Wesley A. Bullock, Ph.D. Department of Psychology, University of Toledo December, 2009 The Mental Health Recovery Measure (MHRM):

Updated Normative Data and Psychometric Properties

Overview

The Mental Health Recovery Measure (MHRM; Young & Bullock, 2003; Bullock, 2005) is a 30 item self-report measure designed to assess the recovery process for individuals who have serious and persistent mental illnesses such as recurrent major depression, bipolar disorder, or schizophrenia spectrum disorders. The MHRM is scored using a 5 point Likert Scale (0 to 4) for each item, yielding a theoretical range from 0 -120 for Total Score. The item content of the MHRM and the MHRM conceptual domains are based upon a specific theoretical model of mental health recovery that is grounded in the experiences of persons with psychiatric disabilities (Young & Ensing, 1999).

The MHRM is currently being used as an outcome measure in an open clinical trial evaluating the Wellness Management and Recovery (WMR) program (Bullock et al., 2009). The WMR program implementation and its associated outcome research are supported by the Ohio Department of Mental Health and are managed by the Coordinating Center of Excellence for Wellness Management and Recovery. The WMR program is being implemented across the State of Ohio in a variety of mental health settings, including community mental health centers, consumer-operated service centers, and inpatient psychiatric hospitals.

Currently, the MHRM is being used as a clinical program outcome measure at 19 WMR implementation sites across the State of Ohio. It is also being used at many other sites around the United States and internationally as an individual outcome measure and assessment tool for recoveryoriented program evaluation. The MHRM has been translated into several languages, including French, Danish, Chinese, Dutch, Korean, and Portuguese.

Normative Data for the MHRM

Original Sample. The original normative sample (N=279) for the MHRM was comprised of an ethnically diverse group of adult mental health consumers from five community mental health center sites and two consumer-operated service center sites that provided peer support. The average MHRM Total Score for this sample was 80 (SD=20). The internal reliability (coefficient alpha) of the MHRM Total Score was .93. One-week test-retest reliability was .92. No significant differences were found between ethnic groups for the average Total Score, although the mean for African-Americans (M=83) was higher than the mean for Whites (M=78). In a subsample given multiple outcomes measures (N=180), the MHRM Total Score was found

Measuring Significant Change Over Time

In the current Wellness Management and Recovery implementation project, the MHRM is being used as a pre-treatment, posttreatment, and follow-up (3 – 6 months) assessment. The MH[(p)-7(eTj -0.00i)d [Td ()Tj EMC[4(t)-(t)-nied hsC.16 -7.32 Td [(t)--4(v)-6(en)4(ag) It is also helpful to be aware of possible response sets when individuals are filling out the form. Although the MHRM has no formal "response set" indicator, anyone answering all 0s or all 4s may be indicative of a positive or negative response set, or not paying attention to item content.

While it is possible to derive individual scores for the conceptual domains that comprise the MHRM, our focus has been on using the MHRM Total Score as an overall assessment of self-reported recovery. If researchers or program evaluators want to look at scores on the individual conceptual domains, the items comprising each domain are as follows (for more information on these conceptual domains, see Bullock & Young, 2003; Young & Ensing, 1999):

Overcoming Stuckness: Items 1, 2, 3, 4 Self-Empowerment: Items 5, 6, 7, 8 Learning and Self-Redefinition: Items 9, 10, 11, 12 Basic Functioning: Items 13, 14, 15, 16, Overall Well-Being: Items 17, 18, 19, 20 New Potentials: Items 21, 22, 23, 24 Spirituality: Items 25, 26 Advocacy/Enrichment: 27, 28, 29, 30

MHRM Total Score = sum of scores for items 1 through 30 (using a 0, 1, 2, 3, 4 Likert scale.)

Higher scores correspond to a higher selfreported level of mental health recovery. At this time separate norms have not been developed for different populations, although our research has found that individuals in some forensic settings (e.g., jail) score lower on average, while those individuals who have completed a recovery-oriented program (such as Wellness Management and Recovery, WRAP, or BRIDGES) score higher. If researchers or program evaluators are assessing a "recovery sophisticated" group, the mean for the group may be somewhat higher than the means of 78 and 80 found for our two normative samples. If an individual (or a group as a whole) starts out scoring extremely high on the MHRM, then the potential difficulty of a ceiling effect comes into play in terms of measuring improvement over time. The MHRM Total Score is not currently being used in conjunction with any kind of "clinical cut point" to determine who is or is not "in recovery." Nonetheless, anyone scoring below a 60 on MHRM Total Score (i.e., more than one standard deviation from the mean of 80) is describing their current recovery process at a level that is significantly below average compared to their peers.

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The Wellness Management and Recovery program web site is <u>http://www.wmrohio.org/wmrnews.html</u>

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