Developing a Translated and Accessible Version of ASCOT
The Italian experience

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NEW PROJECT

THE PROCESS OF MEASURING QUALITY OF SOCIAL CARE PROVIDED TO PEOPLE WITH MENTAL ILLNESS:

The Italian Multicentre Study

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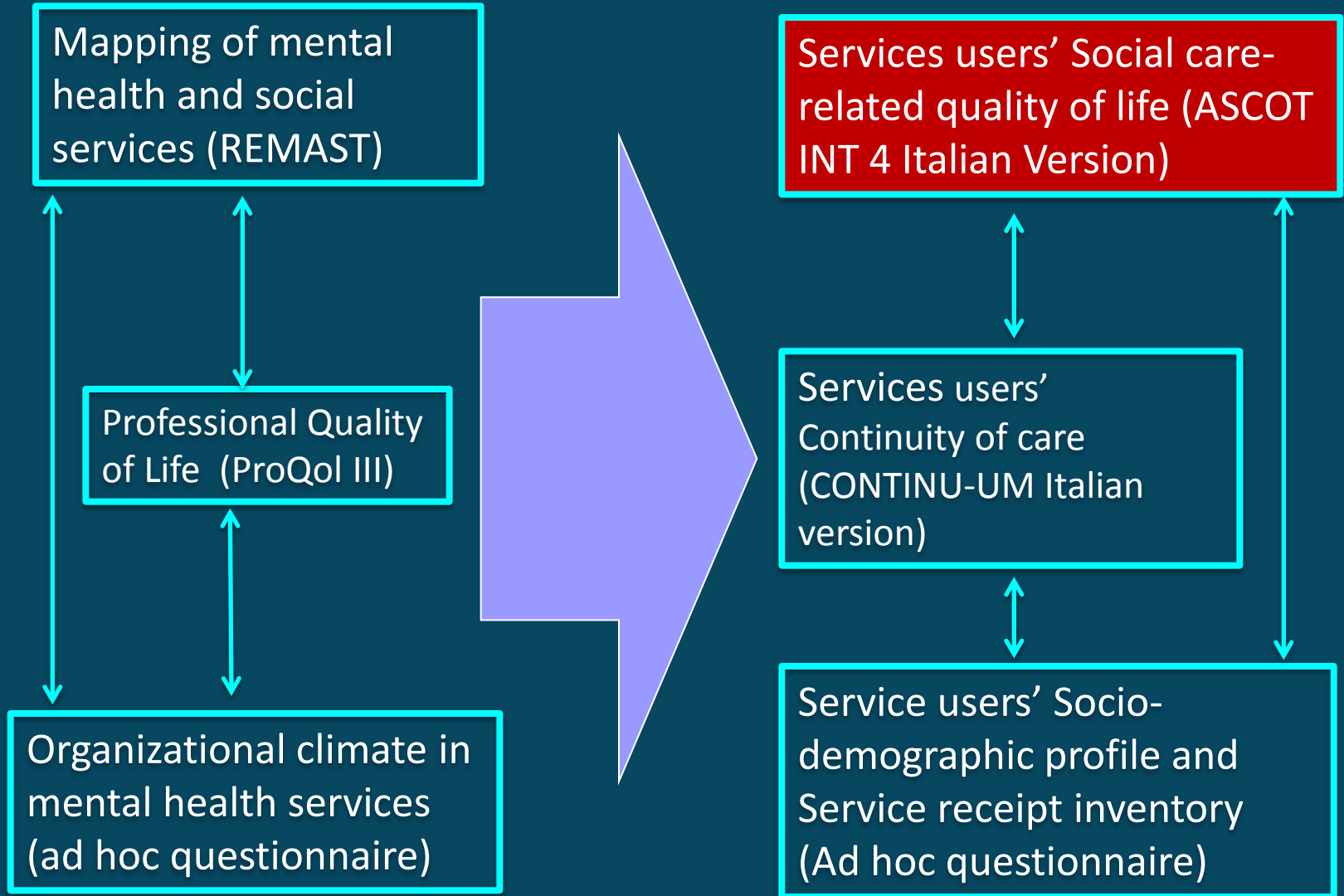
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The process of measuring quality of social care provided to people with mental illness

Mapping of mental health and social services (REMAST)

Professional Quality of Life (ProQol III)

Organizational climate in mental health services (ad hoc questionnaire)

Services users' Social care-related quality of life (ASCOT INT 4 Italian Version)

Services users' Continuity of care (CONTINU-UM Italian version)

Service users' Socio-demographic profile and Service receipt inventory (Ad hoc questionnaire)

DSPMC - PSY

WHO Collaborating Centre

ASCOT INT 4 Italian Version
Stages in the translation process

1. **PREPARATION AND CONCEPT ELABORATION**
2. **FORWARD TRANSLATION TO TARGET LANGUAGE**
   GC made the forward translation (having attended ASCOT training)
3. **BACK TRANSLATION**
   back translation made by UK native speaker, fluent in Italian
4. **BACK TRANSLATION REVIEW**
   back translation examined by ASCOT team who collaborated with GC and her team to resolve any discrepancies
6. **PROOFREADING AND   RECONCILIATION OF PROOFREADING**
   pre-final version (before pretesting) sent to an Italian social care expert to review for format and presentation
5. **PRE-TESTING AND REVIEW**
   currently being undertaken with 20 users in Italy
7. **FINAL REPORT AND FINAL TRANSLATION**
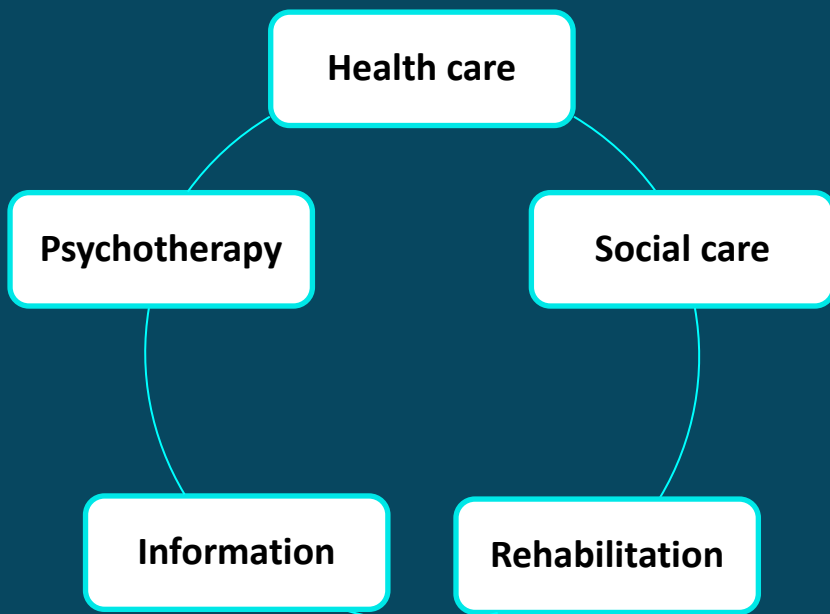   work in progress

(stages developed by Wild et al., 2005)

DEFINING SUPPORT AND SERVICES

We asked about the service user's full social care package.

Social care is difficult to distinguish in the mental health sector. Especially in Verona where health and social care are highly integrated

First results from pre-testing (1)

(+) The domains cover core aspects of social care-related quality of life

(+) Service users seemed to prefer face to face interview rather than self completion

(+) The instrument captures well appreciation and impact of support and services

(-) People with most severe problems (e.g. those in acute phase or living in residential facilities) were hard to recruit (potential bias)

First results from pre-testing (2)

(-) **Quite long** to administer (approx. 30 min.), especially if combined with other measures

(-) The four-level answers in some domains are **complex to understand** (e.g. question on occupation)

1. I am able to spend **my time** as I want, doing things I **value and enjoy**
2. I am able do enough of the things I **value or enjoy with my time**
3. I do some of the things I **value or enjoy with my time** but not enough
4. I don't do anything I **value or enjoy with my time**

THREE DIMENSIONS:

1. **QUANTITY**
2. **QUALITY**
3. **TIME**

First results from pre-testing (3)

✓ Most interviewees find it difficult to imagine their situation in the absence of services

> In Verona many people with mental health problems have been receiving services for many years.

✓ This difficulty may be related to the illness itself

> Patients with schizophrenia perform 1,5 to 2 standard deviations below healthy controls on various neurocognitive tests. The severity of this impairment is greatest in the domains of memory, attention, working memory, problem solving, processing speed, and social cognition (Nuechterlein et al., 2004).
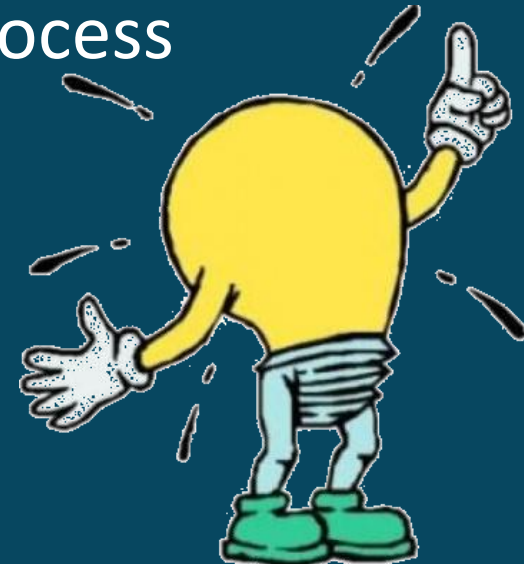
Preliminary conclusions (1)

- ✓ Not useful in the MH sector to distinguish services by funding source, better by activities and staff
- ✓ Useful to collect information about service receipt before ASCOT questions
- ✓ Essential to closely collaborate with ASCOT team during the translation process

Preliminary conclusions (2)

- ✓ Best if as many people as possible review the translation

- ✓ It would be interesting to investigate the impact mental illness has on social care related quality of life

- ✓ Future research is needed to explore cultural differences

- ✓ Harmonisation to compare multiple language versions is suggested

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