**Key findings**

*Defining clients’ goals:* a goal might be small or large and the size should be determined by the client, although caseworkers are needed to steer clients towards achievable goals. An outcome measure should encourage and enable clients to identify their own goals. Goals should be occupational in nature: an important delineation was made between a goal that the client wanted to do (an occupation) and a means to attaining a goal (such as attending a confidence building course).

*A usable, client centred, outcome measure* needs to achieve a balance between being user-friendly and fit for purpose. The outcome measure should identify the steps taken by clients in their recovery journey however small these might be. Therefore the idea of ‘distance travelled’ was incorporated into the outcome measure.

*Using the outcome measure during intervention:* goal setting can be seen as part of the recovery process with the outcome measure acting as a motivational tool in its own right (in addition to measuring the effectiveness of the service and client satisfaction). The outcome measure should be something which can be used *during* caseworker/client interaction.

*Time and timing:* the outcome measure should focus on measuring the client’s progress whilst he or she works with the HiWay service.

*The outcome measure as a tool for resilience:* enabling learnt skills to be transferred from one situation to another, led to the idea of creating an electronic version of the measure (an app), easy to access on devices such as a mobile phone, carried by the client as a prop for moments when they felt the need for support. This would increase the potential for the outcome measure to be used actively to support clients’ mental health resilience.

**Project aims**

This action research project was designed to facilitate and support the development and piloting of an outcome measure for a mental health outreach service (HiWay). The aims were:

1. To investigate what is meant by occupation and recovery outcomes in relation to Hi-Way clients and to identify an outcome measure that could be used by Hi-Way in relation to these outcomes.
2. To pilot the identified outcome measure and evaluate its clinical utility including its practical application, ease of recording information, and time taken to administer.
3. To evaluate the construct validity of the piloted outcome measure in terms of its ability to measure effectively the occupation and recovery outcomes identified.
4. To investigate the content validity of the piloted outcomes measure in terms of the fit between the measure’s components and the components of the concepts under investigation (that is, occupation and recovery outcomes).
5. To investigate the acceptability of the identified outcome measure to third sector workers, occupational therapists, clients and managers.

An additional aim was added during the research:

6. To investigate the potential recovery resilience use of the outcome measure, if used by clients after HiWay involvement has ceased.

**The HiWay Service**

HiWay is a community outreach project delivered by Mind Monmouthshire in conjunction with occupational therapists from Aneurin Bevan Health Board Community Mental Health Team (CMHT). The service, based upon recovery principles and person-centred care, aims to encourage engagement in occupations.
Background
The HiWay Service bases itself on engagement and recovery rather than treatment of mental illness, and sees engagement in occupation as a major focus.

An evaluation highlighted the need to establish relevant outcome measures for the recovery based process in mental health rehabilitation within HiWay and its work with occupational therapists. It also acted as the ‘search conference’ (Wilks and Boniface 2004) for the action research project. The search conference culminated in the decision to enable the creation of a suitable outcome measure for HiWay through collaborative action research.

Methodology
The research team adopted a qualitative paradigm to reflect the individualised and exploratory nature of the research.

HiWay caseworkers (n=4), HiWay and Mind managers (n=2), occupational therapy staff (n=3), a representative from the local health board (n=1), a representative from Monmouthshire Social Services (n=1), and researchers from Cardiff University (n=2) were involved in the initial action research discussions.

As the outcome measure began to develop, the HiWay caseworkers, HiWay manager, one occupational therapist, and two university researchers remained regular members of the group. Occupational therapy managers also remained involved at a more distant level, providing support and reviewing documentation. After initial discussions, clients (n=8) were also invited to become involved in the group. Purposive sampling was used to select suitable participants i.e. staff involved in the delivery and/or design of HiWay and clients who were currently engaged in the HiWay process and participating in the pilot of the outcome measure.

The action research followed a process of discussion, reflection and action including the piloting of the outcome measure.

Recommendations
- The continued evolution, piloting and eventual publication of the HiWay outcome measure, incorporating continued collaboration between researchers, occupational therapists, third sector workers and clients.
- Development and evaluation of an app to support people with mental health problems and to promote the resilience work of outreach services such as HiWay.
- Further research to investigate how occupational therapists and third sector mental health services can work together, including research around professional boundaries and role blurring.

Publication

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References