme and organisational development including inter-service comparisons. The 32 item 'Person in Recovery' version was used in this study.

3) **Self-esteem and efficacy subscale from Empowerment Scale** (Rogers et al., 2007)

   The Empowerment Scale is 28-item scale designed measure the personal construct of empowerment as defined by mental health service users in the United States. It contains five subscales; self-efficacy-self-esteem, power-powerlessness, community activism, righteous anger, and optimism-control over the future, the first of which was used in the current study.

4) **Manchester Short Assessment of Quality of Life (MANSA)** (Priebe et al., 1999)

   Based upon the Lancashire Quality of Life Profile (LQLP), the Manchester Short Assessment of Quality of Life (MANSA) was developed as a brief 16-item instrument for assessing quality of life. It focuses on satisfaction with life as a whole and with life domains that include social relationships, safety, leisure, finances, family, accommodation, living situation and work. For the purposes of this study, the 'Yes/No' items were removed, resulting in a 12 item version of the questionnaire.

5) **The Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)** (Tennant et al., 2007; Stewart-Brown et al., 2009)

   The Warwick-Edinburgh Mental Well-being scale was developed in the United Kingdom to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. The Short version (Stewart-Brown et al., 2009), which contains 7 items, was used in this study.

In order to alleviate burden, the administration of these questionnaires were allocated between respondents. Thus, while all respondents answered the RCI Questionnaire, one group of respondents additionally answered the RSA, SWEMWBS and the subscale from the Empowerment Scale, and a second group additionally answered the MANSA and QPR. Respondents were alternately assigned to the groups by the computer system, based on the order in which they commenced the RCI Questionnaire (See Table 7.3).

Table 7.3. *Breakdown of Additional Measures by Group and Completion Time Point*

Group A	Time1	Time2	Group B	Time 1	Time 2
RCI (80 items)	**Yes**	**Yes**	RCI (80 items)	**Yes**	**Yes**
RSA (32 items)	**Yes**	No	MANSA (12 items)	**Yes**	No
SWEMWBS (7 items)	**Yes**	No	QPR-1 (22 items)	**Yes**	**Yes**
Empowerment subscale(9 items)	**Yes**	No			
Total N scale items	128	80	Total N scale items	118	102

7.3 Reliability Analysis

The reliability of each of the domains and total Personal Supports and Service Supports from the Recovery Context Inventory (RCI) was estimated using Cronbach's alpha. High quality instruments should possess acceptable levels of internal consistency. This demonstrates how closely related each set of items or domains are as a group. Estimates of reliability were calculated for both 'presence' and 'importance' ratings. Nunnally (1978) states that reliability should be at least .70 in the early stages of scale development. Table 7.4 shows the reliability of the domains and total scores for the Personal Supports section of the RCI.

The reliability of the scores for all domains and the overall Personal Supports scale were generally high, with the exception of the My Community domain which was below the recommended level of .70. The reliabilities of the 'presence' and 'importance' were similar.

Table 7.5 shows the reliability of the domains and total scores for the Service Supports section of the RCI.

The reliability of the scores for all domains and the overall Personal Supports scale were generally high, with the exception of the Support with Personal Life domain which was below the recommended level of .70. The reliabilities of the 'presence' and 'importance' were similar.

Table 7.6 shows the reliability of the five criterion scales that were used in the validation of the RCI. All estimates of reliability were high.

Table 7.4. *Reliability of the Domains and Total Scores for the Personal Supports Section of the RCI*

Domains (# items)	Reliability Presence	Reliability Importance
Domain 1: Personal Resources (8)	.806	.837
Domain 2: Personal Growth (10)	.852	.871
Domain 3: Personal Skills (8)	.818	.820
Domain 4: My Community (3)	.668	.801
Domain 5: Personal Relationships (3)	.770	.747
Total Personal Supports (32)	.925	.932

Table 7.5. *Reliability of the Domains and Total Scores for the Service Supports Section of the RCI*

Domains (# items)	Reliability Presence	Reliability Importance
Domain 6: Support with My Goals (3)	.917	.892
Domain 7: Support with Jobs and Money (3)	.884	.845
Domain 8: Support with Personal Life (5)	.697	.693
Domain 9: Recovery Values in Practice (37)	.971	.972
Total Service Supports (48)	.973	.977

Table 7.6. *Reliability of the Criterion Variables*

Criterion Measure (# items)	Reliability
Recovery Support Assessment (RSA) (32)	.959
Warwick- Edinburgh Mental Wellbeing Scale (WEMWS) (7)	.928
Empowerment Scale (sub scale) (9)	.898
Manchester Short Assessment of Quality of Life (MANSA) (12)	.830
Process of Recovery Questionnaire (QPR) (22)	.939

7.4 Concurrent Validity

High quality measures should correlate with other well validated tools with a similar focus, i.e. demonstrate concurrent validity. The concurrent validity analysis was conducted by correlating (Pearson's) scores on all domains and total scales scores from the RCI with scores from the five criterion variables. Table 7.7 shows the correlations between the 'Presence' ratings and the criterion variables, and Table 7.8 shows the 'Importance' ratings and the criterion variables. Correlations that are statistically significant ($p < .05$) are shown in bold. All correlations are based on a sample size of 63 participants.

Table 7.7. *Correlations Between RCI Domains and Total Scale Scores Based on Presence Ratings*

	RSA Total Score	SWEMWBS Total Score	Empowerment Subscale	MANSA Total Score	QPR Total Score
Domain 1: Personal Resources	**.515** (.000)	**.505** (.000)	**.507** (.000)	**.640** (.000)	**.664** (.000)
Domain 2: Personal Growth	**.276** (.029)	**.641** (.000)	**.590** (.000)	**.506** (.000)	**.681** (.000)
Domain 3: Personal Skills	**.382** (.002)	**.606** (.000)	**.543** (.000)	**.533** (.000)	**.656** (.000)
Domain 4: My Community	**.448** (.000)	**.271** (.031)	**.254** (.045)	**.566** (.000)	**.439** (.000)
Domain 5: Personal Relationships	**.302** (.016)	**.387** (.002)	**.368** (.003)	**.642** (.000)	**.493** (.000)
Personal Supports Total Presence	**.459** (.000)	**.652** (.000)	**.609** (.000)	**.701** (.000)	**.761** (.000)
Domain 6: Support with My Goals	**.592** (.000)	**.315** (.012)	**.258** (.042)	**.240** (.059)	**.130** (.309)
Domain 7: Support with Jobs and Money	**.429** (.000)	**.289** (.022)	**.259** (.041)	**.150** (.240)	**.042** (.745)
Domain 8: Support with Personal Life	**.601** (.000)	**.355** (.004)	**.401** (.001)	**.162** (.204)	**.273** (.031)
Domain 9: Recovery Values in Practice	**.805** (.000)	**.510** (.000)	**.484** (.000)	**.455** (.000)	**.345** (.006)
Service Supports Total Presence	**.820** (.000)	**.498** (.000)	**.476** (.000)	**.415** (.001)	**.324** (.009)

Table 7.8. *Correlations Between RCI Domains and Total Scale Scores Based on Importance Ratings*

	RSA Total Score	SWEMWBS Total Score	Empowerment Subscale	MANSA Total Score	QPR Total Score
Domain 1: Personal Resources	**.246** (.052)	**.365** (.003)	**.450** (.000)	**.058** (.651)	**.214** (.092)
Domain 2: Personal Growth	**.258** (.041)	**.329** (.009)	**.411** (.001)	**.108** (.398)	**.372** (.003)
Domain 3: Personal Skills	**.424** (.001)	**.307** (.014)	**.371** (.003)	**.066** (.608)	**.249** (.049)
Domain 4: My Community	**.396** (.001)	**.156** (.223)	**.275** (.029)	**.074** (.567)	**.097** (.451)
Domain 5: Personal Relationships	**.169** (.184)	**.108** (.399)	**.128** (.317)	**.305** (.015)	**.361** (.004)
Personal Supports Total Presence	**.358** (.004)	**.338** (.007)	**.428** (.000)	**.140** (.275)	**.354** (.004)
Domain 6: Support with My Goals	**.425** (.001)	**.174** (.173)	**.156** (.223)	**.108** (.399)	**.242** (.056)
Domain 7: Support with Jobs and Money	**.221** (.082)	**.133** (.299)	**.170** (.182)	**.023** (.857)	**.169** (.185)
Domain 8: Support with Personal Life	**.162** (.204)	**.045** (.728)	**.183** (.151)	**.020** (.874)	**.231** (.068)
Domain 9: Recovery Values in Practice	**.268** (.034)	**.261** (.039)	**.349** (.005)	**.067** (.600)	**.259** (.041)
Service Supports Total Presence	**.315** (.012)	**.244** (.053)	**.330** (.008)	**.052** (.685)	**.268** (.034)

7.5 Summary

This module aimed to assess the psychometric properties of scores from the RCI using a sample of 127 service users. Specifically the reliability, as estimated using Cronbach's alpha, of the RCI subscales and total scales scores for the Personal Supports and Service Supports scales was calculated. Second, the concurrent validity of the RCI was assessed by correlating subscale and scale scores with scores on 5 related criterion measures.

It was predicted that the RCI subscales and total scales scores for the Personal Supports and Service Supports scales would achieve adequate reliability, greater than .70. It was also predicted that there would be positive and statistically significant correlations with the 5 criterion variables. It was predicted that:

1. Scores from the Recovery Support Assessment would be more strongly associated with the RCI Service Supports subscales and total scale scores than the RCI Personal Supports subscales and total scale scores.

2. For the remaining scales it was predicted that the RCI Personal Supports subscales and total scale scores would be more highly correlated than the RCI Service Supports subscales and total scale scores.

The presence assessment of the Personal Supports (α=.925) and Service Supports (α=.973) scales scores showed high levels of scale reliability. The reliability of the Personal Supports subscales ranged from .668 to .852, with only the My Community subscale failing to reach adequate levels. This is likely to be attributable to this subscale being comprised of only 3 items; the reliability of a measure increases with the number of items it contains. The reliability of the Service Supports subscales ranged from .697 to .971, again with the subscale with fewest items, Support with Personal Life, having the lowest reliability (α=.697). The reliability for the importance ratings was very similar to those from the presence ratings.

Overall, this indicates that the RCI produces scores at the subscales and scale score level that indicate that the scale is suitable for use. However, it should also be noted that very high levels of reliability can be indicative of item redundancy (Boyle, 1991; Cortina, 1993) and suggests that a reduction in the number of items may be appropriate. The identification and removal of redundant items could be achieved through exploratory factor analysis.

In line with predictions, scores from the Recovery Support Assessment were more highly correlated with the total scores from the Service Supports scale (r=.820) than the Personal Supports scale (r=.459). The subscales of the Service Supports scale were also more highly correlated with the Recovery Support Assessment than the subscales from the Personal Supports scale. The correlation with the Recovery Values in Practice subscale was particularly high (r=.805).

Correlations between the Personal Supports and Service Supports scales (and subscales) and the Warwick- Edinburgh Mental Wellbeing Scale and the Empowerment Scale were similar in magnitude, and, again in keeping with predictions, the correlations tended to be higher for the Personal Supports scale and subscales. This is evidence of convergent validity.

High quality measures should also have weak correlations with those validated tools which measure different constructs, i.e. demonstrate discriminant validity. There was also evidence of discriminant validity associated with the Manchester Short Assessment of Quality of Life and the Process of Recovery Questionnaire. These scales were designed to assess personal aspects of recovery, particularly the Process of Recovery Questionnaire which assesses both intrapersonal and interpersonal assessments, and hence it was predicted that the correlations for these scales should be higher for the Personal Supports scale and subscales than the Service Supports scale and subscales.

This hypothesis was supported as the scores from the Manchester Short Assessment of Quality of Life were highly and significantly correlated with all Personal Supports subscales (r=.506 to r=.642) and total scale score (r=.701), while the correlations for 3 Service Supports subscales were non-significant. The only significant correlations were between the Recovery Values in Practice subscale (r=.455) and the total and Service Supports scale (r=.415). A similar pattern of correlations were found with the Process of Recovery Questionnaire. Indeed, the Personal Supports scale was more highly correlated with the Process of Recovery Questionnaire than the Manchester Short Assessment of Quality of Life (r=.761). The correlation between the Service Supports scale and the Process of Recovery Questionnaire was the lowest between any criterion measure (r=.324).

In conclusion:

- A psychometric evaluation of the Recovery Context Inventory (RCI) was conducted using a sample of 127 service users.
- Reliability analyses indicated that the Personal Supports and Service Supports scales achieved levels of reliability that make it acceptable for use.
- Two subscales (My Community and Support with Personal Life) had reliability less than .70. These scales had few items and their retention in the RCI could be subject of further research.
- High levels of Cronbach's alpha indicate that it may be possible to reduce the number of items while retaining adequate reliability.
- The Personal Supports and Service Supports scales all correlated in a theoretically predictable way with 5 criterion measures.
- There was evidence of convergent validity as general measures of well-being correlated with both Personal Supports and Service Supports scales and subscales.
- There was evidence of discriminant validity as the Personal Supports scale and subscales were more highly correlated with the Manchester Short Assessment of Quality of Life and Process of Recovery Questionnaire than the Service Supports scale and subscales.

Chapter 8 - RCI National Report Findings

8.1 Overview

What is the RCI National Level Report?

In addition to providing service users with an individualised profile of their own recovery supports, the RCI offers mental health services and relevant stakeholder groups a facility to produce aggregated reports. These reports allow them to potentially measure the outcome of mental health services in terms of changes in the lives of individuals and to assess the perceived recovery-orientation of the service. These reports can be produced at a service level, regional level and national level, and comprise a summary of anonymised individual respondents' answers to the RCI Questionnaire. The reports offer a 'real-time' summary of service users' views and priorities in relation to their own personal lives and the supports they receive from the service they use. When repeated at intervals (e.g. 6 months) they have the potential to show changes in different aspects of the person's life relevant to their mental health recovery.

At service level, this service user feedback can act as a measure of recovery-orientation and customer satisfaction, and can be used to inform service improvement initiatives, service planning and resource allocation. On an individual level, service users are invited to use the RCI Recovery Planning Workbook to develop a personal Recovery Action Plan, providing a practical, easy-to-use method to identify specific actions the person may wish to undertake.

What Questions Does the National Level Report Help Us to Answer?

The design of the RCI is underpinned by a 'personal recovery' approach which ensures that the expressed priorities and aspirations of the respondent are put centre stage and the person directs their own recovery process. Mental health services which adopt a recovery-oriented approach, commit to work in partnership with the service user to offer truly person-centred and meaningful responses that promote personal empowerment and citizenship. Accordingly, when using RCI data, it is important that services pay particular attention to importance ratings, so that decision making is informed by service users' priorities. The RCI affords services and stakeholders the opportunity to use the aggregated report facility to answer the following questions:

1. **What are the priorities of service users for their mental health recovery?**
2. **To what extent are these priorities being achieved?**
3. **Where are the gaps?**

This chapter presents initial findings from our first RCI National Report, and is based on data from 127 RCI Questionnaire respondents[1]. Findings are presented in two sections: **Personal Supports** and **Service Supports**, mirroring the structure of the RCI Questionnaire. Table 8.1 presents the RCI rating scales and corresponding percentage bands. Chapter 1 provides an overview of the structure of the RCI.

[1] It was not possible on this occasion to generate aggregated reports at a regional or service level, since no service or region achieved 50 or more RCI Questionnaire first completions.

Table 8.1. *RCI Questionnaire Item Rating Options and Percentage Bands*

Importance	Rating (%)	Presence
Not Important	0	Never
Somewhat Important	25	Rarely
Important	50	Sometimes
Very Important	75	Often
Extremely Important	100	Always

8.2 Respondent Demographics

52% of respondents were male. The mean age for males and females was 41.80 years (SD[2]=10.97) and 45.95 years (SD=11.17) respectively. Respondents were recruited from ARI sites within four areas; HSE Dublin Mid Leinster (29.1%), HSE Dublin North East (11.8%), HSE South (37.0%), and HSE West (22.0%). The number of respondents who completed the RCI Questionnaire in different ARI sites is shown in Table 8.2.

Table 8.2. *Distribution of Respondents by Site*

Site	N	%
Carlow Kilkenny South-Tipperary	15	11.8
Cavan-Monaghan	15	11.8
Dublin South-Central	42	33.1
Mid-West	10	7.9
Roscommon East-Galway	18	14.2
West Cork	27	21.3
Mayo	0	0
Total	127	100

[2] SD stands for Standard Deviation, which is a measure of the spread of numbers around the average score, with higher scores indicating a greater spread

The majority of respondents were born in Ireland (89.8%) with the remaining originating from the United Kingdom (8.7%), India (0.8%) and the United States of America (0.8%). The respondents' ethnicity was predominantly white (97.6) with others Asian (0.8%) or 'Other' (1.6%). Most respondents described themselves as 'Not in a relationship' (68.5%) with others 'In a committed relationship' (26%) or 'In a casual/dating relationship' (5.5%). Almost half (49.6%) of respondents reported themselves to be 'Unable to work due to sickness or disability.' See Table 8.3 for further demographic information.

Table 8.3. *RCI Questionnaire Respondent Demographics*

Variable	Range	Mean (SD)
Age in Years	21-69	44 (11.45)

Variable		N	%
Gender	Male	66	52
	Female	61	48
Ethnicity	White	124	97.6
	Asian	1	0.8
	Other	2	1.6
Country of Origin	Ireland	114	89.8
	UK	11	8.7
	India	1	0.8
	USA	1	0.8
Relationship Status	Not in relationship	87	68.5
	Committed relationship	33	26
	Casual/Dating	7	5.5
Level of Education	No formal education/training	1	0.8
	Primary education	16	12.6
	Lower Secondary	24	18.9
	Upper Secondary	19	15.0
	Technical or Vocational	25	19.7
	Advanced Cert/Apprenticeship	7	5.5
	Higher Certificate	10	7.9
	Ordinary Bachelor Degree/National Diploma	5	3.9
	Honours Bachelor Degree/Professional qualification	14	11.0
	Postgraduate Diploma or Degree	6	4.7
	PhD or higher	0	0

Employment Status	Employed (including self-employed)	12	9.4
	Unable to work due to sickness or disability	63	49.6
	Student or in training	21	16.5
	Looking after home/family	8	6.3
	Retired from employment	4	3.1
	Unemployed	15	11.8
	Other	4	3.1
Time in a Job	All of my adult life	19	15.0
	A lot of my adult life	46	36.2
	Some of my adult life	31	24.4
	A little of my adult life	25	19.7
	None of my adult life	6	4.7
Longest Employed	Less than 1 year	16	12.6
	1 year	12	9.4
	2 years	15	11.8
	3 years	14	11.0
	4 years	8	6.3
	5 years	9	7.1
	More than 5 years	53	41.7
Use of Supports	Clinical Supports for Mental Health	118	93
	Clinical Supports for Physical Health	61	48
	Peer Support	53	42
	Education or Training	41	32
	Day Service (Not Education/Training)	43	34
	Everyday Living Support Services (e.g. MABS)	18	14
	Personal Support Services (e.g. AA, GROW)	18	14
	Probation Services	0	0
	Other	6	5

8.3 Personal Supports

Table 8.4 presents the ten most important personal recovery supports as rated by RCI respondents, and how present these supports were in their lives.

Table 8.4. *Ten Most Important Personal Supports Items*

Ten Most Important Personal Supports Items Rank	Item	N	I (%)	P (%)
1	I have people who "stand by me"	127	87	84
2	I am in control of the decisions that affect my mental health recovery	127	83	70
3	I have money for basic needs	127	82	73
4	I am able to do everyday tasks	127	82	78
5	I have enough supportive relationships in my life	127	82	70
6	I feel accepted by people even though I have mental health difficulties	127	79	71
7	I stand up for myself	127	78	60
8	My local community is safe	127	77	73
9	People respect the decisions I make for my future	127	76	65
10	I am able to communicate well in my relationships	127	76	63

I (%) = Mean importance scores as percentages
P (%) = Mean presence scores as percentages

What are the priorities of service users for their mental health recovery?

Individual item scores, as outlined in Table 8.4, reveal the importance to recovery of having supportive, accepting relationships as well as meeting basic security and independence needs, and possessing assertive communication skills.

Having supportive, accepting relationships was considered very important by respondents. Having people who “stand by me” topped the importance rankings at 87%. Having enough supportive relationships and feeling accepted by others despite experiencing mental health difficulties similarly had respective importance scores of 82% and 79%.

In terms of security and independence, having a safe local community received an importance score of 77%, and having money for basic needs and being able to do everyday tasks both scored

82%. Being in control of decisions relating to one's mental health, and having one's decisions respected had importance scores of 83% and 76% respectively.

Possessing assertive communication skills also appeared as a high priority for respondents; I stand up for myself received an importance score of 78%, and I am able to communicate well in my relationships scored 76%.

To what extent are these priorities being achieved?

Presence ratings for the most important personal recovery supports can highlight the extent to which respondents' priorities for their mental health recovery are being achieved; see Table 8.4. Whilst presence scores were lower than importance scores in all cases, several items had relatively high presence scores, e.g. having people who "stand by me" (84%), being able to do everyday tasks (78%) and living in a safe community (73%). A number of items had lower presence ratings; standing up for oneself (60%), being in control of the decisions that affect one's mental health (70%) and being able to communicate well in relationships (63%). Having enough supportive relationships (70%) and others respecting one's decisions for one's future (65%) similarly achieved relatively low presence scores.

8.4 Service Supports

Table 8.5 presents the ten most important service-based recovery supports as rated by RCI respondents, and how present these supports were in their lives.

Table 8.5. *Ten Most Important Service Supports Items*

Ten Most Important Service Supports Items Rank	Item	N	I (%)	P (%)
1	I am satisfied with the medication I am using for my mental health recovery	121*	87	69
2	I am listened to by the staff	127	86	83
3	Staff treat me as an equal	127	84	81
4	I am able to get the supports I need from the staff when I need them	127	83	79
5	Staff value me as a person	127	83	81
6	Staff help me to think positively about my future	127	82	75
7	Staff inspire hope for my mental health recovery	127	82	75
8	I feel that I am really understood by the staff	127	82	69
9	Staff talk in a way that supports my mental health recovery	127	81	77
10	Staff understand that each person is unique	127	80	79

* This item contains an "I do not require this support at this time" response option and was answered by the number of respondents listed

What are the priorities of service users for their mental health recovery?

For the 121 respondents who reported using medication for their mental health recovery, being satisfied with this medication was on average an extremely high priority, reflected in an importance score of 87%. Being listened to (86%), understood (82%) and valued by staff (83%) was also very important to respondents.

The importance of staff's role in encouraging a positive, hopeful outlook was highlighted in such items as: *Staff help me to think positively about my future* (82%), *Staff inspire hope for my mental health recovery* (82%) and *Staff talk in a way that supports my mental health recovery* (81%). Staff understanding that each person is unique (80%), and treating service users as equals (84%) also featured in the ten most important items.

To what extent are these priorities being achieved?

Generally, the presence of prioritised service-based recovery supports were at similar levels to importance scores; six of the top ten differed by only one to four percentage points for importance and presence. This suggests that the Service Supports of greatest importance to people were well represented in their lives. The notable exception was satisfaction with medication used, which despite topping the importance table with 87% had a relatively low presence score of 69%.

Being listened to (83%) and being valued by the staff (81%) had relatively high presence scores, whereas feeling understood by the staff (69%) scored comparatively lower for presence. Timely access to supports again scored relatively highly for presence, at 79%, as did being treated as an equal (81%) and staff understanding that each person is unique (79%). *Staff help me to think positively about my future* and *Staff inspire hope for my mental health recovery* scored 75% each for presence, compared with 82% each for importance, and *Staff talk in a way that supports my mental health recovery* attained a presence score of 77%.

These figures suggest that, on average, respondents considered being listened to, being valued, being treated as an equal, being recognised as unique, having timely access to supports and having staff talk in a recovery-supporting manner to be very important and also highly present within the mental health services they use. Other supports which were considered highly important but less present were satisfaction with medication and feeling understood by staff.

8.5 Where Are the Gaps?

Table 8.6 presents the five items from each of the Personal Supports and Service Supports sections which have the largest disparity between importance and presence scores. For the purposes of this report, a cut-off importance score of 70% was applied. Thus, only disparities within areas deemed by respondents to be highly important to their recovery are highlighted. Items in Table 8.6 are ranked based on largest difference between mean scores.

Table 8.6. *Prioritised Recovery Supports with the Largest Importance-Presence Gaps*

Personal Supports Items with the Largest Importance-Presence Gap Item	N	I (%)	P (%)
I am able to set goals for my life	127	74	56
I stand up for myself	127	78	60
I exercise	127	74	59
I have a relationship with someone I am very close to	127	75	61
I am able to communicate well in my relationships	127	76	63

Service Supports Items with the Largest Importance-Presence Gap Item	N	I (%)	P (%)
I am satisfied with the medication I am using for my mental health recovery	121*	87	69
I feel that I am really understood by the staff	127	82	69
I am involved in the development of my treatment plans in this service	107*	78	68
I have choices within the service	127	71	61
I have a range of services available to me that help my mental health recovery	127	78	69

* These items contain an "I do not require this support at this time" response option and were answered by the number of respondents listed.
A cut-off importance score of 70% was applied.

In terms of personal recovery supports, *I am able to set goals for my life* emerged as the item with the largest disparity between importance (74%) and presence (56%) scores. A gap was also apparent in empowered, assertive communication, with *I stand up for myself* and *I am able to communicate well in my relationships* both appearing with relatively large importance-presence disparities. Exercising was a priority for respondents (74%) but had relatively lower presence (59%). Likewise, having a close personal relationship had an importance score of 75% but a presence of 61%.

For service-based recovery supports, satisfaction with medication was the item with the largest importance-presence gap having been rated by respondents as most important at 87%, but only achieving a presence score of 69%. Feeling understood by staff similarly had an importance rating of 82% but a presence rating of 69%. Having an active role in developing one's own treatment plans within the service was another area of disparity, with an importance score of 78% and presence of 68%. Finally, having choices within and between services were priorities which were not being fully achieved; *I have choices within the service* scored 71% for importance and 61% for presence, and *I have a range of services available to me that help my mental health recovery* had an importance score of 78% and a presence of 69%.

8.6 Summary

This chapter presented findings from an analysis of RCI Questionnaire responses from six sites nationally. Service user priorities were discussed in terms of both recovery supports in their personal lives, and recovery supports associated with the mental health services they use.

Respondent priorities within the Personal Supports section highlight the importance to recovery of having supportive, accepting relationships as well as meeting basic security and independence needs, and possessing assertive communication skills. Whereas priorities concerning living in a safe place and the ability to carry out everyday tasks were largely achieved, disparities emerged in the areas of assertive communication, being in control of decisions that affect one's recovery and having one's decisions respected. Although having people who *stand by me* was both highly important and highly present, there was some disparity between importance and presence for having enough supportive relationships in one's life.

I am able to set goals for my life appeared as the Personal Supports item with the largest importance-presence disparity. Empowered, assertive communication, exercising and having a close personal relationship also appeared as priorities that were not fully achieved.

In the Service Supports section, satisfaction with medication was both the most important recovery support and the item with the largest importance-presence gap. Other priorities for service users included being listened to, valued and understood by staff, and staff supporting a positive, hopeful outlook. Priorities were largely achieved, although disparities existed between importance and presence for feeling understood by staff and satisfaction with medication. Other areas of disparity included involvement in the development of one's treatment plan, and having choices both within and across services.

Whereas Service Supports data have obvious value for service planning applications, results from the Personal Supports section can be equally valuable. For instance, three of the recovery factors rated as most important, but which rated relatively lower for presence amongst respondents, were *I stand up for myself, People respect the decisions I make for my future* and *I am able to communicate well in my relationships*. These results may indicate that some service users could benefit from supports to advocate for themselves, for instance.

8.7 Conclusion

The RCI National Report presents the priorities and views of 127 people who currently use Irish mental health services and offers us a unique insight into those factors that support their mental health recovery. Based on a rigorous research protocol, this data is potentially the first mapping of both the priorities and experiences of mental health service users across Ireland and offers decision makers new metrics to inform service planning and resource allocation.

As more people use the RCI, it will be possible for services and relevant stakeholder groups to develop both local and national pictures of what is important to people for their mental health recovery, and the extent to which these priorities are being achieved. Decision makers can now utilise this information to further develop person-centred service provision through the use of a quality assured, ehealth resource.

RCI reports provide *real time*, evidence-based information enabling services to incorporate service user views into the strategic decisions that underpin service planning processes within the mental health services. This qualitative data allied to existing national quantitative data sets should support recovery-oriented decision making and facilitate the development of key performance indicators meaningful to service users' individual mental health recovery.

Chapter 9 - Discussion

9.1 Overview

This chapter draws together the evidence gathered from all modules in the study to form overall conclusions in relation to the:

- respondents' experience of the RCI, including the online RCI Questionnaire, RCI Profile of results, RCI Recovery Planning Workbook, and RCI Recovery Action Plan
- facilitators' experience of the RCI
- site leads' experience of the RCI
- psychometric properties of the RCI (concurrent validity and reliability)

Implementation challenges are outlined along with limitations in relation to the study. A brief overview of the findings from the first RCI National Report is also presented.

Based on the evidence gathered, recommendations are made in relation to further development and use of the RCI.

9.2 Emerging Themes

The following themes emerged from a review of the results of each module of the study.

Theme 1: The RCI is a Useful Support for Mental Health Recovery

Based on the feedback overall, the RCI appears to be viewed by the majority of respondents, facilitators and site leads as being a useful support to people in their mental health recovery. Reports received from respondents in both focus groups and the online questionnaire, facilitator responses to the online survey, and confidential site lead telephone interviews, identify the RCI as a 'useful tool for mental health recovery.' Sub-themes point to the RCI providing an opportunity for reflection on one's recovery, being easy to use, facilitating recovery planning, and reflecting a systemic shift towards personal empowerment. Evidence gathered in relation to the RCI's psychometric properties support its suitability for use.

- **Opportunity for Reflection**

  The RCI was reported by respondents and facilitators in the focus groups/interviews as being helpful in terms of both the identification of factors important to the person in relation to their mental health recovery, and as a useful tool in pinpointing individual strengths. These points were similarly echoed by facilitators in their responses to the online survey, and by site leads in telephone interviews. Focus group respondents also reported 'positive feelings' in response to their answering of the questionnaire and felt 'more hopeful' and 'empowered' following completion.

- **Easy to Use**

  The feedback from the online questionnaires completed by both respondents and facilitators would suggest that the majority viewed the RCI as being a tool that was easy to use in an everyday setting. Despite these relatively high scores for ease of use, there is still room for improvement. It is anticipated that ease of use of the RCI will improve further following the implementation of recommendations resulting from evaluation findings (e.g. reducing length of RCI Questionnaire).

- **Facilitates Recovery Planning**

  Respondents and facilitators in focus groups, as well as site leads, reported that the RCI facilitates the development of an action plan, provides a mechanism for respondents to measure progress in relation to recovery efforts and aspects of their lives, and can encourage motivation, although some facilitators pointed out that this can be dependent on the individual. The RCI Recovery Planning Workbook was viewed as helpful by

respondents but not particularly easy to use. This feedback was gathered from a small sample as it appears that many respondents did not have access to the RCI Recovery Planning Workbook, and so did not have an opportunity to use it.

In addition, there was mention in the focus group and interview module that for some, reflecting on their lives in answering the RCI questionnaire raised some uncomfortable and distressing thoughts. There is the potential with any instrument which encourages reflection that some people could become distressed. This would seem to underscore the importance of offering both facilitator support and the RCI Recovery Planning Workbook to participants as possible ways of responding to this distress.

- **Represents a Systemic Shift in Power**

  Comments gathered from the focus groups of both facilitators and respondents, and from site lead telephone interviews, suggested a perception that the RCI represents a systemic shift in power. This was accomplished through the primacy placed on the individual's responses and a change in focus to personal recovery and not on illness or diagnosis. Site leads commented that the RCI emphasised a partnership approach and the importance of service user empowerment. On the other hand, certain facilitator focus group comments (for example, questioning the veracity of an individual's responses on the RCI) may highlight contradictory understandings of recovery oriented working among facilitators. The implications for practice of these different perspectives seem to point to a need to develop initiatives focusing on staff values and attitudes in relation to service delivery.

- **Psychometric Properties**

  The RCI was developed as a response to the dearth of well validated recovery oriented measures reported in the literature. A core element of the multi-modular study was to build on previous studies which have reported on the psychometric properties of the tool, and in relation to the current study, to assess the concurrent validity and reliability of the RCI. Essentially, high quality measures should correlate with other well validated tools with a similar focus, and have weak correlations with those which measure different constructs. Concurrent validity was measured through correlations between the RCI and the additional criterion measures chosen for the study, relating to areas such as the recovery orientation of services, the personal process of recovery, subjective views of empowerment, quality of life and psychological wellbeing. The evidence suggests that the RCI correlated with these additional measures in accordance with predictions.

  In addition, high quality instruments should possess acceptable levels of internal consistency. The results suggest that the RCI possess acceptable to high levels of internal consistency overall, with the exception of two of the nine subscales *(My Community and Support with My Personal Life*) which may be due to the small numbers of items in each of these domains.

  Overall, these results suggest that the psychometric properties of the RCI point to a tool that is suitable for use.

Theme 2: Positive Experience of Facilitation

The reports gathered through the focus groups and interviews primarily, suggested that the majority of respondents, facilitators and site leads had a positive view of the RCI as a facilitated process, albeit that some operational recommendations were made for its future use. These suggestions were responses to primarily logistical issues, which resulted in some frustration for facilitators and site leads, and are discussed in more detail below. Recommendations were, most notably, to increase time and resource allocation and to reduce the length of the RCI.

Respondents commented that the familiarity and friendliness of facilitators was helpful and made the process *'very easy'*. Facilitators reported on their perception of the RCI as a tool which stimulated *"useful conversations about recovery"* and provided dedicated time to spend with those whom they were supporting. Site leads also commented on the ability of RCI facilitation to bring about a shift away from paternalism and towards partnership and service user empowerment. Both groups also referenced that they were impressed with the quality of the RCI materials, and identified the help they received from EVE and from fellow facilitators, along with the level of trust between facilitators and respondents, as being important to facilitation. In the online survey, facilitator feedback suggested that the process of facilitation had not impacted on their levels of job satisfaction. It was evident that there were different levels of facilitator support required by respondents, with over 61% of respondents reporting that they answered the questionnaire without help from a facilitator.

Theme 3: Potential for Further Development

Respondents, facilitators and site leads all identified possible future applications of the RCI. Facilitators and site leads proposed that the RCI could be used as a tool to evaluate mental health services. Respondents also identified opportunities for use with younger people to prevent future mental health difficulties and as an educational tool for health professionals. Furthermore, they highlighted the value of using any resulting action plan in doctor-patient consultations. Facilitators and site leads suggested the RCI could be used in GP clinics, at assessment on entering a service, and for people who have recently been discharged from hospital, in order to formulate a recovery action plan for themselves.

National Report Themes:

The first RCI National Report presents the priorities and views of 127 people who currently use Irish mental health services, and offers us a unique insight into those personal and service-related factors that support their mental health recovery; see Chapter 8 for a full description of findings.

Respondent priorities within the Personal Supports section highlight the importance to recovery of having supportive, accepting relationships as well as meeting basic security and independence needs, and possessing assertive communication skills. Whereas priorities concerning living in a safe place and the ability to carry out everyday tasks were largely achieved, presence scores lagged behind importance in the areas of assertive communication, being in control of decisions that affect one's recovery and having one's decisions respected. Although having people who *"stand by me"* was both highly important and highly present, there was some disparity between importance and presence for having enough supportive relationships in one's life. In terms of Personal Supports items with the largest importance-presence gaps, "*I am able to set goals for my life"* topped the table, with empowered, assertive communication, exercising and having a close personal relationship also appearing as priorities that were not fully achieved.

With regard to Service Supports, satisfaction with medication was both the most important recovery support and the item with the largest importance-presence gap. Other priorities for service users included being listened to, valued and understood by staff, and staff supporting a positive, hopeful outlook. Priorities were largely achieved, although disparities also existed between importance and presence for feeling understood by staff, involvement in the development of one's treatment plan, and having choices within and across services.

This service user feedback can act as a measure of recovery-orientation and customer satisfaction, and can be used to inform service improvement initiatives, service planning and resource allocation.

9.3 Challenges

The implementation of the RCI, as part of the ARI project was complex, including multiple sites, three stakeholder groups, a variety of evaluation techniques and a highly detailed online system. This complexity gave rise to a range of contextual challenges, which have been categorised into the following main themes.

9.3.1 Information Technology Challenges

- **Limited IT infrastructure**

  Access to computers was foreseen as a challenge in some areas and consequently, during the expression of interest phase of the project, a detailed specification of IT requirements was provided. Sites were required to confirm that the requisite IT infrastructure was in place before signing up to the project. Unfortunately, this did not accord with the reality experienced during implementation. Limited IT infrastructure including computers and adequate internet access was a source of frustration and inefficiency for respondents, facilitators and site leads in a number of sites. All groups referenced the lack of computers available for RCI use, and facilitators in the online survey commented on the impact of HSE ICT protocols forbidding the use of HSE computers by service users, as being a barrier to use.

- **Lack of IT Project Manager**

  As with any highly sophisticated online system, there were technical challenges associated with the development and implementation of the RCI. A detailed 30,000 word specification for the RCI was developed by the RCI Research Development Team to guide the web design process. It was not possible to secure the support of an IT Project Manager within HSE to provide advice and assist this process. This led to delays in the design of the system and impacted on the capacity of the team to address technical issues in a timely manner.

- **Design company underestimated the scale of the project**

  The design company admitted that it under-estimated the large complexity of work and resources required to complete this project. The award-winning company has advised that the project has broken their record on the amount of tasks required to complete the work, which has involved over 600 edits to presented work. Consequently, the unanticipated level of additional testing required of the RCI Development Team to verify website functionality proved to be very time-consuming and the development delays resulted in a knock-on effect on other deliverables. For instance, the graphical and art work for the RCI Facilitator Manual could only be completed once the final online version of the RCI was completed. In both focus groups and the online questionnaire, facilitators highlighted these delays as resulting in a loss of momentum and frustration.

- **Technical difficulties experienced**

  Both respondents and facilitators referenced technical difficulties they experienced at times in accessing the RCI, along with a lack of computer literacy among both respondents and facilitators, which resulted in challenges to completing the RCI. These issues were also raised by site leads. Some difficulties in relation to levels of computer literacy among respondents were anticipated. Hence, the specification for the facilitator role included the provision of varying levels of tailored support for respondents in completing the RCI. For similar reasons, a 'read aloud' feature was included in the design which provided a facility for text on the screen to be read to the respondent at the push of a button. Despite these accessibility features, some facilitators still felt that a lack of respondent computer literacy impeded the use of the RCI. Some facilitators also reported that they found the password process (in built as a security feature) complicated and therefore a challenge to implementation.

In April 2014 and coinciding with the release of the RCI, Microsoft withdrew technical support and updates from the Microsoft Operating System XP, used by the majority of HSE and public sector computers. This resulted in the security protocols embedded in the RCI limiting access to the website from machines using the Internet Explorer browser and running XP. Users were thus required to either use an alternative machine or to download and use a different browser.

9.3.2 Site Capacity Challenges

- **Servicing the demands of both projects**

  As evidenced in the findings of the facilitator focus groups and site lead interviews, some sites struggled with servicing the demands of both projects in ARI. In some sites the same personnel were responsible for both projects, whereas in others, responsibility for the two projects was separately delegated to site team members, at different stages of the process. Feedback suggests that the simultaneous introduction of two new projects, although conceptually compatible and reinforcing, seemed to prove onerous in the prevailing health service environment. Site leads suggested that these circumstances impacted more on the RCI than on other projects. On a related theme, some facilitators seemed to find difficulty with the additional workload associated with the RCI. However, this appeared to be a commentary on the introduction of any additional work and was not uniquely associated with the RCI.

- **Lack of resources**

  Facilitators taking part in focus groups reported a lack of time available to them in supporting the implementation of the RCI and that this impacted on their ability to support more people in the roll-out and to offer people ongoing supports in relation to the use of the RCI Recovery Planning Workbook and RCI Recovery Action Plan. The scarcity of time was also referenced in feedback gathered through the online facilitator survey and site leads interviews. A lack of management support was also reported along with the lack of availability of peer facilitators.

9.3.3 Project Design Challenges

- **Amendments to original Genio grant proposal**

  As outlined in Chapter 1, the RCI offers a report facility at two main levels: the individual and aggregated service level. The value of a service level function which includes service, regional and national level reports was agreed with the National Directorate but had not been included in the original Genio grant application. This function offers obvious major benefits to recovery-oriented service planning. However, this subsequent development added a great deal of additional complexity to the design, programming and security features of the RCI, with resulting time implications. In addition, increased project design complexity was added when the original grant application number of sites was increased from four plus EVE to seven.

- **Sustainability**

  The design and programming of the project has been future-proofed to ensure greater utility beyond the current project phase, which included further testing and research. While this investment in the design has involved more development time, it is anticipated that it will make any subsequent changes quicker to implement. For instance, a feature has been included to remove and/or edit existing questions.

- **Changes to the system due to feedback**

  RCI briefing sessions were conducted in each of the seven sites. In response to an expressed concern regarding confidentiality, a change was made to the online system, which involved the removal of real names and any identifying information. These changes had a knock-on effect and required amendments to the IT

system, RCI Facilitator manuals, an amendment to research ethics approval and changes to other documents.

- **Ensuring support for Users and confidentiality of Users' information**

  The RCI system currently involves a 'two key' model involving a unique account set-up process for users and facilitators. This system was also developed to ensure the user had access to appropriate support during use. The associated features required detailed design and programming.

  Given the highly personal nature of the RCI profile, the RCI Research Development Team was diligent in ensuring that the data is secure and to this end, engaged with the Data Protection Commissioner's Office. In addition, an independent security audit of the system was completed by a specialist independent company. This process occurred in three phases involving an initial security assessment, remediation work and a verification process. These requirements, although very valuable, were time-consuming.

- **RCI Specific Issues**

  Respondents and facilitators referenced the length of the RCI, discomfort in relation to questions regarding sexuality, a perception of questions being repetitive and the requirement to answer all questions, as presenting difficulties to implementation.

  In relation to concerns about the length of the RCI, one of the aims of the study was to examine the psychometric properties of the RCI when compared with other instruments measuring relevant constructs. These additional measures will not be presented in future administrations of the RCI, which will significantly reduce the time required to complete the instrument.

- **Facilitation-Related Issues**

  Some facilitators reported that they perceived the RCI Facilitator Training Programme as being too long and not sufficiently specific. In addition, it appears from the focus groups completed with respondents that not all respondents were aware of all four components of the RCI (i.e. the RCI Questionnaire, RCI Profile, RCI Recovery Planning Workbook and RCI Recovery Action Plan) and consequently did not have access to these resources. Feedback from the online facilitator survey would also suggest a lack of clarity in relation to the process among some facilitators.

9.3.4 ARI Governance Challenges-Integration of the ARI projects

At the outset of the project, a large amount of time and effort was required to agree the governance structures and develop the associated documentation of the ARI project. While this was necessary, the time involved had not been factored into the timelines for either the RCI or the ImROC constituent projects and sometimes involved tasks that did not always come to fruition. In addition, the original Genio proposal specified EVE as one of the sites taking part in the implementation of the RCI. However, as EVE provides day services as opposed to inpatient and outpatient mental health services, a decision was taken by the ARI Project Team that EVE could not constitute a site, per the ImROC requirements. This resulted in all ARI sites being external to EVE which increased the complexity and logistical demands of the implementation process.

9.3.5 HR Challenges-Recruitment delays

The development of the RCI was premised on the provision of a clinical backfill arrangement for members of the RCI Development Team and the appointment of an IT support person. Neither of these positions could be appointed in January 2012 as planned, due to the absence of a payment

administration mechanism. These issues were addressed in March of that year, following the establishment of Mayo Recovery Partners but the delay had development consequences. In addition, despite concerted efforts, it did not prove possible to recruit a suitable replacement person to fulfil the clinical backfill position over the duration of the project.

9.3.6 Unanticipated Challenges-Research ethics

The increase in the numbers of sites led to an increase in the numbers of research ethics applications required; a factor which was not included in the original timeline estimate. The complex nature of the research protocol was evidenced in the detailed application required, involving twenty six appendices and various local additional documentation requirements.

9.4 Limitations

There are some limitations to this study which should be borne in mind when interpreting some of the results.

- The sample sizes were small for Module 1: Focus Groups and Interviews, Module 4: Online Survey: Facilitators and some questions in Module 3: Online Evaluation Questionnaire: Respondents. Caution must therefore be exercised in interpreting these results.
- There appeared to be a level of confusion in answering the facilitator survey, as evidenced in conflicting numbers of participants who reported having facilitated each component of the RCI. No pilot study was completed on this survey which in retrospect may have been useful.
- Of the 127 individuals who did a first completion of the RCI, only 26 people reported that they viewed their RCI Profile. This resulted in a smaller sample size for the questions relating to the RCI profile on the RCI Online Evaluation (Chapter 5) and also suggests a level of confusion among facilitators and respondents regarding the recommended process.
- On a related note, there was data available from 27 individuals who completed the RCI on a second occasion. This figure is lower than that which was hoped for and consequently the sample sizes for questions relating to both the RCI Workbook and RCI Recovery Action Plan were small, as only a portion of those who completed the RCI on a second occasion used these tools.
- None of the sites were in a position to run a service level report as the minimum required number of participants was set at 50. This figure was selected as it was felt it provided an adequate assurance to participants that their results could not be differentiated from others taking part (thereby protecting confidentiality), and it was proposed that it provided a sufficient number of responses for sites to get an indication of the views of individuals using their service. There was a significant difference in the number of respondents recruited in each site, ranging from 42 in Dublin South-Central to 0 in Mayo. The fact that it was not possible to run this report in any of the sites limited the feedback it was possible to gather on the potential of these reports as a service planning tool.
- Despite the fact that efforts were taken to include a broad representation of stakeholders among the composition of RCI Facilitators, there were few sites with a sufficiently established network of either peer workers or family members who met the RCI Facilitator criteria and were therefore in a position to engage in RCI Facilitator Training. Hence, the vast majority of RCI Facilitators were staff members. Although not part of the study, it would have been interesting to gather feedback on potential differences in the experiences of respondents depending on the background of their RCI Facilitator. This could potentially be an interesting topic for future research.

9.5 Recommendations

Based on the conclusions which have emerged from the evaluation study, the following recommendations have been made:

1. Deploy the RCI as an additional support for people using mental health services in Ireland

The evidence gathered from the multi-modular study found that the RCI is a 'useful support for mental health recovery'. The RCI should therefore be made available to users of mental health services as an additional support available in conjunction with other supports offered by HSE. A detailed plan should be agreed with the National Mental Health Division and with relevant Area Management Teams in relation to achieving this recommendation. The agreement of such a plan will help to secure support and resources to ensure the effective implementation of the RCI at a local level. Future implementation of the RCI should be strategically aligned with other initiatives in order to address capacity issues within services and maximise complementarity. Arising out of the focus group exploration, it is recommended that a small group of facilitators (ideally comprising at least one peer worker with experience of use of the RCI) be deployed for dedicated RCI work in mental health services on a weekly basis.

Opportunities should also be provided for service users, families and mental health professionals to explore their perspectives on recovery and the implications for recovery practice in mental health services.

2. Deploy the RCI as a support to recovery oriented service development in mental health services in Ireland

The RCI has been designed to run both personal level and service level reports. The anonymised service level reports can pinpoint areas requiring service development, in order of priority to service users, and then track changes in the status of these areas, following intervention. Regional and National Reports provide additional macro level data that can guide higher level decision-making and more effective resource allocation. The first RCI National Report (see Chapter 8) demonstrates the utility of this function and is potentially the first mapping of both the priorities and experiences of mental health service users across Ireland.

It is suggested that the RCI has the potential to be used as a tool to evaluate the recovery orientation of mental health services and support organisational change initiatives. The Service Supports section could fulfil this role as it essentially lists out factors within services consensually agreed and scientifically validated to be supportive of the mental health recovery of those using the service. It would be possible, for example, to compare service user views on services with staff members' views of the same service which could assist in identifying perceived gaps in service. This suggestion should be explored further with the Mental Health Division.

The potential of the RCI as a support to the recovery orientation of services has been previously noted in a report commissioned by the Bamford Implementation Rapid Review Scheme (2011) in Northern Ireland. As mentioned, Chapter 8 provides information on the first RCI National Report, and therefore an indication of the potential value of this resource, based upon data from six of the sites. It is recommended that the potential of this aggregated report facility is further explored and developed with the Mental Health Division.

Opportunities to align the RCI data set with existing activity level reporting should be explored to enhance the quality of information available to support service planning and resource allocation.

3. Enhance the RCI to ensure ease of use

In order to address issues such as the length of the questionnaire, the time it takes to administer the

RCI, the repetitive nature of some questions, and the utility, or not, of some questions, it is recommended that the questionnaire is shortened. As the additional measures will no longer be required, the questionnaire will automatically reduce significantly. Reducing the questionnaire items further, can be achieved through the completion of an exploratory factor analysis (EFA) by combining data gathered from this current study with the previous Stage 4 study, to ensure a sufficient sample size and satisfy statistical requirements. The use of an EFA is the most technically appropriate method to reduce the number of items and maintain the RCI's gold standard development criteria. This process will also inform decision making regarding the retention or deletion of questions which may have caused discomfort.

It is also suggested that reducing the length of the questionnaire may reduce the burden on respondents. Additional approaches which may merit further discussion and psychometric advice include the use of a technical solution to allow respondents to update their previous responses to the RCI, as appropriate, and an option to complete only selected RCI domains.

It is recommended that consideration be given to ways in which the password access protocol could be simplified. In addition, the invitation to view the RCI Profile needs to be presented more clearly.
Notwithstanding the advantages accruing from the online version of the tool (i.e. the ability to aggregate results to present site level, regional and National reports, view and compare profiles, etc.), consideration should be given to the development of a paper-based version for individuals who prefer not to use the online questionnaire, or where technical limitations pertain.

Finally, opportunities to maximise the use of eHealth platforms and technology (e.g. smart phone applications) should be fully explored to optimise the accessibility of the RCI.

4. Formalise the RCI as an IT project within HSE

The RCI needs to be formalised as an IT project in HSE. Achieving this would provide a mechanism to identify the necessary resources and IT input required to address any remaining technical challenges. The agreement of a plan with the National Mental Health Division is a prerequisite to implementing this recommendation.

5. Review and adapt the RCI Facilitator Training Programme

The feedback received suggested that the RCI facilitator programme was too lengthy and detailed in relation to some issues. The original design of this programme incorporated elements specific to the study, and as such, a review is required in any case given the conclusion of this research. The programme therefore needs to be redesigned and the adapted programme should be no longer than one day and should only be designed following the completion of amendments to the RCI and its associated technology. Ideally, the programme should be co-produced, include vignettes to enhance learning and should continue to stress a 'light touch' approach to maximise independence in completing the questionnaire.

6. Increase involvement of Peer Workers

Where peer worker networks are established, peer workers should be recruited as facilitators to provide respondents with choice in terms of their RCI facilitator. A recommendation from the focus group and interview module proposed that EVE consider partnering with the community and voluntary sector, as well as Recovery Colleges, to co-produce a course which utilises the RCI.

7. Items for Consideration

It has also been suggested that the RCI could be used as a tool to support mental health in at risk populations or with younger people. Applications of the RCI to mainstream settings could also be considered, with those not attending services answering questions relating to Personal Supports, and those using mental health services responding to both Personal Supports and Service Supports.

Consideration should also be given as to whether there is an opportunity to use the RCI as a resource in the education of professionals, family members and the general public.

The potential to establish a public private partnership to maximise the development opportunities of the RCI and its implementation nationally should be actively pursued. This could potentially provide a revenue stream outside the HSE to fund efforts to implement the RCI within the HSE.

Finally, a recommendation from the focus group and interview module proposed conducting a longitudinal study to follow the experiences of both RCI facilitators and respondents in using the RCI over a three year period.

9.6 Conclusions

A Vision for Change (2006) challenges mental health services to ensure that the service user is fully involved at all levels of the mental health system and that they are supported in their own mental health recovery process. This study found that the RCI was a support to personal recovery and the process of facilitation was overall a positive experience for both respondents and facilitators.

As a critical enabler of a positive eHealth (Electronic Health) experience for service users, the RCI is an innovative application developed to ensure that the voice of the service user is central to the delivery of mental health services. Accessible online tools like the RCI have the potential to facilitate remote access to recovery supports and maximise efficiencies by ensuring informed, targeted recovery planning which is co-produced with the service user, leading to improved health and wellbeing outcomes.

In addition, the facility to aggregate information to develop local, regional and national reports ensures the availability of real-time information to inform service planning at operational/strategic levels and resource allocation. The opportunity to align the regional reports with existing data sets of activity within the mental health services represents a significant development and progress towards the establishment of comprehensive eHealth data sets in mental health services.

Ultimately, the development of the RCI was predicated on a desire to support people with lived experience of mental health difficulties to empower themselves, to express what is present and important in their lives and to create a useful vehicle for personal reflection and recovery action planning. This evaluation has confirmed that this objective has been achieved and the RCI demonstrates the potential to make a significant contribution to the delivery of quality, person-centred, recovery-oriented mental health services.

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Appendix A: Facilitator Role Description

Guidance Document
Recovery Context Inventory (RCI) Facilitator - ARI Project
Role Description

Note: this guidance document is being issued to Advancing Recovery in Ireland (ARI) Project Teams as a resource to the local RCI facilitator nomination process. It sets out information on duties, responsibilities and requirements envisaged for this role.

Role of the RCI facilitator

In line with a recovery ethos which emphasises personal empowerment and autonomy, the role of the RCI facilitator is to provide the minimum necessary support to individuals to use the RCI and RCI Recovery Planning Workbook.

Each facilitator will participate in a 'hands on' one-day training programme, which will cover all aspects of the role, background information on the RCI and demonstrate its use as a mental health recovery profiling tool.

Facilitators can be recruited from the broad stakeholder group (e.g., peer support workers, mental health staff members and family members/carers).

Main Duties and Responsibilities

- Treat all participants with respect and establish a supportive relationship.
- Provide positive feedback and encouragement to participants throughout the process in a manner supportive of recovery.
- Work in a way that respects the privacy of the participant whilst explaining the limits that exist in relation to confidentiality.
- Provide information to, and answer queries of prospective participants who meet the eligibility criteria on the RCI, the RCI Recovery Planning Workbook and the evaluation and research that is being conducted on the implementation process and development of the RCI, as part of the ARI project.
- Contact potentially interested participants one week after briefing to establish if the person wishes to proceed with participation.
- Arrange to meet the person to complete the online informed consent process, on a one to one basis.

- Follow the protocols outlined in the RCI Facilitator Training Manual.
- Set up participants on the RCI online system.
- Liaise with the participant and other facilitators to schedule a time(s) for each participant to complete the RCI on two occasions over a three-four month period in a private and quiet space (in addition to additional evaluative questions and measures, being employed during the research project).
- Agree the level of support required in using the RCI and Recovery Planning Workbook with each participant.
- Provide the agreed level of support to participants in completing the online RCI. This support could include assistance with IT aspects of using the RCI, use of the mouse, and/or any other assistance required in answering the questionnaire.
- Provide support to participants in gaining an understanding of their RCI profile.
- Provide support to participants in using the RCI Recovery Planning Workbook.
- Provide debriefing for each participant following completion of the RCI and receipt of the profile, using the debriefing protocol.
- Liaise with the RCI Development team in EVE, regarding any additional information required to answer participant queries.
- Report concerns regarding risk to the participant or others to the local clinical contact immediately.

Essential Requirements

For the purposes of the ARI Project (i.e. Stage 5 of RCI development), facilitators must:

- Possess a belief that all are capable of personal growth, change and recovery.
- Possess familiarity with mental health recovery principles
- Show an understanding and appreciation of ethical issues
- Demonstrate a commitment to use the local facilitator support system, agreed by the local ARI project team that can support them in their role with any issues that may arise for those completing the RCI.
- Have Garda Clearance or an alternative arrangement agreed by the local ARI project team
- Command basic IT skills
- Have lived experience of mental health difficulties and/or experience in supporting people who experience mental health difficulties
- Demonstrate good communication and problem-solving skills
- Demonstrate good organisational and planning skills
- Show evidence of a realistic capacity to commit to the time and energy required to facilitate five participants to complete the different components of the RCI project, outlined above, including completion of the RCI and evaluative questions on two occasions over a three-four month period

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Appendix B: Site Readiness Questionnaire

1. Please outline personal (service user) and / or service level recovery initiatives that are on-going in your service or have recently taken place.

2. Please describe the involvement of Service Users, Family/Carer representatives and Voluntary Organisations in these initiatives?

3. Please give details of the involvement of senior management in your service with these initiatives?

4. Do you have a senior manager to act as the project sponsor for the initiative?

5. What, if any, Recovery tools is your service currently using?

6. Given the online nature of the RCI, does your service have broadband connectivity? The broadband must be wired and not wireless.

Appendix C: RCI Respondent Focus Group Questions

RCI Respondent Focus Group Questions

Introduction-Welcomes/Review aim of Focus Group. /ref. Consent and Information leaflet info/rules of group/practical arrangements etc.,

Questions

PART A - Personal experience of use

Q1: Having used the RCI (questionnaire/profile/Workbook/recovery action plan), what are your general impressions of it?

Q2 The RCI is a tool that aims to help people identify (through the RCI questionnaire and profile) how frequently personally important recovery factors occur in their lives.

What are your views on how well the RCI achieves this aim?

Q3: The RCI is a tool that aims to help people reflect upon their lives (through the RCI Workbook) and the actions they may wish to take to support their mental health recovery.

What are your views on how well the RCI achieves this aim?

Q4: The RCI is a tool that aims to help people make an action plan (through the RCI Personal Recovery Action Plan) to support their mental health recovery.

What are your views on how well the RCI achieves this aim?

Q5: Overall, what difference, if any, has using the RCI made to your life?

PART B - Experience of RCI as a facilitated process

Q6: The RCI has been offered as a facilitated process. Please outline the

a. Helpful aspects of facilitation?

b. Unhelpful aspects of facilitation?

c. Recommendations for improvement?

Q7: What **advice** do you have to make the experience of using the RCI more useful?

Q8a: In your opinion, what **helped** the use of the RCI in your area/site?

Q8b: In your opinion, what **hindered** the use of the RCI in your area/site?

PART C-Final thoughts

Q9: Are there any other final thoughts or observations you have on the RCI? (subjects not covered in Focus Group so far)

Wrap up/Debriefing etc.

Appendix D: RCI Facilitator Focus Group Questions

RCI Facilitator Focus Group Questions

Introduction-Welcomes/Review aim of Focus Group. /ref. Information leaflet info/rules of group/practical arrangements.

Questions

PART A - Personal experience of facilitation of RCI

Q1: Having facilitated the RCI (questionnaire/profile/Workbook/recovery action plan), what are your general impressions of it?

Q2: The RCI is a tool that aims to help people **identify** (through the RCI questionnaire and profile) how frequently personally important recovery factors occur in their lives.
What are your thoughts on how well the RCI achieves this aim?

Q3: The RCI is a tool that aims to help people **reflect upon their lives** (through the RCI Workbook) and the actions they may wish to take to support their mental health recovery.
What are your thoughts on how well the RCI achieves this aim?

Q4: The RCI is a tool that aims to help people **make an action plan** (through the RCI Personal Recovery Action Plan) to support their mental health recovery.
What are your thoughts on how well the RCI achieves this aim?

Q5: Overall, in your view, what **difference**, if any, has using the RCI made to the lives of respondents?

PART B - Experience of RCI as a facilitated process

Q6: The RCI has been offered as a facilitated process. Please outline your experience of the

a. Helpful aspects of facilitation?

b. Unhelpful aspects of facilitation?

c. Recommendations for improvement?

Q7: Overall, what advice do you have to make the experience of using the RCI more useful?

Q8a: In your opinion, what **helped** the use of the RCI in your area/site?

Q8b: In your opinion, what **hindered** the use of the RCI in your area/site?

PART C -Final thoughts

Q9: Are there any other final thoughts or observations you have on the RCI? (subjects not covered in Focus Group so far)

Appendix E: ARI Site Lead Telephone Interview Questions

Revised Format

RCI Research Protocol: ARI Site Lead Questionnaire

Greetings, etc. (researcher will have made contact in advance to schedule a phone call and provide the Information leaflet and questionnaire)

Introducing the evaluation

"As you know, as part of the independently conducted evaluation of the RCI aspect of the ARI project, I have been asked to contact the Site Leads around the country who have been involved in the project. I will be gathering information in the form of confidential phone interviews with each of the Site Leads."

Review of Information leaflet - researcher will confirm that the individual has read the material, will invite questions and establish willingness to proceed to informed consent process stage.

Consent form - if the individual is willing, the researcher takes the individual through the consent form, provides opportunities for questions and establishes if the individual if willing to participate in the study, on the basis of informed consent.

- If the individual is willing to participate in the study, the researcher proceeds with questionnaire below, on the basis of the terms outlined in the consent form.
- If the individual is unwilling to participate in the study, the researcher will thank the individual for their time, acknowledging their choice in this matter, per the terms of the consent form.

"I would be obliged if you could answer some questions, coming from your unique perspective as a representative of the site as a whole. Your responses will be anonymous; you will not be identified by name, and your responses will not be attributed to a particular site. To protect your anonymity further, the results will be communicated as an aggregated report of responses across all sites rather than reporting on individual interviews. The interview should take about 40 minutes"

"Do you have any questions before we begin?"

Interview Questions

***Note:** Where there are sub-questions ("a", "b", "c"), the researcher ensure, where possible, that these points are covered in the answer.

1. The RCI includes the online tool, the profile (results), the workbook and developing a recovery action plan based upon the profile.

   What are your **general impressions** of the RCI, from the perspective of your role as Site Lead?

2. Can you speak a bit about the **implementation of the RCI** at your site?

   (Potential prompt: What was the process of rolling out the RCI like?)

a. Was there anything that particularly **helped** or **hindered** this process?

b. What were **attitudes to the RCI** like on the ground?

3. What do you see as the **benefits** of implementing the RCI in your site?

a. Have there been any benefits for **service users**?
b. Have there been any benefits for **staff**?

c. Have there been any benefits for the **service overall**?

4. What do you see as the challenges of implementing the RCI in your site?

a. Have there been any challenges for service users?

b. Have there been any challenges for staff?

c. Have there been any challenges for the service overall?

5. *"As you know, once at least 50 people complete the RCI in a site, the service is able to generate a **service level report**, based upon the averaged responses of users. This report shows the views of users about a wide range of recovery promoting factors. These factors relate both to a person's **personal life** and their experience of **mental health services**. The report shows how often these factors occur in their lives and secondly how important service users think these factors are to their recovery.*

   We recognise that due to a range of factors your site has not generated a service level report as yet but I wanted to canvas your views on this facility, nevertheless.

   At this stage, do you anticipate that the RCI **aggregated report facility** could become an important support to recovery-oriented planning in your service?

a. If **"Yes"** response: "In what ways..?"

b. If **"No"** response: "Can you say more about that please?"

6. The HSE is looking at expanding the use of the RCI. Based on your experience as a representative of your site, what **recommendations** would you make for the **future of the RCI**?

a. Any recommendations to make it more useful to **service users**?
b. Any recommendations to make it more useful to **staff**?

c. Any recommendations to make it more useful to the **service overall**?

7. What **resources** and **supports** would need to be in place for the RCI to be successfully implemented in your site, in the future?

8. Do you have any other **final thoughts** or observations on the RCI?

End of Interview and Debriefing

The researcher will thank the individual for their time, take them through the **Debriefing Document** and take any appropriate action required.

Appendix F: Online Evaluation Questions and Point of Presentation

Question		When presented
1a	What has been your experience of using the RCI questionnaire in terms of ease of use?	Post first RCI Questionnaire completion
1b	What has been your experience of using the RCI questionnaire as a support to your mental health recovery?	Post first RCI Questionnaire completion
2a	What has been your experience of the RCI profile in terms of ease of use?	Post viewing first RCI Profile
2b	What has been your experience of the RCI profile as a support to your mental health recovery?	Post viewing first RCI Profile
3a	What has been your experience of using the RCI Workbook in terms of ease of use?	Pre second RCI Questionnaire completion
3b	What has been your experience of using the RCI Workbook as a support to your mental health recovery?	Pre second RCI Questionnaire completion
4a	What has been your experience of using the Recovery Action Plan (this is in the Workbook) in terms of ease of use?	Pre second RCI Questionnaire completion
4b	What has been your experience of using the Recovery Action Plan as a support to your mental health recovery?	Pre second RCI Questionnaire completion
5a	What parts of the RCI have you used?	Pre second RCI Questionnaire completion
5b	Based upon your experience of facilitation, is there any element of the RCI that has been particularly helpful to service users' mental health recovery?	Pre second RCI Questionnaire completion
6	Overall, how helpful is the use of the RCI as a support to your mental health recovery?	Pre second RCI Questionnaire completion
7	Would you recommend using the RCI to others as a support to mental health recovery?	Pre second RCI Questionnaire completion
Workbook Questions		
1	Did you use the RCI Recovery Planning Workbook?	Pre second RCI Questionnaire completion
2	Who supported you to use it?	Pre second RCI Questionnaire completion
3	Which domains did you take action in?	Pre second RCI Questionnaire completion

Levels of Support Question		
1	Some people like to get help with computer questionnaires. What supports did you use? Please select all that apply. • I answered the RCI without help • I needed help with specific computer issues • I read the questions and told the Facilitator what response to make on the computer • The Facilitator read the questions to me and I made the response on the computer • The Facilitator read the questions to me and made the response that I told him/her to make on the computer • I needed help with understanding the questions within the RCI	Post first RCI Questionnaire completion

RECOVERY CONTEXT INVENTORY

Appendix G: Facilitator Survey Questions

Question		Response Options
1	What has been your experience of facilitating the RCI Questionnaire in terms of ease of use?	• Very Easy • Easy • Neither Easy nor Difficult • Difficult • Very Difficult • Did not Facilitate the Questionnaire
2	What has been your experience of facilitating the RCI Questionnaire as a support to service users' mental health recovery?	• Very Helpful • Helpful • Neither Helpful nor Unhelpful • Unhelpful • Very Unhelpful • Did not Facilitate the Questionnaire
3	What has been your experience of facilitating the RCI Profile in terms of ease of use?	• Very Easy • Easy • Neither Easy nor Difficult • Difficult • Very Difficult • Did not Facilitate the Profile
4	What has been your experience of the RCI Profile as a support to service users' mental health recovery?	• Very Helpful • Helpful • Neither Helpful nor Unhelpful • Unhelpful • Very Unhelpful • Did not Facilitate the Profile
5	What has been your experience of facilitating the RCI Workbook in terms of ease of use?	• Very Easy • Easy • Neither Easy nor Difficult • Difficult • Very Difficult • Did not Facilitate the Workbook
6	What has been your experience of facilitating the RCI Workbook as a support to service users' mental health recovery?	• Very Helpful • Helpful • Neither Helpful nor Unhelpful • Unhelpful • Very Unhelpful • Did not Facilitate the Workbook

7	What has been your experience of facilitating the Recovery Action Plan (this is in the Workbook) in terms of ease of use?	• Very Easy • Easy • Neither Easy nor Difficult • Difficult • Very Difficult • Did not Facilitate the Action Plan
8	What has been your experience of facilitating the Recovery Action Plan as a support to service users' mental health recovery?	• Very Helpful • Helpful • Neither Helpful nor Unhelpful • Unhelpful • Very Unhelpful • Did not Facilitate the Action Plan
9	What parts of the RCI have you facilitated?	• RCI Questionnaire • RCI Profile (Results) • RCI Workbook • Recovery Action Plan (in Workbook) • None
10	Based upon your experience of facilitation, is there any element of the RCI that has been particularly helpful to service users' mental health recovery?	• RCI Questionnaire • RCI Profile (Results) • RCI Workbook • Recovery Action Plan (in Workbook) • None in Particular
11	Overall, how helpful is the use of the RCI as a support to service users' mental health recovery?	• Very Helpful • Helpful • Neither Helpful nor Unhelpful • Unhelpful • Very Unhelpful
12	Would you recommend facilitating the RCI to others as a support to mental health recovery?	• Yes • Don't Know • No
13	Has the RCI facilitator role changed your level of job satisfaction?	• Yes • Don't Know • No
14	If yes, has this change been positive or negative?	• Very Positive • Positive • Negative • Very Negative
15	Do you have any other comments? e.g. opinions on the RCI as a facilitated process, implementation issues - positive or negative, recommendations for the future of the RCI...	Open Question

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