RECOVERY CONTEXT INVENTORY

The Recovery Context Inventory (RCI)

Evaluating the Implementation of the RCI in Irish Mental Health Services

Executive Summary

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"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."
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"It made me reflect that I have quite a lot of power and that I have done quite well."
- 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

Acknowledgements

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Finally, we would like to thank Genio Trust for funding the evaluation and for the long term commitment of Genio to the development of the RCI as a support to mental health recovery.

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Background

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. The current stage of RCI development provided an important opportunity to introduce the RCI to 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 to ensure the continued development of a high quality tool in line with best practice. 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.

The Challenge of Recovery

A '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 (2006) and internationally e.g. 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. The development of the RCI occurred as a response to this need for a valid and reliable measure, which could focus upon personally important life circumstances.

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 and supporting their personal recovery journey.

The RCI

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

The 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). 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).

"It was useful to separate out all the different areas of my life. It made me reassess things. It made me realise how important working is to me...It also made me realise I have more emotional strength than I thought and it made me reassess my relationship with my family."

RCI Respondent

Table 1. *Domains of the RCI Questionnaire*

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 RCI was designed primarily to provide a personalised profile of nine different aspects (domains) of life circumstances, with people rating both the **presence** and perceived **importance** of mental health recovery contextual factors in their lives. A **Recovery Planning Workbook** was 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, peer support workers and family members) were trained to support respondents through the process, using a manualised **Facilitator Training Programme.** Local, Regional and National reports can also be generated, summarising overall needs which support decision making and resource allocation at organisational level.

Key Features of the RCI

In summary the authors suggest that the RCI:

- Provides a personalised profile of nine 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 on multiple occasions 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 real-time information on the views and priorities of service users.

Recovery planning with the RCI is outlined in Figure 1. The suite of resources to support the effective use of the RCI by users and the mental health services is presented in Table 2.

Figure 1. *Recovery planning with the RCI*

Table 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
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

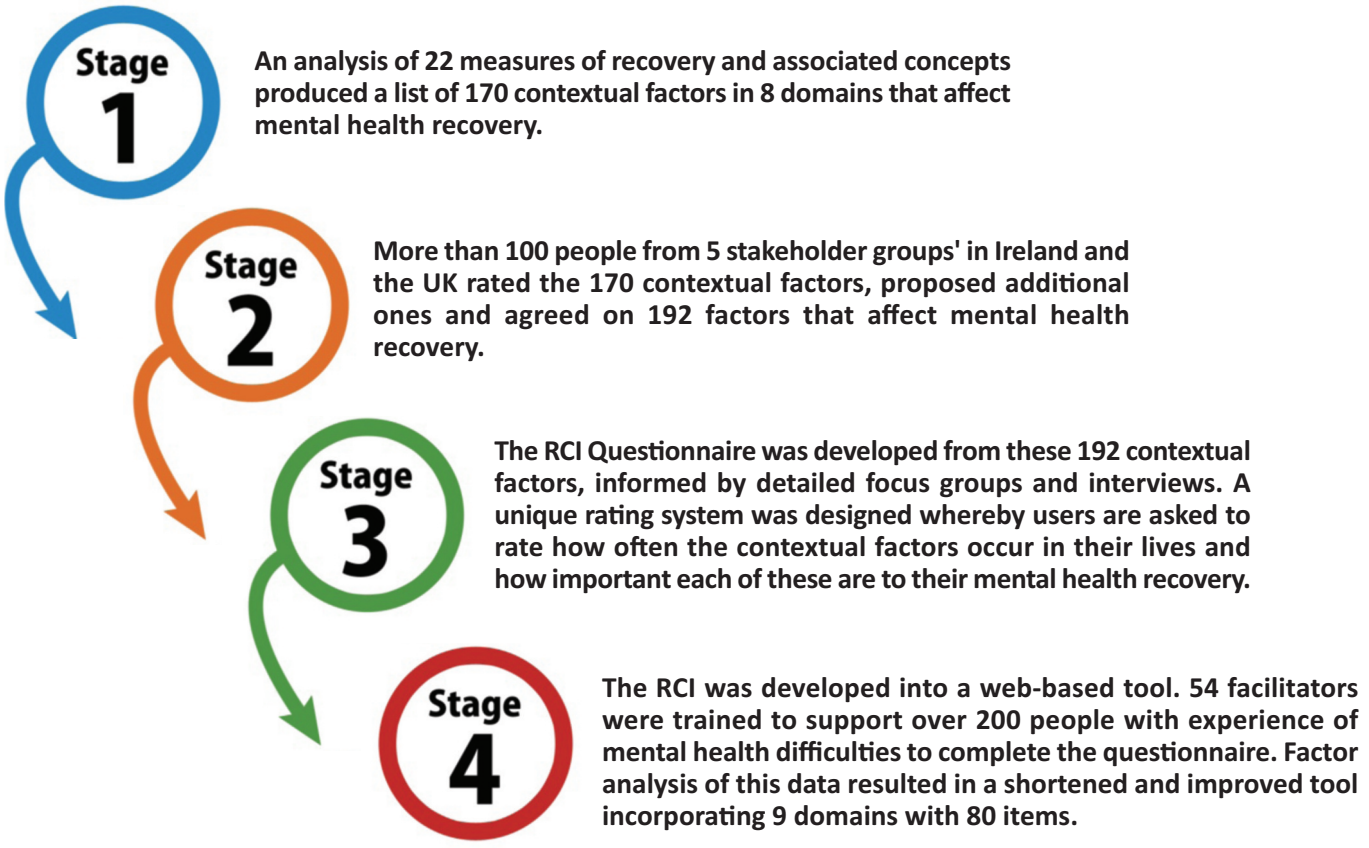
The RCI Development Process

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, has prioritised accessibility and was awarded a Plain English Award. The previous construction stages of the RCI are presented in Figure 2.

Figure 2. *Staged development of the RCI*



[1] Stakeholder groups included persons in recovery, family/carers, mental health professionals,community based rehabilitation personnel and mental health policy makers.

Rationale for the RCI Evaluation

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 Trust grant facilitated a very useful and valuable opportunity to properly resource a comprehensive evaluation of the implementation of the RCI, as part of the Advanced Recovery in Ireland (ARI) initiative.

Methods

An evaluation protocol was designed to elicit information on critical implementation, process and outcome factors 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 3 for an outline of the evaluation modules.

In order to further establish the scientific credentials of the RCI as a valid and reliable instrument, Professor Mark Shevlin, completed the psychometric analysis of the data.

Research ethical approval was obtained from Research Ethics Committees in each of the seven sites.

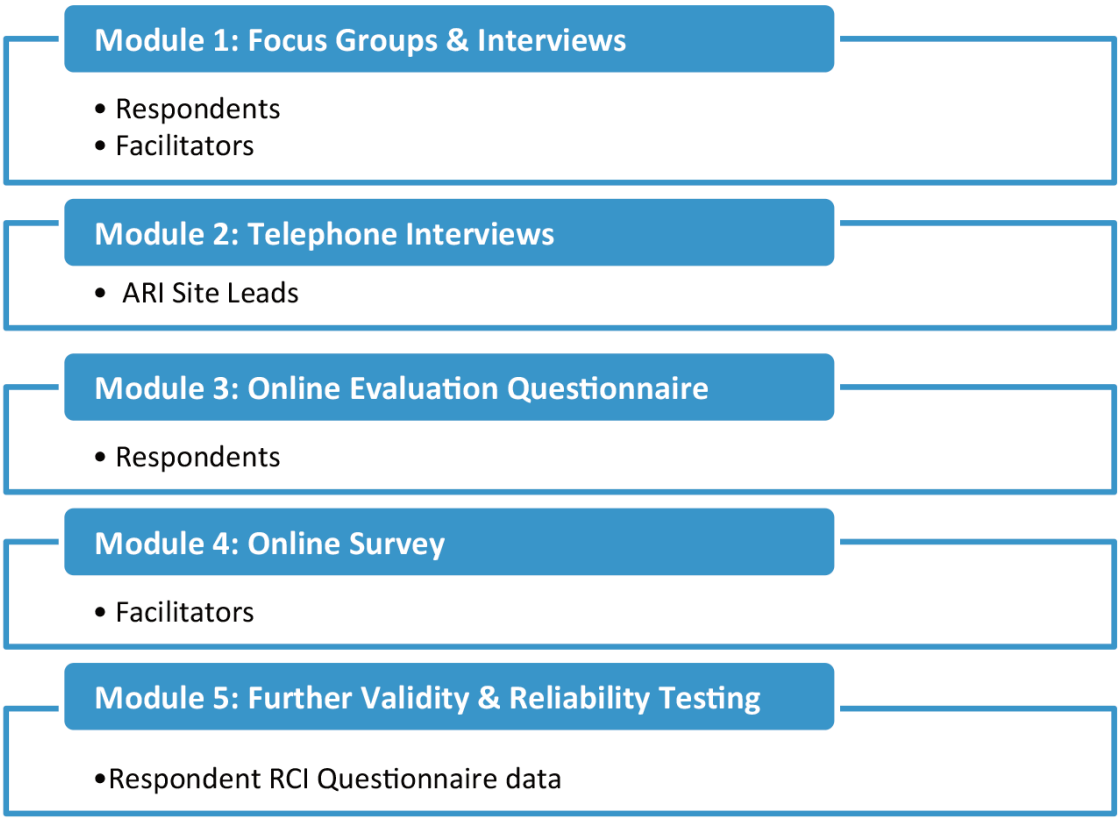


Figure 3. *Outline of multi-modular study design and participant categories*

Key Findings

The key findings are set out below and have been summarised thematically.

Profile of Participants

The sections below detail the 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. Sixteen respondents participated in focus groups and interviews in Module 1. Evaluation data from all full completions (N=155) were analysed in Module 3, the online evaluation questionnaire, and data from all 127 first completions were used in Module 5, which examined the psychometric properties of the RCI.

Facilitators. 89 people in seven sites across Ireland were trained as RCI facilitators. See Table 3 for numbers of trained facilitators by site and RCI Questionnaire completion rates. Twelve facilitators participated in focus groups in Module 1, and 23 facilitators completed the online survey in Module 4.

ARI Site Leads. Nine members of teams at local sites took on the role of ARI Site Lead, with at least one site lead per site. Six site leads participated in telephone interviews for Module 2.

Demographics

Demographic information on all 127 individual RCI Questionnaire respondents is outlined below.

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'. Table 4 shows further respondent demographic information.

Table 3. *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

Table 4. *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 Supports Services (e.g. AA, GROW)	18	14
	Probation Services	0	0
	Other	6	5

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 five criterion measures.* • *There was evidence of convergent validity as general measures of wellbeing 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 Service Support 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, increased project complexity and 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

National Report Findings: What Did Mental Health Service Users Say?

The RCI National Report summarises 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 recovery priorities and experiences of mental health service users across Ireland and offers decision makers new metrics to inform service improvement initiatives, service planning and resource allocation.

> ***"Yes, it made me think about my life, all the different areas……Identifying what I need to do."***
>
> ***RCI Respondent***

The Ten Most Important Personal Supports for Recovery

For personal supports to recovery, service users prioritised the importance of having supportive, accepting relationships as well as meeting basic security and independence needs, and possessing assertive communication skills. Whilst priorities concerning living in a safe place and the ability to carry out everyday tasks were largely achieved, gaps emerged in the areas of assertive communication, being in control of decisions that affect one's recovery and having one's decisions respected. Although respondents said that having people who *"stand by me"* was both highly important and highly present, there were some gaps between importance and presence for having enough supportive relationships in one's life. Table 5 outlines importance and presence scores for the ten most important personal recovery supports.

Table 5. *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

The Ten Most Important Service Supports for Recovery

For Service Supports, satisfaction with medication was both the most important recovery support and the item with the highest importance-presence gap. Other priorities for service users included being listened to, valued and understood by staff, with staff supporting a positive, hopeful outlook.

Priorities were largely achieved, although a gap also existed between the importance and presence of feeling understood by staff. Table 6 outlines importance and presence scores for the ten most important service supports.

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

Table 6. *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

Recommendations

Based on the conclusions which have emerged from the evaluation study, a number of 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 and with relevant Area Management Teams to achieve this recommendation and resolve any potential barriers to use, e.g. IT and resource issues.
- Future implementation of the RCI should be strategically aligned with other initiatives in order to address capacity issues within services and maximise complementarity.
- 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 National Mental Health Division is a prerequisite to implementing this recommendation.

Summary of Recommendations (cont.)

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.

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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