

Spanish Adaptation of the Recovery Enhancing Environments (REE) Measure: Preliminary Results

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INTRODUCTION:

During the last decades, the recovery from severe mental illness has shifted from a focus on reducing symptoms to a more holistic approach of emphasizing consumer-centered goals and subjective wellness (Anthony, 1993). The implementation of this controversial new model it has not had an easy path. In that sense, Ridgway (2004, 2011) developed the Recovery Enhancing Environments (REE), an instrument to gather information on personal mental health recovery and the elements that people feel are important to their recovery; staff activities and an organizational climate that encourages resilience.

The **objective** of the present research is present the preliminary results of the Spanish adaptation.

METHOD:

Translation → English to Spanish translation was carried out. Then, a group pre-test with service users was made to determine if the conceptualization held up cross-culturally, resulting satisfactory.

Participants → 312 patients representative from the Mental Health Services of Bizkaia, 189 men and 123 women (mean age=48.89).

Instruments → The REE interview was conducted by 4 service users trained and hired for this task. And also, the Euro-QoL5d (Quality of life), HoNOS (illness severity), EEAG (General function) and CGI (clinical improvement) scales.

RESULTS:

Table 1. Descriptive analysis of the scale and the Internal consistency (N=312)

REE Dimensions	X	SD	As	α
Elements of recovery and enhancing programs				.97
Identity	1.85	.58	.46	.64
Meaning in life	1.87	.60	.65	.74
Hope	2.06	.62	.25	.63
Up-to-date knowledge	2.21	.70	.26	.72
Self-manage symptoms	1.97	.64	.42	.70
Wellness	1.91	.64	.90	.70
Active consumer	2.15	.64	.24	.61
Having my rights respected	2.15	.66	.54	.68
Self-help and peer support	2.37	.76	.42	.70
Meaningful activities	2.08	.71	.69	.75
Being involve in the community	2.11	.73	.62	.70
Having positive relationships	2.19	.74	.35	.68
Personal strengths	2.04	.71	.64	.76
Developing new skills	2.21	.73	.38	.75
Basic needs	2.21	.69	.30	.63
Sense of control/empowering	1.97	.63	.51	.64
Spirituality	3.45	.94	-.44	.85
Social roles	2.61	.80	-.10	.74
Challenging stigma and discrimination	2.44	.81	.42	.68
Taking on new challenges	2.08	.75	.55	.78
Having positive role models	2.49	.66	-.15	.59
Having assistance on a crisis	1.91	.69	.81	.77
Intimacy and sexuality	2.97	.86	-.15	.72
Having helper who really care	1.71	.59	.95	.79
Special needs				
Minority group (N=7)	1.50	.50	.00	.95
Substance abuse (N=49)	2.35	.81	.28	.74
Sexual and/or physical abuse (N=60)	2.15	.87	.41	.79
Homosexuality and bisexual (N=15)	1.83	.73	.26	.84
Be parent (N=79)	2.30	.85	.82	.80
Organizational climate	2.11	.64	.78	.92
Recovery markers	2.32	.66	.85	.93

Note: X=Mean, SD=standard desviation, As=asymmetry.

The **internal consistency** (Alpha Cronbach) for the total and its dimensions are presented in the table 1.

The **concurrent validity** with other scales are showed in the table 2. As it can be seen, the recovery markers are correlated significantly with other instruments about clinical issues, except the deterioration subscale of the HoNOS. However, the dimensions related to the recovery elements and the way that those are developed by the programs and the organizational climate are not significant correlated to those instruments used by the clinicians in a routinely way (HoNOS, EEAG, ICG and EuroQoL). Also in the table 2 is presented how the dimensions of the REE measure correlated each other. Being those correlations positive and significant, except the dimension of special needs with recovery markers.

Table 2. Concurrent validity

	Elements and enhancing programs	Special Needs	Organizational climate	Recovery markers
HoNOS	.09	.08	.11	.36**
Behavioral problems	.04	.11	.07	.16**
Deterioration	.09	.12	.06	.07
Clinical Problems	.08	.03	.07	.41**
Social problems	.06	.02	.10	.27**
EEAG	-.13*	-.03	-.10	-.30**
ICG	.05	-.08	.02	.25**
EuroQoL	-.09	-.01	-.05	-.43**
REE				
Elements and Programs	1			
Special Needs	.70**	1		
Organizational Climate	.83**	.59**	1	
Recovery markers	.51**	.11	.41**	1

Note: *<.05 and **<.001

DISCUSSION:

As the different indicators of the internal consistency are adequate, the structure is similar to the original study, the correlations are good between the dimensions, and also, the recovery markers subscale correlated with the clinical measures, it can be conclude that Spanish REE is an appropriate measure to fill the gap between the knowledge in the recovery model and what services can do to supports this model. Indeed, all of this information is gathered from people who receive mental health services.

Thus, the REE could be used to know the strengths and limitations of recovery-based services, and consequently, this information can help services to learn, to change and to growth into a recovery orientation in a way that make sense to the people involved (Ridgway & Press, 2004).

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