

**St Patrick's**  
Mental Health Services



Outcomes  
Report Summary

**2020**

# 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 Outcomes Summary report provides highlights of the analysis of the clinical outcomes for services provided by SPMHS.**

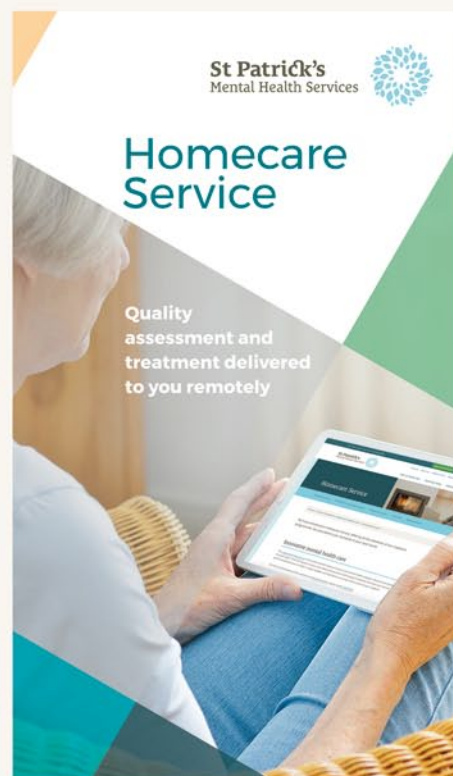
The comprehensive *Outcomes Measures Report* is the 10th of its type published by SPMHS and is central to the organisation's promotion of excellence in mental healthcare. By measuring and publishing outcomes of the services we provide, we strive to understand what we do well and what we need to do to continuously improve. You can access the full version of the *Outcomes Report* [here](#).

## Response to COVID-19

Despite the challenges posed by the COVID-19 pandemic, the organisation delivered a full and comprehensive *Outcomes Report* in 2020, demonstrating the commitment of all SPMHS staff to continuously measure and improve its services.

In response to the national public health restrictions resulting from the pandemic, from March 2020, some of SPMHS' services transitioned to remote participation via audio-visual technology.

Remote delivery of care was offered across inpatient services, day services and the community Dean Clinics, based on a service user's assessment of needs. These technology-mediated interventions did not replace inpatient admission for those requiring care delivered on-site. SPMHS introduced a Homecare service, offering all the elements of our inpatient services, but provided remotely in the service user's own home.



Homecare provides the highest levels of one-to-one mental health support, delivered remotely through daily or more frequent contact over videocall and other technological channels.

### Prompt Assessment of Needs (PAON)

In response to feedback from service users and referrers in recent years about waiting times to access initial outpatient assessment in the Dean Clinics, the PAON was introduced as a way to improve how referrals are assessed and to improve speed of access. Any referrals received for Dean Clinic assessment are transferred into the new Referral and Admissions service (R&A) 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 are used to provide the assessment. The choice of communication with the R&A is based on the preference of the service user.

### Outcomes of the PAON assessments

The table below provides the number and percentages of adult PAON assessments completed and the outcome of each PAON in 2019 and 2020. These results identify the immediate outcome of the PAON assessment. There was a decrease of 19% (number 241) adult PAONs in 2020 in comparison to PAONs completed in 2019. This decrease was due to low numbers of PAON referrals received throughout the second and third quarters of 2020 - when GPs were seeing lower numbers of patients in person due to public health restrictions. The number of referrals increased in the fourth quarter.

	2019		2020	
	Number	%	Number	%
Dean Clinic referral	963	77.9%	798	80.2%
Discharge	183	14.8%	59	5.93%
Admission Referral	90	7.3%	138	13.87%
<b>Total</b>	<b>1,236</b>	<b>100%</b>	<b>995</b>	<b>100%</b>

A discharge following a PAON assessment occurs when the service user did not receive further services from SPMHS following the assessment. This could be because the service user declined an offer of service or SPMHS did not have appropriate services to offer on this occasion.

# Clinical outcomes

## Clinical Global Impression and Children's Global Impression Scales

The Clinical Global Impressions Scale 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 MDT on a scale of one to 100, which reflects the individual's overall functioning level.

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

	2018 Total	2019 Total	2020 Total
1. Very much improved	8%	7%	9%
2. Much improved	42%	44%	40%
3. Minimally improved	19%	23%	29%
4. No change	7%	5%	10%
5. Minimally worse	1%	0%	1%
6. Much worse	0%	0%	0%
7. Very much worse	0%	0%	0%
Not scored	24%	21%	10%

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

Children's Global Assessment Scale		2018		2019		2020	
		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%	1%	0%	1%
70 - 61	Some difficulty in a single area, but generally functioning pretty well	0%	21%	0%	49%	1%	41%
60 - 51	Variable functioning with sporadic difficulties	0%	62%	0%	33%	1%	41%
50 - 41	Moderate degree of interference in functioning	41%	13%	25%	2%	17%	9%
40 - 31	Major impairment to functioning in several areas	46%	3%	59%	5%	67%	8%
30 - 21	Unable to function in almost all areas	13%	0%	12%	2%	9%	0%
20 - 11	Needs considerable supervision	0%	0%	4%	1%	2%	0%
10 - 1	Needs constant supervision	0%	0%	0%	0%	0%	0%
	Not scored	0%	3%	1%	6%	1%	0%
	Mean +/- SD	38+/-6	56+/-6	36+/-6	58+/-10	36+/-7	57+/-9
	Median	39	58	38	61	35	59
	Wilcoxon Signed Ranks Test	Z = -7.525	p<.001	Z = -7.517	p<.001	Z = -5.973	p<.001



The LDQ is a 10-item questionnaire, designed to screen for mild to severe psychological dependence of 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.

### Alcohol and Chemical Dependency and Dual Diagnosis: Programme outcomes

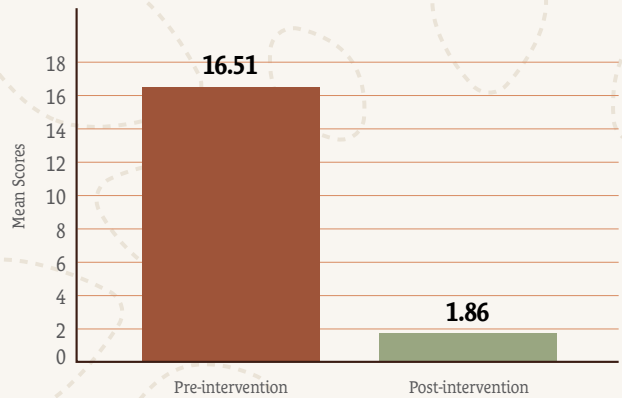
The Alcohol and Chemical Dependence Programme (ACDP) is designed to help individuals with alcohol and/or chemical dependence/abuse to achieve abstinence by enabling them to develop an increased awareness of the implications and consequences of their drinking/drug-taking.

The Dual Diagnosis Programme is designed for adults with a dependence on alcohol or chemical substances, and who 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.

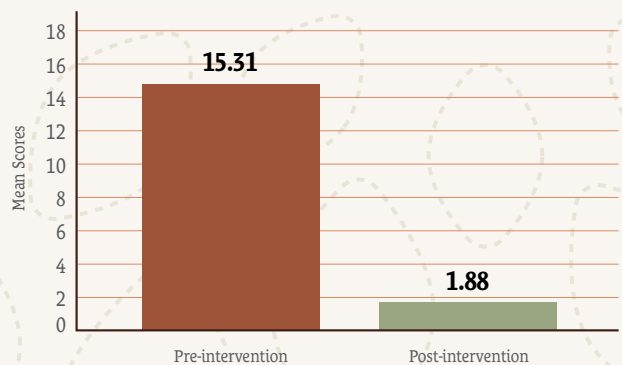
Since 2014, both the ACDP and Dual Diagnosis programmes have used the Leeds Dependence Questionnaire (LDQ) to measure the clinical outcomes of these multidisciplinary stepped care programmes.

#### Total scores on Leeds Dependency Questionnaire

ACDP: LDQ Total Scores 2020



Dual Diagnosis Programme: LDQ Total Scores 2020



## Coping with COVID-19 for Older Adults (CoCoa): Clinical outcomes

CoCoa is a new group programme which was devised and launched in 2020 in response to the mental health needs of older adults in the context of the COVID-19 pandemic. The programme aims to support older adults in coping with the challenges of COVID-19, while nurturing a broader sense of curiosity and openness to psychological approaches to mental health and wellbeing.

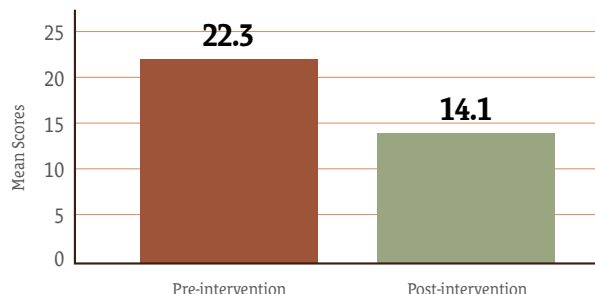
The programme encourages the development of an increased sense of agency over mental health management and connection with others, in line with research supporting the use of group programmes with older adult service users and emergent research highlighting approaches to supporting mental health during a pandemic. The group is held online and runs for four weekly sessions, with a closed group format. It follows an integrative approach, drawing upon a number of models including Compassion Focused therapy, Dialectical Behaviour therapy, Radically Open Dialectical Behaviour therapy and trauma-informed approaches.

Four cycles of the programme ran in 2020 and it continues to be offered into 2021 as the need has continued. The outcome measure used by the CoCoa programme is the Depression Anxiety Stress Scale (DASS). The DASS is a self-report measure designed to assess emotional difficulties associated with depression, anxiety and stress using a dimensional model. It is made up of three scales which assess emotional states of depression, anxiety and stress.

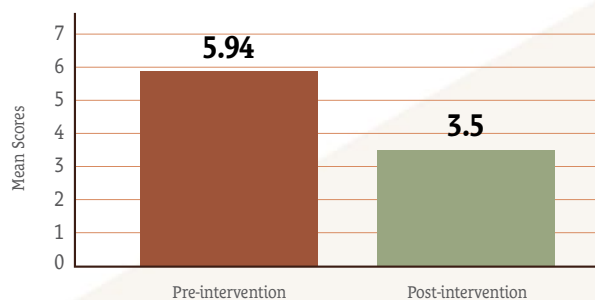
Analysis revealed that participants experienced significantly less psychological distress after completing the programme and reported experiences of anxiety, depression and stress all decreased.

### DASS score and sub-scale scores pre and post-intervention

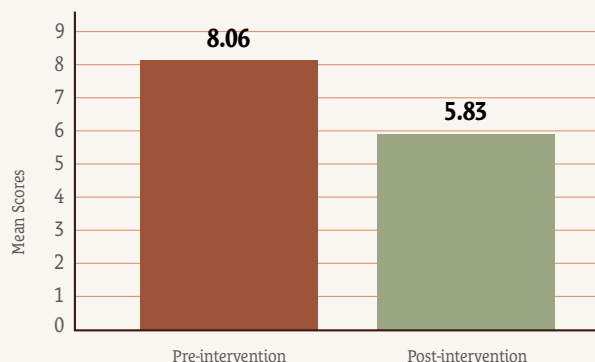
Total Mean Scores



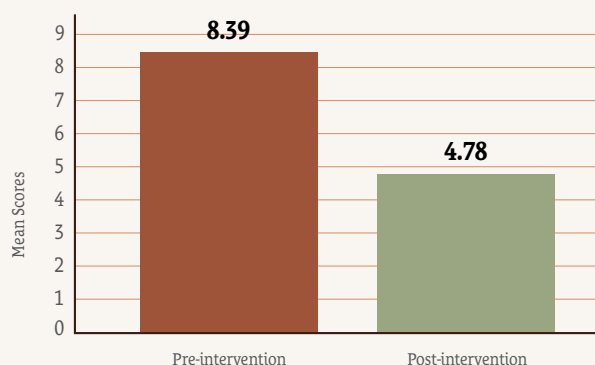
Anxiety Subscale Scores



Stress Subscale Scores



Depression Subscale Scores



### Living Through Distress (LTD) Programme: Clinical outcomes

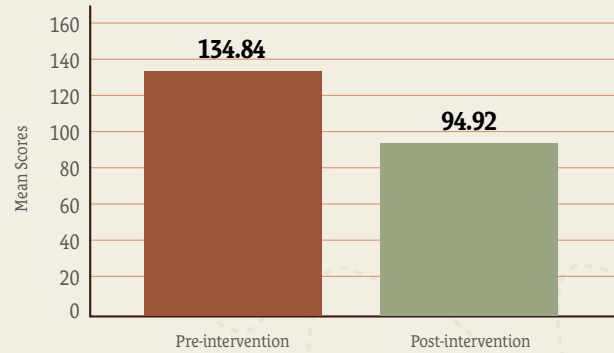
LTD is a DBT programme. The programme aims to teach emotional regulation, distress tolerance, mindfulness and interpersonal effectiveness skills for individuals who experience out of control behaviour in the context of emotional dysregulation. It provides a number of modes of intervention; group skills training, individual DBT sessions, phone coaching and a DBT consultation team. Skills that aid individuals to regulate their emotions are at the core of LTD.

LTD focuses on both change and acceptance skills to help participants develop new solutions to the problems in their lives. For participants with pre and post data, significant improvements were observed in increased mindfulness, better ways of coping, increased distress tolerance and increases in emotion regulation. Effect size calculations demonstrated medium effect sizes.

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

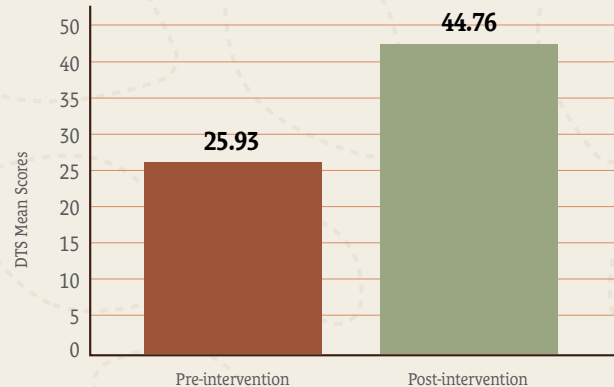
Difficulties in Emotion Regulation Scale



Note: Higher scores indicate greater difficulties with emotion regulation

### Distress Tolerance Scale Total Scores

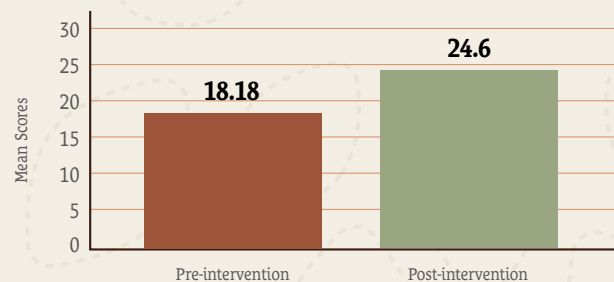
Distress Tolerance Scale Scores 2020



Note: Higher scores indicate increased ability to tolerate distress

### Cognitive and Affective Mindfulness Scale Total Scores

Cognitive and Affective Mindfulness Scale 2020



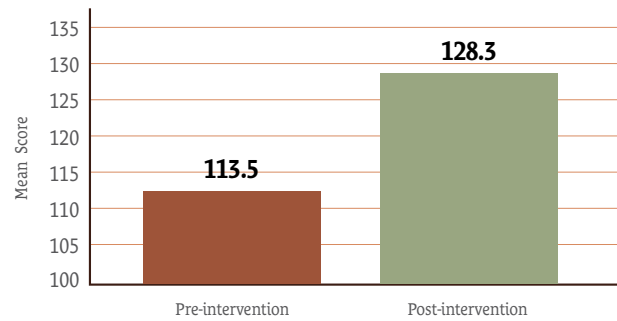
## Mindfulness Programme: Clinical outcomes

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. This indicates that the programme continues to be successful in helping service users develop their capacity for mindfulness in daily life.

## Five Facet Mindfulness Scale Mean Total Scores pre and post-intervention

FFMQ Total Scores 2020



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





# Feedback of care and treatment

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

*Respondents' ratings of care and treatment and overall experience of the hospital*

How would you rate?	No.	Mean	Standard Deviation
Your care and treatment in hospital	166	7.28	2.56
The hospital, overall	166	7.29	2.64

Additional surveys were introduced from March 2020 for those engaged in remote technology-mediated services. These surveys were designed differently to the on-site service survey as they were intended to inform the service users' experience of services and the technology used to mediate the services. Those who completed the Service User Satisfaction Survey within our Homecare service demonstrated a high level of satisfaction with the care they received.

*Respondents' ratings of care and treatment and overall experience of Homecare*

How would you rate?	No.	Mean	Standard Deviation
Your care and treatment on Homecare	52	7.09	0.84
The hospital, overall	51	6.1	1.09

# Evaluating the Outcomes Report

## Report strengths

SPMHS continues to lead by example by providing such a detailed insight into service accessibility, efficacy of clinical programmes and service user satisfaction. Outcome measures were added for one programme in 2020. Reporting this breadth of routinely collected clinical outcomes demonstrates a willingness to constantly re-evaluate the efficacy of our clinical programmes/services in an open and transparent way.

Well established in the 2020 comprehensive *Outcomes Report* is a detailed Service User Experience Survey encompassing feedback on all areas of service delivery within SPMHS, reinforcing the organisation's commitment for service user-centred care and treatment. The Service User Experience Survey expanded this year to include surveys for people accessing our services remotely via technology.

## 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. Following a review in 2019 of the content and structure of the survey, a new service user experience survey was introduced on 1 January, 2020 with more concise and carefully selected questions focusing on the key aspects of services and the service user experience. However, it is difficult to assess the impact of these changes as the COVID-19 pandemic created huge challenges for the service users and staff of SPMHS in the completion and delivery of surveys. As a result, completion rates remained lower than we would have targeted at the start of 2020.

# St Patrick's

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