

Psychometric Validation and Contextual Interpretation of the Nepali Global INSPIRE among Adults in Nepal

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Research Article

Keywords: Global INSPIRE scale, mental health personal recovery, Nepal, Psychometric validation, Cross-cultural mental health

Posted Date: August 18th, 2026

DOI: <https://doi.org/10.21203/rs.3.rs-10635997/v1>

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Additional Declarations: No competing interests reported.

Abstract

Purpose

This study evaluated the psychometric properties of the Nepali version of the 20-item Global INSPIRE among adults in Nepal, with particular attention to the relative endorsement and structure of the CHIME recovery domains.

Methods

Data from 517 adults were analysed. Psychometric evaluation included item distributions, floor and ceiling effects, internal consistency using Cronbach's alpha and McDonald's omega, and confirmatory factor analysis using a robust categorical estimator. Construct validity was examined through associations with personal recovery, self-compassion, psychological distress, and meta-emotion dysregulation. Domain endorsement was examined using within-person parametric and non-parametric comparisons.

Results

The Nepali Global INSPIRE demonstrated excellent total-score reliability ($\alpha = 0.921$; $\omega = 0.923$). The correlated five-factor model showed acceptable to good fit (CFI = 0.965; TLI = 0.958; RMSEA = 0.066; SRMR = 0.044). Bifactor indices indicated a strong general recovery-priority factor (ECV = 0.744; $\omega_H = 0.900$). Hope, Identity, Meaning, and Empowerment were highly correlated ($r \geq 0.844$), whereas Connectedness correlated more moderately with the other domains and showed greater item variability. Domain endorsement differed significantly ($p < 0.001$), with Hope having the highest mean and Connectedness the lowest. Associations with the external measures were in the expected directions and supported construct validity.

Conclusion

The Nepali Global INSPIRE showed strong internal consistency and acceptable structural validity among adults in Nepal. The findings support interpretation of the total score, while domain-specific scores require greater caution. Further evaluation is needed in clinical populations and other community samples.

INTRODUCTION

Personal recovery has become a central principle in contemporary mental health policy, research, and service development. Rather than defining recovery only as symptom remission or functional improvement, the personal recovery approach emphasises living a meaningful, hopeful, and self-directed

life, with or beyond the limitations associated with mental health difficulties [1]. This shift has influenced mental health systems internationally, with recovery-oriented care now embedded in policy frameworks, service standards, and clinical practice guidelines in many countries [2, 3]. In this model, the task of mental health services is not only to reduce symptoms, but also to support people to rebuild identity, strengthen relationships, develop hope, regain agency, and pursue personally meaningful lives.

Despite its global policy influence, the empirical foundations of personal recovery remain uneven. Much of the recovery literature has been developed in Western, educated, industrialised, rich, and democratic (WEIRD) settings [4], particularly in the United Kingdom, Australia, New Zealand, North America, and parts of Europe [5, 6]. These settings have shaped the language, measurement, and implementation of recovery-oriented practice. However, personal recovery is not a culturally neutral construct. Ideas such as autonomy, empowerment, identity, hope, and social connection are likely to be understood differently across cultural, religious, familial, and socioeconomic contexts [7, 8]. In low- and middle-income countries, where formal mental health systems are often under-resourced and where recovery may be shaped strongly by family obligation, community belonging, spirituality, stigma, and material constraints, direct transfer of Western recovery models may be incomplete or misleading [9, 10]. Expanding recovery research beyond WEIRD contexts is therefore essential for developing mental health systems that are both globally comparable and locally meaningful.

The CHIME framework is the most widely recognised conceptual model of personal recovery. Developed through a systematic synthesis of recovery narratives and conceptual literature, CHIME identifies five core processes of personal recovery: Connectedness, Hope and optimism, Identity, Meaning in life, and Empowerment [7]. Connectedness refers to relationships, peer support, community participation, and feeling understood. Hope captures optimism, motivation, and belief in the possibility of a better future. Identity concerns rebuilding a positive sense of self beyond illness. Meaning refers to purpose, valued roles, spirituality, and making sense of experience. Empowerment involves agency, choice, responsibility, and control over one's life and care. The framework has been highly influential because it translates a broad and subjective concept into a set of domains that can guide research, service evaluation, and clinical practice.

Measurement tools based on CHIME have made it possible to evaluate whether services support personal recovery in ways that matter to service users. Among these tools, the INSPIRE measure was developed to assess the extent to which mental health services support a person's recovery across CHIME domains [11]. It has been used in research and service evaluation as a brief, person-centred indicator of recovery support [12]. The Global INSPIRE measure extends this agenda by assessing the relative importance of each CHIME domain (i.e., *what is important to your recovery?*), and enabling cross-cultural assessment of recovery priorities [13, 14]. Several language versions of Global INSPIRE are available today including British English, Finnish, French, Japanese, and Thai (<https://www.researchintorecovery.com/measures/inspire/>).

Using the Global INSPIRE measures, studies indicated that the five CHIME domains are not necessarily equally salient across cultures. Although CHIME provides a useful common framework, the relative importance of Connectedness, Hope, Identity, Meaning, and Empowerment may vary depending on cultural values and social contexts. For example, comparative work using the Global INSPIRE measure has indicated that UK respondents placed strongest emphasis on Hope, whereas Japanese respondents placed greater emphasis on Identity [13]. Such findings are important because personal recovery is a broad and multidimensional construct. Knowing which domains are most salient in a specific cultural context can help researchers, practitioners, and policymakers move from abstract recovery principles to concrete service priorities. For example, if Hope is central, services may need to prioritise future orientation, motivation, and therapeutic optimism. If Empowerment is central, shared decision-making, choice, and agency may require greater emphasis. Cross-cultural validation therefore has practical significance: it can identify what needs to happen in services for people in a particular context to feel supported in their recovery.

Nepal is an important context for advancing this work. It is a culturally, linguistically, religiously, and geographically diverse South Asian country, with substantial mental health needs and continuing gaps in access to formal mental health care [15]. Mental health experiences in Nepal are shaped by multiple social determinants, including poverty, migration, gender roles, caste and ethnicity, rurality, education, stigma, and exposure to natural disasters and political instability [16]. At the same time, support for mental health often extends beyond formal services to families, communities, religious practices, and informal care systems [17]. These features make Nepal a highly relevant setting for examining whether a CHIME-based recovery measure can function psychometrically and conceptually in a non-WEIRD, collectivist, low- and middle-income context.

Although mental health research in Nepal has grown, personal recovery remains underdeveloped as a research and practice framework. Existing research has primarily examined symptoms, treatment access, stigma, trauma, and service capacity, with less attention to how Nepali adults understand and prioritise processes associated with recovery [16, 17]. A culturally adapted recovery measure could support research into positive processes such as hope, identity, meaning, empowerment, and connectedness, including among people who may not currently use formal mental health services.

The present study aimed to develop and evaluate the Nepali version of the Global INSPIRE among adults in Nepal. In addition to examining its psychometric performance, we investigated the relative endorsement and structural organisation of the CHIME domains. The study sought to provide an initial validated measure and culturally informed evidence concerning recovery priorities in Nepal.

METHODS

Study design and participants

This cross-sectional psychometric validation study evaluated the Nepali version of the Global INSPIRE measure among adults in Nepal. Participants were eligible if they were aged 18 years or older, and able to provide informed consent and complete the questionnaire in Nepali. Ethics approval was obtained from Brooklyn College Ethics Review Board (Ref. No. 187 – 082/82, approved on 9 January 2026).

Setting

The study was conducted in Kathmandu Valley, Nepal. Participants were recruited in 13 January to 19 April 2026 through the research team's networks, with further snowball recruitment through colleagues and acquaintances. The online survey link was shared with adults aged 18 years or older. Interested individuals accessed the link, read the study information, provided electronic informed consent, and then completed the survey.

Translation and adaptation of the Global INSPIRE measure

The Global INSPIRE measure is a 20-item instrument assessing recovery priorities across the five CHIME domains: Connectedness, Hope, Identity, Meaning, and Empowerment [13]. Each domain contains four items, rated on a 0–4 Likert-type scale, with higher scores indicating stronger importance in recovery.

The Global INSPIRE measure was translated into Nepali following cross-cultural adaptation procedures designed to minimise language-related bias. Forward translation was conducted by a professional bilingual English language teacher, and back translation was completed by another bilingual English language teacher with translation experience. The translated version was then reviewed by five additional English language teachers to identify linguistic ambiguities. A psychology lecturer with expertise in mental health assessed the translation for conceptual accuracy and cultural relevance, and a Nepali language expert reviewed spelling, punctuation, and grammar (Supplementary Material 1). These steps aimed to ensure linguistic clarity, conceptual equivalence, and cultural appropriateness of the Nepali version before administration. Domain and total scores were calculated by averaging relevant items, with higher scores indicating greater importance of recovery domains.

External validation measures

Construct validity was examined using measures theoretically expected to relate to recovery priorities. Personal recovery was assessed using the Questionnaire about the Process of Recovery-15 (QPR-15) [18], with higher scores indicating stronger recovery-related outcomes. Psychological distress was assessed using the Clinical Outcomes in Routine Evaluation-10 (CORE-10) [19], with higher scores indicating greater distress. Self-compassion was assessed using the Self-Compassion Scale [20], with negatively worded items reverse-scored according to standard scoring procedures. The QPR-15, CORE-10, and Self-Compassion Scale underwent the same forward-translation, independent back-translation, multidisciplinary review, and Nepali-language checking procedures described above for the Global

INSPIRE. Meta-emotion dysregulation (difficulty managing one's emotional reactions to one's own emotions, e.g., feeling ashamed, angry, or distressed about experiencing anxiety or sadness) was assessed using the Meta-Emotional Dysregulation Scale [21], with higher scores indicating greater difficulties in emotion regulation.

We expected Global INSPIRE scores to correlate positively with personal recovery and self-compassion, and negatively with psychological distress and meta-emotion dysregulation.

Data preparation

Data were screened before analysis for missing values, response ranges, and scoring consistency. Item-level descriptive statistics were calculated for all Global INSPIRE items, including means, standard deviations, observed minimum and maximum values, skewness, kurtosis, and floor and ceiling effects. Floor and ceiling effects were examined to identify items with restricted variability, particularly where a substantial proportion of participants selected the lowest or highest response category.

Because Global INSPIRE items use ordered Likert-type response categories, structural analyses treated items as ordinal indicators. CORE-10 scoring was checked separately because item directionality may vary depending on the translated wording. CORE-10 item direction was checked against the Nepali wording before scoring.

Internal consistency

Internal consistency was evaluated for the Global INSPIRE total score and each CHIME domain. Cronbach's alpha and McDonald's omega were calculated as primary reliability estimates. Ordinal alpha was also calculated using polychoric correlations to account for the ordinal response format. Reliability values of 0.70 or above were interpreted as acceptable, while values above 0.80 were interpreted as good.

Structural validity

Structural validity was examined using confirmatory factor analysis. The primary model tested the hypothesised five-factor CHIME structure, with four items loading onto each of the five correlated latent domains: Connectedness, Hope, Identity, Meaning, and Empowerment. Structural validity was examined using confirmatory factor analysis. The primary model tested the hypothesised five-factor CHIME structure, with four items loading onto each of the five correlated latent domains: Connectedness, Hope, Identity, Meaning, and Empowerment. Given the ordinal item responses, all CFA models were estimated using the robust weighted least-squares mean- and variance-adjusted estimator (WLSMV).

Model fit was evaluated using the Comparative Fit Index (CFI), Tucker–Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), and Standardised Root Mean Square Residual (SRMR). CFI and

TLI values of 0.95 or higher, RMSEA values below 0.06, and SRMR values below 0.08 were considered indicators of close fit, while slightly less stringent values were interpreted in relation to model complexity, sample size, and theoretical coherence.

Standardised factor loadings were inspected to assess item performance. Loadings of 0.50 or above were considered acceptable, although lower values were interpreted cautiously where items represented culturally complex or conceptually broad domains.

Alternative model testing

To examine whether the Global INSPIRE was best interpreted as a multidimensional measure or as reflecting a dominant general recovery factor, alternative models were tested. These included a one-factor model, a correlated five-factor model, and a bifactor model with one general recovery factor and five domain-specific factors. Model fit indices were compared across models.

Bifactor results were interpreted using Explained Common Variance and omega hierarchical to assess the strength of the general recovery factor and the added value of domain-specific scores. Because bifactor models can be unstable when subdomains are highly correlated, results from these models were treated as supplementary and interpreted alongside theoretical considerations and factor-specific diagnostics.

Associations with external measures

Convergent and divergent validity were examined using correlations between Global INSPIRE scores and external validation measures. Pearson correlations were used as the primary estimates, with Spearman correlations used as sensitivity analyses where distributions were non-normal. Positive correlations were expected with QPR-15 and self-compassion scores, while negative correlations were expected with CORE-10 distress and meta-emotion dysregulation scores. Correlation coefficients were interpreted according to magnitude, direction, confidence intervals, and theoretical consistency.

Domain endorsement

To examine whether the five CHIME domains were endorsed differently in the Nepali sample, domain-level scores were compared across Connectedness, Hope, Identity, Meaning, and Empowerment. Because each participant contributed scores to all five domains, within-person comparisons were used. Parametric repeated-measures comparisons and non-parametric sensitivity analyses were conducted to assess whether domain endorsement differed significantly. Pairwise comparisons were used to identify which domains were most and least strongly endorsed.

This analysis examined whether recovery priorities were uniformly endorsed across the CHIME domains or whether particular domains were more salient within this sample.

Statistical software

Analyses were conducted in R. Main packages included lavaan for confirmatory factor analysis, psych for reliability and descriptive analyses, semTools for supplementary structural validity indices, and tidyverse packages for data management and summary statistics. Statistical significance was set at $p < 0.05$.

RESULTS

Participant characteristics

Of 534 completed responses, 17 responses from individuals reporting an age below 18 were excluded before analysis, resulting in an analytic sample of 517. The mean age was 24.93 years ($SD = 7.06$; range = 18–74), with age data missing for 33 participants. The sample was balanced by sex, with 259 female participants (50.1%) and 256 male participants (49.5%). Most participants were unmarried (77.6%), Hindu (78.3%), from the Pahad/hilly region (70.2%), and living in urban areas (54.7%). The largest ethnic groups were Brahmin/Chhetri (49.1%) and Janajaati (32.3%). The most commonly reported educational level was a bachelor's degree (44.1%), followed by higher secondary (+ 2) education (34.8%). The largest occupational groups were students only (28.2%), working students (27.5%), and full-time employed participants (22.2%). Most participants reported medium family economic status (80.7%).

Table 1
Selected participant characteristics

Characteristic	n (%) or mean (SD)
Age	24.93 (7.06)
Female	259 (50.1)
Male	256 (49.5)
Unmarried	401 (77.6)
Brahmin/Chhetri	254 (49.1)
Janajaati	167 (32.3)
Hindu	405 (78.3)
Bachelor's degree	228 (44.1)
Higher Secondary (+ 2)	180 (34.8)
Urban residence	283 (54.7)
Pahad/hilly region	363 (70.2)
Joint family	207 (40.0)
Nuclear family	304 (58.8)
Medium economic status	417 (80.7)

Age statistics were based on 484 participants with available age data

Item-level performance

Global INSPIRE item means ranged from 1.59 to 3.02 on the 0–4 response scale. Individual Global INSPIRE items are referred to as GI1 to GI20. Ceiling effects varied across items, ranging from 4.1% to 40.4%. The highest ceiling effects were observed for Hope item GI8 (40.4%), Hope item GI5 (38.6%), Identity item GI12 (36.7%), and Identity item GI10 (35.4%). Connectedness showed the lowest item endorsement overall, particularly GI3 (mean = 1.59; ceiling = 4.1%). These patterns indicated generally high endorsement of recovery priorities, with greater variability in the Connectedness domain than in the other CHIME domains.

Internal consistency

The Global INSPIRE total score showed excellent internal consistency (Cronbach's alpha = 0.921; McDonald's omega = 0.923; Table 2). Subscale reliability was good for Hope and acceptable for Identity, Meaning, and Empowerment. Connectedness showed the lowest reliability, though ordinal alpha was acceptable.

Table 2
Internal consistency of Global INSPIRE

Scale	Cronbach's alpha	Ordinal alpha	McDonald's omega
Global INSPIRE total	0.921	0.934	0.923
Connectedness	0.68	0.716	0.688
Hope	0.864	0.896	0.865
Identity	0.762	0.803	0.766
Meaning	0.768	0.803	0.771
Empowerment	0.763	0.802	0.771

The external validation measures also showed acceptable to excellent reliability: QPR-15 (alpha = 0.944; omega = 0.946), CORE-10 (alpha = 0.797; omega = 0.814), self-compassion (alpha = 0.706; omega = 0.779), and meta-emotion dysregulation (alpha = 0.913; omega = 0.913).

Structural validity

The correlated five-factor CHIME model showed acceptable to good fit: CFI = 0.965, TLI = 0.958, RMSEA = 0.066, and SRMR = 0.044 (Table 3). All standardised factor loadings were statistically significant, and most items loaded moderately to strongly on their intended domains. Loadings were strongest and most consistent for Hope (0.816–0.852), whereas Connectedness showed greater variability (0.405–0.777), with GI3 having the weakest loading.

Table 3
Structural model fit

Model	CFI	TLI	RMSEA	SRMR
One-factor model	0.907	0.896	0.104	0.064
Five-factor CHIME model	0.965	0.958	0.066	0.044
Bifactor model	0.968	0.959	0.065	0.042

The bifactor model showed marginally better fit than the correlated five-factor model ($\Delta\text{CFI} = 0.003$; $\Delta\text{RMSEA} = -0.001$; $\Delta\text{SRMR} = -0.002$). The general factor explained 74.4% of the common variance ($\text{ECV} = 0.744$), with $\omega_H = 0.900$ and $\omega = 0.951$. Domain-specific ω_{HS} estimates (relative ω_{HS}) were 0.401 (0.552) for Connectedness, 0.163 (0.181) for Hope, 0.131 (0.157) for Identity, 0.035 (0.042) for Meaning, and 0.203 (0.249) for Empowerment. In the bifactor model, two of the four specific-factor loadings for both Identity and Meaning had absolute values below 0.20, and one Meaning item had a negative specific-factor loading (-0.208).

Hope, Identity, Meaning, and Empowerment were highly correlated ($r \geq 0.844$), indicating limited empirical distinctiveness among these domains. Connectedness showed lower correlations with the other

domains ($r = 0.572-0.690$), suggesting that it represented a comparatively distinct relational dimension. Overall, the findings support a strong general recovery-priority construct, while the wHS estimates indicate the extent to which individual CHIME domains retain reliable domain-specific variance.

Convergent and divergent validity

Convergent validity was supported by positive associations between the Global INSPIRE total score and QPR-15 ($r = 0.507$, 95% CI [0.440, 0.569]) and self-compassion ($r = 0.325$, 95% CI [0.245, 0.400]). The association was strongest with QPR-15, the measure most conceptually proximal to personal recovery. Evidence of divergent validity was provided by the smaller-magnitude associations with CORE-10 psychological distress ($r = -0.273$, 95% CI [-0.351, -0.192]) and meta-emotional dysregulation ($r = -0.133$, 95% CI [-0.217, -0.047]). Both associations were negative, as theoretically expected. Overall, the pattern and relative magnitude of correlations supported the construct validity of the Global INSPIRE total score (Table 4).

Table 4
Correlations between Global INSPIRE and external measures

External measure	Expected direction	Pearson r (95% CI)	p value
QPR-15	Positive	0.507 (0.440, 0.569)	< 0.001
Self-compassion	Positive	0.325 (0.245, 0.400)	< 0.001
CORE-10	Negative	-0.273 (-0.351, -0.192)	< 0.001
Meta-emotional dysregulation	Negative	-0.133 (-0.217, -0.047)	0.002

Domain importance

Mauchly’s test indicated that the assumption of sphericity was violated ($W = 0.775$, $p < 0.001$); therefore, Greenhouse–Geisser-corrected results are reported. Mean scores differed across the five CHIME domains, $F(3.55, 1830.04) = 182.16$, $p < 0.001$, generalised $\eta^2 = 0.104$. The Friedman sensitivity analysis produced a consistent result, $\chi^2(4) = 493.39$, $p < 0.001$, Kendall’s $W = 0.239$. Nine of the ten Holm-adjusted pairwise comparisons were statistically significant. The comparison between Meaning and Empowerment was not significant (mean difference = -0.031 , 95% CI [-0.085, 0.022], adjusted $p = 0.248$, $d_z = -0.051$). Hope had the highest mean score ($M = 2.91$), followed by Identity ($M = 2.73$). Empowerment ($M = 2.60$) and Meaning ($M = 2.57$) did not differ significantly, while Connectedness had the lowest mean score ($M = 2.07$).

DISCUSSION

This study evaluated the psychometric properties of the Nepali Global INSPIRE among 517 adults in Nepal. The total scale showed excellent internal consistency, and the hypothesised five-factor CHIME model demonstrated acceptable to good fit. The bifactor findings additionally indicated a strong general recovery-priority factor. Positive associations with personal recovery and self-compassion supported

convergent validity, while the smaller inverse associations with psychological distress and meta-emotion dysregulation provided evidence relevant to divergent validity. The five CHIME domains were not endorsed equally: Hope had the highest mean importance score, whereas Connectedness had the lowest mean and showed the greatest variability in factor loadings. Overall, the findings provide initial support for using the Nepali Global INSPIRE to assess recovery priorities among adults, while also identifying important differences in the organisation and endorsement of its domains.

The strong total-score reliability and high omega hierarchical support its use as an overall indicator of recovery priorities among Nepali adults. The five-factor CFA further suggests that the CHIME domains remain recognisable within this population. This is important because most personal recovery theory and measurement has been developed in WEIRD settings, raising questions about whether recovery frameworks can be transferred directly to low- and middle-income, non-Western contexts [22, 23]. The findings suggest that CHIME may provide a useful common language for considering recovery priorities among adults in Nepal, consistent with previous cross-cultural work on Global INSPIRE and recovery-oriented care [13]. However, the high correlations among Hope, Identity, Meaning, and Empowerment, together with the bifactor indices, indicate that the total score may be more psychometrically stable than highly differentiated subscale interpretations. Domain scores should therefore be interpreted in light of their omega hierarchical subscale estimates, which indicate how much reliable domain-specific variance remains after accounting for the general recovery-priority factor.

A notable finding was the pattern of domain importance. Hope was most strongly endorsed, followed by Identity. Empowerment and Meaning received similar mean scores and did not differ significantly, whereas Connectedness was least strongly endorsed. Descriptively, this resembles previous UK findings in which Hope received the greatest emphasis, while differing from Japanese findings in which Identity was most strongly endorsed [13]. These contrasts should not be attributed to culture alone because the studies involved different populations and direct measurement invariance across the samples was not tested. Nevertheless, they demonstrate the value of examining recovery priorities locally rather than assuming that all CHIME domains have equivalent salience across populations.

The comparatively distinct performance of Connectedness is particularly important. Given the central roles of family and community relationships in Nepal, one might expect Connectedness to be strongly endorsed. Instead, it showed the lowest mean importance and greater variability in item performance. This should not be interpreted as evidence that relationships are unimportant to Nepali adults. It may indicate that the Connectedness items do not fully capture the forms of relational support that matter within this population. They may experience relationships through family obligations, caste and community structures, peer networks, spiritual practices, and informal support systems [24]. These relational experiences may not correspond directly to the individualised language of Connectedness found in recovery frameworks developed in Western settings [25–27].

Implications for research and practice

The Nepali Global INSPIRE provides a brief, structured measure for examining how adults in Nepal prioritise the CHIME recovery domains. In community and population-based research, it may complement symptom-focused measures by examining the importance attached to positive processes such as hope, identity, meaning, empowerment, and connectedness. The comparatively high endorsement of Hope in this sample suggests that future research should examine how future orientation, optimism, and perceived possibilities for improvement relate to mental health and wellbeing among Nepali adults, particularly in the context of stigma, limited access to formal support, and socioeconomic constraints [28].

Connectedness should be interpreted cautiously. Its lower mean endorsement and greater psychometric variability should not be taken as evidence that relationships are unimportant to Nepali adults. These findings may instead reflect variation in participants' relational circumstances, limitations in how the items represent locally meaningful relationships, or heterogeneity within the sample. Qualitative research could explore how family, community, peer, and spiritual relationships are understood in relation to recovery and wellbeing [29–31]. Before the measure is used for clinical assessment, service evaluation, or routine outcome monitoring, its validity should be examined specifically among people experiencing mental health difficulties and those using mental health services.

Strengths and limitations

This study has several strengths. First, it used a relatively large sample for a psychometric evaluation in a low- and middle-income setting. Second, the translation process included forward and back translation, linguistic review, mental-health expertise, and Nepali-language checking, strengthening linguistic and conceptual equivalence. Third, the analyses examined internal consistency, structural validity, alternative factor models, associations with external measures, and domain importance. Fourth, the study extends the Global INSPIRE programme into a South Asian context and contributes to the limited evidence concerning recovery priorities outside WEIRD settings.

Several limitations should be acknowledged. First, all measures were administered at a single time point. Consequently, test–retest reliability, responsiveness to change, and predictive validity could not be evaluated. Participants were a convenience sample of Nepali adults and were not necessarily experiencing a diagnosed mental health condition or using mental health services. Some participants may therefore have understood “recovery” as general coping, improvement, or wellbeing rather than personal recovery from mental health difficulties. The findings cannot be generalised directly to mental health service users or people experiencing severe or long-term mental health conditions.

Network-based online recruitment may also have underrepresented adults in rural areas, those with limited internet access, and people outside the research team's networks. The sample should therefore not be regarded as representative of the adult population of Nepal. Furthermore, the study did not include direct cross-cultural comparisons or test measurement invariance across countries; consequently, the observed pattern of domain endorsement cannot be attributed specifically to

Nepalese culture. Ceiling effects for several Hope and Identity items may have reduced discrimination among participants who strongly endorsed these priorities and could limit sensitivity to change. Future research could consider methods such as Best–Worst Scaling or MaxDiff to assess relative priorities while reducing acquiescence and ceiling effects. The weaker performance of Connectedness also warrants qualitative investigation into whether the items adequately represent locally meaningful relational experiences. Finally, all external measures were self-reported, creating the possibility of shared method variance, and the study-specific Nepali translations of the external validation measures had not undergone independent psychometric validation before their use in this study.

Conclusion

The Nepali Global INSPIRE demonstrated strong internal consistency, acceptable structural validity, and theoretically expected associations with recovery-related and distress-related constructs among adults in Nepal. The findings provide initial support for its use in research examining recovery priorities in comparable adult samples. Hope was the most strongly endorsed domain, whereas Connectedness was the least strongly endorsed and showed more variable item performance. The measure may offer a useful framework for examining the positive processes that adults consider important to recovery and wellbeing. Further research should assess its validity among clinical and service-user populations, test–retest reliability, responsiveness to change, predictive validity, and the locally meaningful forms of relational recovery.

Declarations

Funding Declaration

This study received no funding.

Author Contribution

YK conceptualised the study, developed the methodology, led the interpretation of findings, and drafted the manuscript. DBP coordinated data collection and contributed to data curation. AH conducted the formal statistical analyses and contributed to validation and interpretation of results. DB, YA, AB, NS, AO, and CL contributed to interpretation of findings and critical revision of the manuscript. All authors reviewed, edited, and approved the final manuscript.

Data Availability

The datasets analysed during the current study are available from the corresponding author upon reasonable request.

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