

SUPPLEMENTARY MATERIAL 2

TRANSLATION AND CULTURAL ADAPTATION

The translation and cultural adaptation of the RPI followed a standardized process aimed at ensuring semantic, linguistic, and contextual equivalence between the Spanish version and the original scale.

1. Translation and back-translation

The original RPI was independently translated into Spanish by four people, all of whom were native speakers of Spanish with a good command of English. Three of them, authors of the present study (NB, AG, and JA), are experts in psychometrics and have good knowledge of the recovery process and the fourth is a neuropsychologist. After comparing the four versions, an agreement was reached to establish the preliminary Spanish version of the RPI. This version was subsequently submitted for expert review to a person affiliated with an association actively promoting recovery-focused care. This expert recommended that the term *illness* in the original English scale should not be translated as *enfermedad* in Spanish because the latter term was considered less suitable in the context of recovery-focused care. Instead, the suggestion was to use *problema de salud mental*, which literally translates to *mental health problem*. This version was reviewed by a Spanish linguistic, who changed the wording of some items for reasons of grammar and style. Next, a native English speaker with a strong command of Spanish but not prior familiarity with the RPI translated the Spanish version back into English. The original and the back-translated versions were then evaluated for equivalence by three of the authors of this study (NB, AG, and JA). Additionally, the back-translation was provided to the lead author of the original scale, Dr. Jeanette M. Jerrell, who confirmed that there were no differences that could alter the meaning of the items.

2. Expert review

2.1 Method

The resulting Spanish version of the RPI was subsequently assessed by a psychiatrist from the Department of Psychiatry at Álava University Hospital (northern Spain) with experience in the field of mental health recovery, and by eleven experts-by-experience in the same field, with 63% being female and aged between 37 and 62 years ($M = 50.18$; $SD = 7.91$), all of whom were members of the association ActivaMent in Catalonia (north-eastern Spain). This association is run by and for individuals who have experienced, or are currently experiencing, mental health problems, and its members participate as active agents in mental health care in Catalonia.

The task for these 12 experts was to assess the comprehensibility of the instructions for completing the Spanish version of the RPI, as well as the comprehensibility of each individual item. They used a 4-point Likert-type scale, where 1 indicated a low level of comprehensibility and 4 indicated a high level. If they provided a rating below 4, the experts were asked to clarify why they found the instructions or an item unclear and to suggest better alternative wording. Additionally, they were asked for their opinion regarding the proposed response options (i.e., number of options, the inclusion of a mid-point rating, the distinction between response options, etc.). This entire rating process was conducted online through the Qualtrics platform, and there was no time for submitting responses.

2.2 Results

The instructions for completing the Spanish version of the RPI were given a rating of 4 by all 12 experts. Regarding scale items, a rating below 4 was awarded to items 12 and 18 by an expert and to item 20 by two experts. In response to the suggestions of these experts, in items 12 and 20 the terms church and pray were eliminated respectively, in order to avoid any religious connotation that are not as deeply rooted in Spanish culture as they are in the United States. Regarding item 18, after consulting with Dr. Jerrell, it was not modified as it was considered that the translation adequately reflected its original meaning. Furthermore, following the

suggestions of several experts, the use of the term *problema de salud mental* (literally, *mental health problem*) was changed to *estado de salud mental* (literally, *mental health status*) in item

1. With regard to response options, one of the experts suggested reducing it to just four points. However, this change was not implemented as it would have implied reduced scale variability, which is not desirable from a methodological perspective.

3. Cognitive interviews

3.1. Method

To ensure that the scale was suitable for the target population and to gather validity evidence based on response processes, we conducted individual cognitive interviews with eight individuals diagnosed with serious mental disorders using the same version of the instrument analyzed by the experts. Their ages ranged from 38 to 48 years ($M = 43.12$; $SD = 3.4$), with 75% being male, and 75% having completed high school education or higher. All of them resided in supported accommodations, were recipients of specialized mental health services in the province of Murcia (south-eastern Spain), and had diagnosed disorders consistent with the inclusion criteria established for participants in the psychometric validation of the Spanish version of the RPI.

The cognitive interviews were conducted online using the Qualtrics platform, and there was no imposed time limit. Participants began by completing the Spanish version of the RPI. Following this, they were asked whether the instructions were clear, whether the response options made sense, and whether they encountered any difficulties in understanding any of the item statements or any of the words or concepts included in them. Furthermore, to assess whether the key concepts within the items were being interpreted in alignment with what the scale aims to measure, we asked participants a series of open-ended questions (example for the concept of journey to recovery: “When you read the statement that said *I can be with people at church*,

temple, or a prayer meeting who understand my journey to recovery, what did you understand by the words journey to recovery?, what came to mind for you?”).

3.2 Results

All eight interviewees considered that the instructions were clear, and that the response options made sense. Regarding the items, the responses of all participants indicated that the key concepts referred to in the items statements had been interpreted in accordance with the tenets of the recovery model. However, as in the case of the experts, when responding to concepts included in items 12 and 20, two users recommended eliminating the religious terms church, temple, and pray, what led us to reformulate such items in the Spanish version of the RPI.