

Today's Health with CMT: Validating a Brief Version of the Mental Health Recovery Measure for Individuals with Schizophrenia

Nov 01, 2016 13:00 EST

Care Management Technologies (CMT), a Relias Learning Company, in its continuing educational series, *CMT Intelligence Reports*, is pleased to provide this edition of *Today's Health with CMT*. The following information and study overview was recently presented via the *Psych U Community Newsletter* (September 22, 2016). The article presents the salient points that were discovered and observed in this significant study working with veterans with schizophrenia.

Within its role as the leader in population health management through data analytics in the behavioral healthcare world, CMT is also pleased to point out that one of the study's major authors is a long-time clinical consultant with CMT. Dr. Chris Reist, who is with the VA Desert Pacific MIRECC at the Long Beach VA Healthcare Center, Long Beach, California, and the Department of Psychiatry and Human Behavior, University of California, Irvine, provides regular clinical/medical consultation to CMT to best inform the creation and use of *Quality Indicator Measures and Clinical Considerations™* in its data analytic suite of resources.

Validating a Brief Version of the Mental Health Recovery Measure for Individuals with Schizophrenia:

Despite the push for health care transformation aimed at supporting recovery for patients with mental illness, little guidance has been provided outlining necessary changes. For example, there is a need for a defined, standardized, easy-to-use means of assessing the outcome of patient recovery in schizophrenia. Most existing recovery assessment measures are too cumbersome for routine practice, are unpublished, or consist of multiple domains that have not been well established as separate recovery constructs.

The following study provides many answers about the use of the more easily administered MHRM-10, which may be a reliable and valid means of assessing perceived recovery among patients with schizophrenia and can be integrated into routine usage.

Study Aims:

- To assess the construct validity and reliability of the 30-item MHRM in evaluating the perceived recovery of patients in a large sample of veterans with schizophrenia or schizoaffective disorder and to assess its relation to both subjective and interviewer-rated recovery outcomes.
- To create a more easily administered, 10-item version of the MHRM (MHRM-10) that would be psychometrically comparable with the original for use in routine care settings.

Methodology:

- The study examined baseline data from a clinic-level controlled trial of patients receiving care in Veterans Health Administration medical centers.
- Exploratory factor analysis was used to examine the factor structure of the MHRM

versions were examined for correlations with validated measures of quality of life, satisfaction with mental health services, symptom severity, and functioning.

- Reliability was assessed by calculating the internal consistency of the full and brief versions of the MHRM.

Results:

- MHRM and MHRM-10 scores were found to strongly and positively correlate with quality of life measures (overall, leisure, general health, and daily activities) and negatively correlate with depressive mood.
- Moderate positive associations were revealed between both recovery measures and subjective quality of friendship.
- Weak, but statistically significant, positive correlations were demonstrated between the recovery measures and subjective quality of finances, family relationships, and privacy.
- Negligible, but significant, correlations existed between recovery measures and measures of satisfaction with care, thought disturbance, and functioning.
- Both instruments demonstrated excellent internal consistency and the MHRM-10 demonstrated psychometric properties equivalent to the full version.

Conclusion:

The ease of use of the MHRM-10 in assessing perceived recovery among patients with schizophrenia could make it more practical for broad, routine use within mental health care settings, although further studies examining the additional psychometric properties of the measure, particularly its sensitivity to detect change in personal recovery, are needed.

This summation has been developed independently of the authors. The following disclosures were reported in the original article: "The research was supported by the U.S. Department of Veterans Affairs (VA), Veterans Health Administration, Health Services Research and Development Quality Enhancement Research Initiative (MNT 03-213 <http://www.hsrdr.research.va.gov>, and the VA Desert Pacific MIRECC <http://www.mirecc.va.gov/visn22/>). The authors report no competing interests."

By using research and information such as the study presented, CMT/Relias Learning can also positively affect the trajectory of costs and clinical quality through its vast data analytic and online learning offerings and solutions...all for the betterment of the payer, the provider, and ultimately...and most importantly...the patient.

For more information about CMT/Relias Learning and the data analytic/population health management resources that are available, please contact John Tote, Senior Director of Strategic Development, Analytics at 919-219-3944 or jtote@reliaslearning.com.

Additionally, please see the CMT web site at www.cmthealthcare.com for past Intelligence Reports and its social media/Twitter feed.

808 Aviation Parkway, Suite 700 | Morrisville, NC | [919.674.2520](tel:919.674.2520) | cmtinfo@cmthealthcare.com
www.cmthealthcare.com

Connect with us:   