

St. Patrick's

St Patrick's Mental Health Services



Outcomes Report Summary

2019

Introduction

Every year, St Patrick's Mental Health Services (SPMHS) publishes an Outcomes Report relating to clinical care pathways, clinical governance processes, clinical programmes and service user experience surveys.

This summary provides some highlights in relation to analysis of the clinical outcomes for services provided by SPMHS.

The comprehensive outcomes measures report is the ninth of its type published by SPMHS and is central to the organisation's promotion of excellence in mental healthcare. By measuring and publishing outcomes of the services we provide, we strive to understand what we do well and what we need to continue to improve.

Prompt Assessment of Needs (PAON)

SPMHS made improvements to the way referrals are assessed in order to improve speed of access. This was in response to feedback from service users and referrers about the waiting times to access initial outpatient assessment in the Dean Clinics. Any referrals received for Dean Clinic assessment are transferred into the new Referral and Assessment Service and receive a free-of-charge assessment by an experienced mental health nurse. This allows for more prompt and efficient mental health assessments and onward referral to the most appropriate service.

Service users can access this assessment from their own home, without the need to travel to a clinic. A range of communications technologies, including telephone and audio-visual technologies such as 'Skype', 'Microsoft Teams' or 'FaceTime' are used to provide the assessment. The choice of communication method with the Referral and Assessment Service is based on the preference of the service user.

The table below provides the number and percentages of adult PAON assessments completed and the outcome of each PAON in 2018 and 2019. These results identify the immediate outcome of the PAON assessment. There was an increase of 14.7% (number 158) adult PAONs in 2019, in comparison to PAONs completed in 2018.

	2018 Number	%	2019 Number	%
Dean Clinic referral	942	86.3%	963	77.9%
Discharge	76	8.2%	183	14.8%
Inpatient admission				
Referral	60	5.5%	90	7.3%
Total	1,078	100%	1,236	100%

A discharge occurs when the service user did not receive further services from SPMHS, because the service user declined an offer of service, or SPMHS did not have an appropriate service to offer the service user on this occasion.

The increase of 107 referrals discharged from the PAON in 2019 compared to 2018, was the result of a high volume of referrals from two retiring private practice consultant psychiatrists, but a number of those service users had also referred to other services (such as private practice consultant psychiatrists) or the service user decided they no longer required specialist mental health services.

Clinical Outcomes

Clinical Global Impression and Children's Global Impression Scales (CGI)

The CGI Scale (CGI) is a clinician-rated mental health assessment tool used to establish the severity of illness at point of assessment (CGIS) and global improvement or change scored following care, treatment or intervention (CGIC). The CGIS is rated on a seven-point scale, with the severity of illness scale rated from one (normal) through to seven (most severely ill). CGIC scores range from one (very much improved) through to seven (very much worse).

The Children's Global Assessment Scale (CGAS) is used in our child and adolescent services and it provides a global measure of level of functioning in children and adolescents, scored by the multidisciplinary team (MDT) on a scale of 1 to 100, which reflects the individual's overall functioning level.

CGIC – Final Global Improvement or change score (Adult inpatient service)

	2017 Total	2018 Total	2019 Total
1. Very much improved	15%	8%	7%
2. Much improved	45%	42%	44%
3. Minimally improved	15%	19%	23%
4. No change	5%	7%	5%
5. Minimally worse	0%	1%	0%
6. Much worse	0%	0%	0%
7. Very much worse	0%	0%	0%
Not scored	20%	24%	21%

CGAS - Baseline and Final Assessment Scales (Willow Grove Adolescent Unit)

		2017		2018		2019	
		Baseline	Final	Baseline	Final	Baseline	Final
100 - 91	Superior functioning	0%	0%	0%	0%	0%	0%
90 - 81	Good functioning	0%	0%	0%	0%	0%	0%
80 - 71	No more than a slight impairment in functioning	0%	0%	0%	0%	0%	1%
70 - 61	Some difficulty in a single area, but generally functioning pretty well	0%	26%	0%	21%	0%	49%
60 - 51	Variable functioning with sporadic difficulties	7%	68%	0%	62%	0%	33%
50 - 41	Moderate degree of interference in functioning	56%	2%	41%	13%	25%	2%
40 - 31	Major impairment in functioning in several areas	36%	2%	46%	3%	59%	5%
30 - 21	Unable to function in almost all areas	1%	1%	13%	0%	12%	2%
20 - 11	Needs considerable supervision	0%	0%	0%	0%	4%	1%
10 - 1	Needs constant supervision	0%	0%	0%	0%	0%	0%
	Not scored	0%	0%	0%	3%	1%	6%
	Mean +/- SD	41+/-6	57+/-6	38+/-6	56+/-6	36+/-6	58+/-10
	Median	42	58	39	58	38	61
	Wilcoxon Signed Ranks Test	Z = -7.841	p<.001	Z = -7.525	p<.001	Z = -7.517	p<.001



Alcohol and Chemical Dependency and Dual Diagnosis Programme (ACDP) outcomes

The Alcohol and Chemical Dependency Programme (ACDP) is designed to help individuals with alcohol and/or chemical dependence/abuse to achieve abstinence by enabling them to develop an increased awareness of the implications and consequences of their drinking or drug-taking.

The Dual Diagnosis Programme is designed for adults with a dependence on alcohol or chemical substances, and in addition, have a co-morbid diagnosis of a mental health difficulty such as depression, anxiety or bipolar disorder.

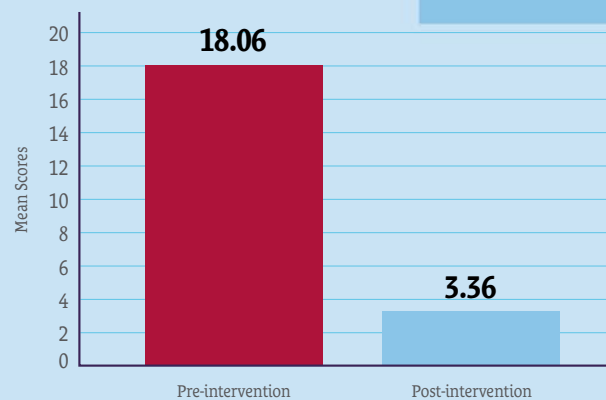
The aim of this programme is to enable clients to not only achieve abstinence and recovery in relation to substance use, but also to facilitate awareness, understanding and provide practical support and knowledge in relation to their mental health difficulties.

Since 2014, both the ACDP and Dual Diagnosis programmes have used the Leeds Dependence Questionnaire (LDQ), to measure the clinical outcomes of these multidisciplinary stepped care programmes. The LDQ is a 10-item questionnaire, designed to screen for mild to severe psychological dependence to a variety of different substances, including alcohol and opiates.

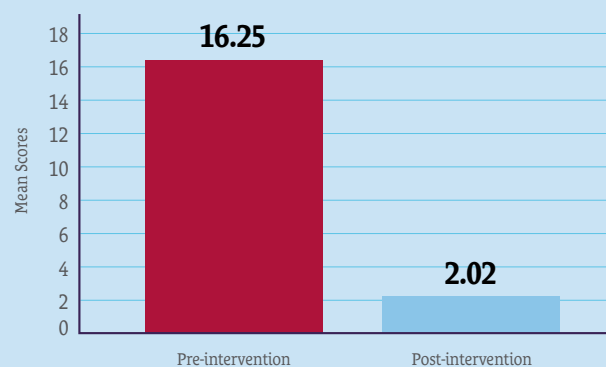
This measure was completed by service users pre and post-programme participation and showed significant improvements in service users' mean scores following completion for both programmes.

Total scores on Leeds Dependency Questionnaire

ACDP: LDQ Total Scores 2019



Dual Diagnosis Programme: LDQ Total Scores 2019



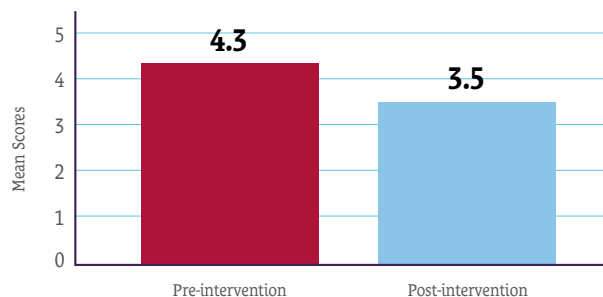
Eating Disorder Programme: Clinical Outcomes

The Eating Disorders Programme (EDP) is a service specifically oriented to meet the needs of people with anorexia nervosa, bulimia nervosa and binge eating disorder. The objective of the programme is to address the physical, psychological and social issues arising as a result of an eating disorder in an attempt to resolve and overcome many of the struggles associated with it. The programme is a multidisciplinary programme with an emphasis on a cognitive behaviour therapy (CBT) treatment model, which is applied throughout inpatient, day patient and outpatient treatment stages, as needed by the service user. The programme is structured into three stages. Following a PAON by the Referral and Assessment Service, a service user is assessed at the Dean Clinic.

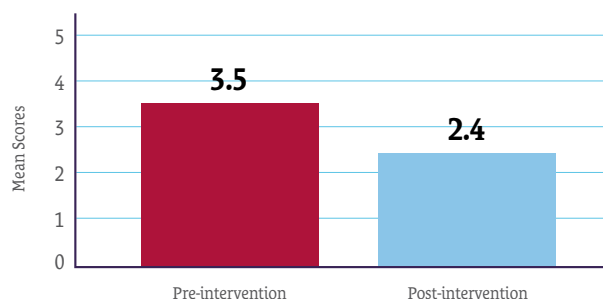
The typical care pathway then involves inpatient care, day care, and follow-up outpatient care. The results for all outcome measures utilised are reported in the full outcomes report, but for the purpose of this summary, the Eating Disorder Examination Questionnaire (EDE-Q), is reported in the graph that follows. The EDE-Q, is a self-report version of the Eating Disorder Examination, which is considered to be the 'gold standard' measure of eating disorder psychopathology. The pre and post results for both inpatients and day patients showed significant improvements in the EDE-Q Global scores.

Pre and post Inpatient Programme

EDE-Q Global Score



EDE-Q Global Score



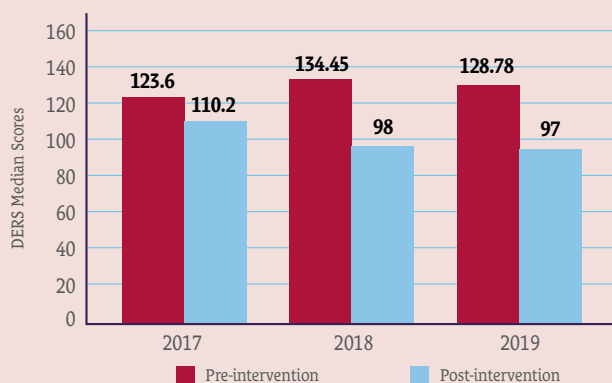
Living Through Distress (LTD) Programme: clinical outcomes

Living Through Distress (LTD) is a dialectical behaviour therapy (DBT) informed, group-based intervention. The programme aims to teach emotional regulation, distress tolerance, mindfulness and interpersonal effectiveness skills for individuals with problems of emotional under-control who frequently present with self-harmful behaviours. For those participants with pre and post data, significant improvements were observed in increased mindfulness, improved distress tolerance, and increases in emotion regulation.

The three outcome measures for this programme were the Difficulties in Emotion Regulation Scale (which assesses emotion dysregulation), the Distress Tolerance Scale (measuring levels of distress and readiness to tolerate distress), and the Cognitive and Affective Mindfulness Scale (measuring the willingness and ability to be mindful, particularly related to psychological distress). Pre and post results for all three of these scales showed significant improvements.

Difficulties in Emotion Regulation Scale Total Scores

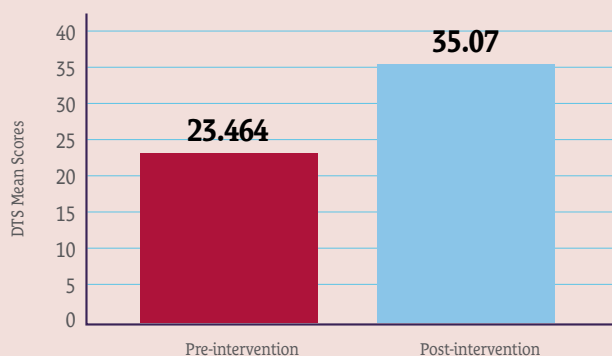
Difficulties in Emotion Regulation Scale



Note: Higher scores indicate greater difficulties with emotion regulation

Distress Tolerance Scale Total Scores

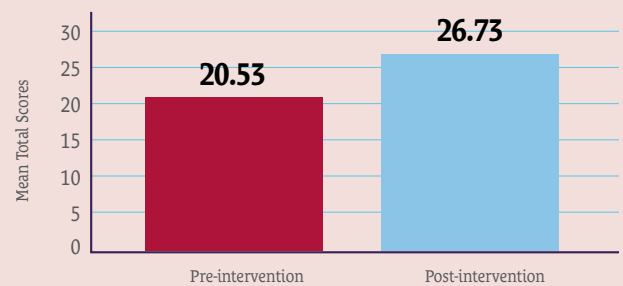
Distress Tolerance Scale Scores 2019



Note: Higher scores indicate increased ability to tolerate distress

Cognitive and Affective Mindfulness Scale Total Scores

Cognitive and Affective Mindfulness Scale 2019



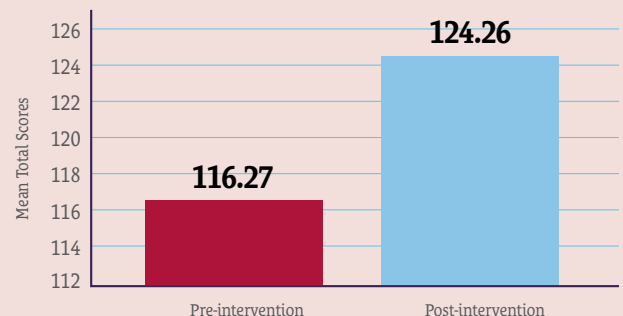
Mindfulness Programme: clinical outcomes

The Mindfulness Programme provides eight weekly group training sessions in mindful awareness. The programme aims to introduce service users to the practice of mindfulness for stress reduction, through group discussion and experiential practices. The programme aims to help service users develop the ability to pay attention to the moment and to be more aware of thoughts, feelings and sensations, in a non-judgemental way. Developing and practising this non-judgemental awareness has been found to reduce psychological distress and prevent relapse of some mental ill-health experiences. The outcome measure used by the Mindfulness Programme is the Five Facet Mindfulness Questionnaire (FFMQ). The FFMQ assesses the tendency to be mindful in daily life, including five specific facets of mindfulness: observing, describing, acting with awareness, non-reactivity to inner experience and non-judging of inner experience.

Analysis revealed a significant increase in total scores on the FFMQ from pre-intervention to post-intervention.

Five Facet Mindfulness Scale Total Scores

FFMQ Total Scores 2019



Note: Scores range from 39 to 195 with higher scores indicative of greater mindfulness.

Overall views of SPMHS

Those who completed and returned the Service User Satisfaction Survey within our adult inpatient services demonstrated a high level of satisfaction with the care they received.

Average ratings of care and treatment and the hospital overall

How would you rate?	No.	Mean	Standard Deviation
Your care and treatment in hospital	217	8.25	2.03
The hospital, overall	215	8.27	2.11

Evaluating the Outcomes Report

Report strengths:

SPMHS continues to lead by example in providing such a detailed insight into service accessibility, efficacy of clinical programmes and service user satisfaction. Outcome measures were added for three programmes in 2019. Reporting this breadth of routinely collected clinical outcomes demonstrates a willingness to constantly re-evaluate the efficacy of our clinical programmes and services in an open and transparent way. Well established in this report is a detailed service user satisfaction survey encompassing all service delivery within SPMHS, reinforcing the organisation's commitment for service user-centred care and treatment.

Report challenges:

We continue in our efforts to expand the number of services included within the SPMHS Outcomes Report, but as yet we do not have all areas of service delivery included. Efforts to benchmark the results of this report remain very difficult as no other organisation within Ireland produces a comparable report. In order to best capture the efficacy of clinical programmes and services, there have been changes in the outcome measures used, which can create difficulties when comparing results to previous reports. The report's clinical outcome results cannot be solely attributed to the service or intervention being measured and are not developed to the standard of randomised control trials. The relatively low service user experience survey response rate remains a significant challenge for SPMHS. There was a review in 2019 of the content and structure of the survey, as well as the processes around how and when completion by service users is requested. Following this review a new service user experience survey was introduced on the 1 January, 2020, with more concise and carefully selected questions, focused on the key aspects of services and the service user experience.

The COVID-19 pandemic has created huge challenges for the service users and staff of SPMHS in 2020. However, SPMHS is committed to continuing to deliver the highest standards of services, and outcome measurement is continuing despite the challenges resulting from this pandemic.

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