



Outcomes Report Summary

2022

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 an overview in relation to analysis of some of the clinical outcomes for services provided by SPMHS. The full report can be accessed [here](#).

The *Outcomes Report* measures is the twelfth 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.

Despite the challenges posed by a third year of the COVID-19 pandemic, the organisation delivered a full, comprehensive *Outcomes Report* in 2022, demonstrating the commitment of SPMHS' staff to continuously monitoring and improving our services. Since March 2020, many of SPMHS' services have transitioned to a remote model of care, and in 2022, remote care was offered across the Homecare service, day services and outpatient services, based on an assessment of the service users' needs.

Technology-enabled care has not replaced inpatient admission or other on-site care delivery where needed. SPMHS continued to deliver the Homecare service in 2022, offering all the elements of inpatient services, but provided remotely in the service users' own home.

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



Clinical outcomes

Clinical Global Impression and Children's Global Impression Scales

The Clinical Global Impressions 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 7-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 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)

| | 2020 Total | 2021 Total | 2022 Total |
|-----------------------|------------|------------|------------|
| 1. Very much improved | 9% | 8% | 5% |
| 2. Much improved | 40% | 41% | 41% |
| 3. Minimally improved | 29% | 29% | 29% |
| 4. No change | 10% | 12% | 8% |
| 5. Minimally worse | 1% | 1% | 0% |
| 6. Much worse | 0% | 0% | 0% |

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

| Children's Global Assessment Scale | | 2020 | | 2021 | | 2022 | |
|------------------------------------|---|------------|--------|------------|---------|------------|---------|
| | | 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% | 1% |
| 80 - 71 | No more than a slight impairment in functioning | 0% | 1% | 0% | 0% | 1% | 2% |
| 70 - 61 | Some difficulty in a single area, but generally functioning pretty well | 1% | 41% | 1% | 19% | 2% | 20% |
| 60 - 51 | Variable functioning with sporadic difficulties | 1% | 41% | 3% | 37% | 12% | 31% |
| 50 - 41 | Moderate degree of interference in functioning | 17% | 9% | 17% | 28% | 40% | 31% |
| 40 - 31 | Major impairment to functioning in several areas | 67% | 8% | 67% | 15% | 35% | 11% |
| 30 - 21 | Unable to function in almost all areas | 9% | 0% | 9% | 0% | 10% | 2% |
| 20 - 11 | Needs considerable supervision | 2% | 0% | 3% | 1% | 0% | 0% |
| 10 - 1 | Needs constant supervision | 0% | 0% | 0% | 0% | 0% | 0% |
| | Not scored | 1% | 0% | 1% | 0% | 0% | 3% |
| | Mean +/- SD | 36+/-7 | 57+/-9 | 37+/-7 | 51+/-10 | 41+/-9 | 52+/-11 |
| | Median | 35 | 59 | 37 | 52 | 41 | 52 |
| | Wilcoxon Signed Ranks Test | Z = -5.973 | p<.001 | Z = -8.558 | p<.001 | Z = -7.745 | p<.001 |



Alcohol and Chemical Dependency and Dual Diagnosis: Programme outcomes

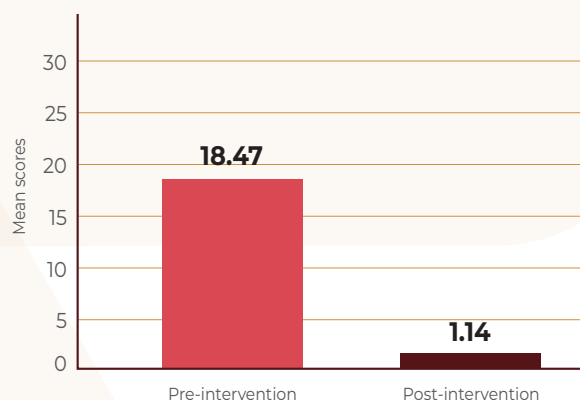
The Alcohol and Chemical Dependence Programme (ACDP) is designed to support individuals with alcohol and/or chemical dependence or abuse to achieve abstinence by enabling them to develop an increased awareness of the implications and consequences of their drinking or drug-taking. The 'staged' recovery programme is delivered by psychiatrists, addiction counsellors and ward-based nursing staff, with input from other disciplines including psychology, social work and occupational therapy.

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 service users 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.

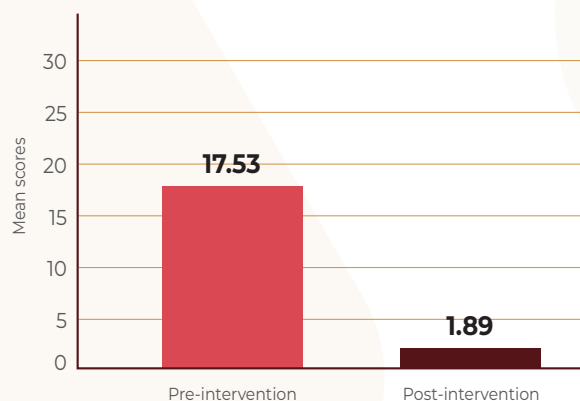
Since 2014, both the ACDP and Dual Diagnosis programmes have used the Leeds Dependence Questionnaire (LDQ), to measure the clinical outcomes of these multidisciplinary stepped care programmes. The LDQ is a 10-item questionnaire, designed to screen for mild to severe psychological dependence to a variety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

Addiction and Chemical Dependency Programme:
LDQ mean scores



Dual Diagnosis Programme:
LDQ mean scores



The Eating Disorders Programme

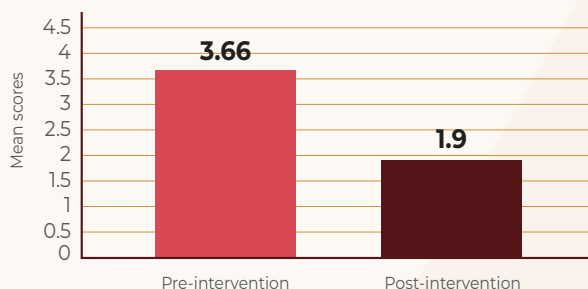
The Eating Disorders Programme is a service specifically oriented to meet the needs of people with anorexia nervosa, bulimia nervosa, binge eating disorder and other specified feeding and eating disorders (OSFED). The objective of the programme is to address the physical, psychological and social issues 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 behavioural therapy treatment model which is applied throughout inpatient, day service and outpatient treatment stages, as needed by the service user. The programme is structured into three stages. Initially service users are assessed at the Dean Clinic. The typical care pathway then involves inpatient care, day care and follow-up outpatient care. Treatment can also be provided in a standalone capacity as an inpatient, day service user or an outpatient.

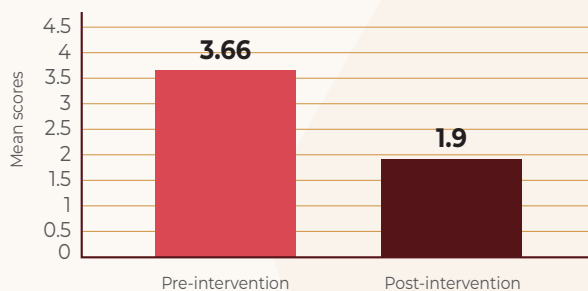
The Eating Disorder Examination Questionnaire (EDE-Q) is a self-report version of the Eating Disorder Examination which is considered to be the 'gold standard' measure of eating disorder psychopathology. Respondents were asked to indicate the frequency of certain behaviours, as well as attitudinal aspects of eating disorder psychopathology on a seven-point rating scale. This measure was completed by service users pre and post-inpatient programme participation and showed clinically significant improvements in service users' mean scores. These improvements were demonstrated for the total EDQ scores and for each of the four subscales.

EDE-Q Global and subscale scores pre and post-intervention

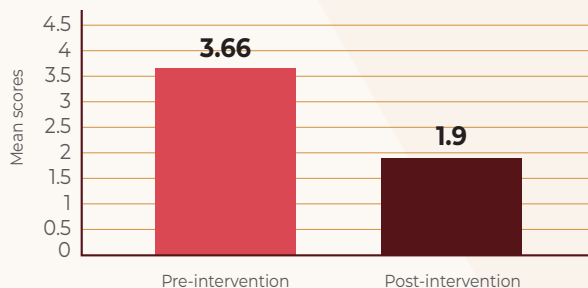
EDE-Q total score



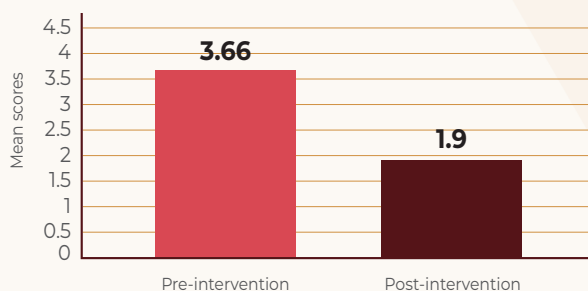
EDE-Q restriction subscale scores



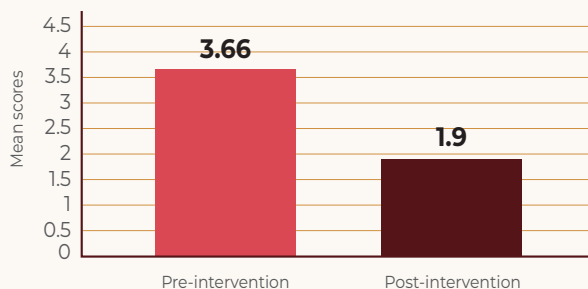
EDE-Q eating concern subscale scores



EDE-Q shape concern subscale scores



EDE-Q weight concern subscale scores



Dialectical Behaviour Therapy (DBT) Programme

The DBT 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. DBT is a multimodal staged psychotherapeutic approach. The DBT programme at SPMHS is a stage one DBT programme “focusing on moving from out-of-control behaviour to behaviour control, even (or especially) in the presence of high-intensity emotions.” (Rizvi & Sayrs, 2020).

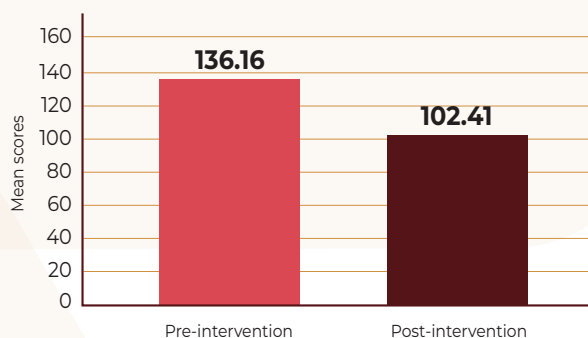
Service user behaviours determine the stage of treatment and this determination is done via assessment (not just based on reports of diagnostic status). DBT stage one targets life-threatening behaviours, severe therapy interfering behaviours and severe quality of life interfering behaviours. It provides a number of modes of intervention, group skills training, individual DBT sessions, phone coaching and availability of a DBT consultation team. In addition to the Comprehensive DBT streams, in 2021 a DBT skills group was established.

The graphs below show the results for the Comprehensive DBT programme, that consists of four DBT modes (skills training, one-to-one therapy, phone coaching and weekly therapist consultation team meetings). Some 24 group sessions occur in a three-month period, and eight one-to-one sessions are offered across the 12 weeks.

The four 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); the Cognitive and Affective Mindfulness Scale; (measuring the willingness and ability to be mindful, particularly related to psychological distress); and the Ways of Coping Checklist (measuring the thoughts and acts that people use to deal with the internal and/or external demands of specific stressful encounters). Significant improvements were observed in use of mindfulness, coping styles, distress tolerance and emotion regulation.

Difficulties in Emotion Regulation Scale Total scores 2022

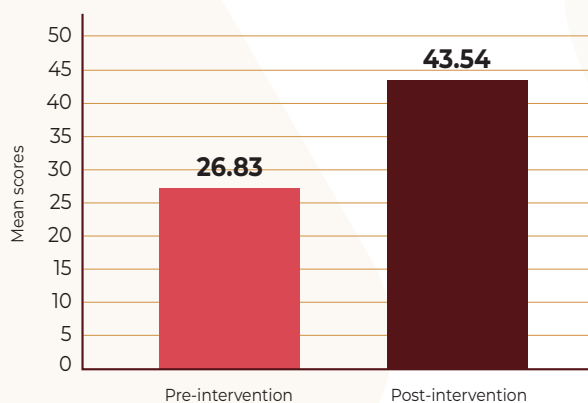
Total DERS scores



Note: Higher scores indicate greater difficulties with emotional regulation.

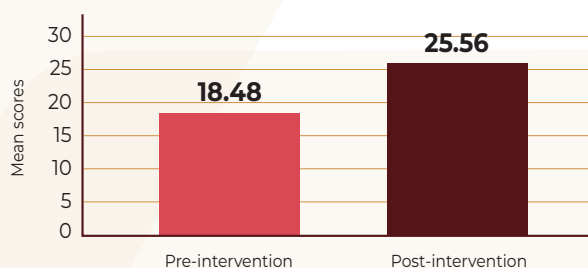
Distress Tolerance total scores pre and post-intervention

Total Distress Tolerance scores



Cognitive and Affective Mindfulness total scores pre and post-intervention

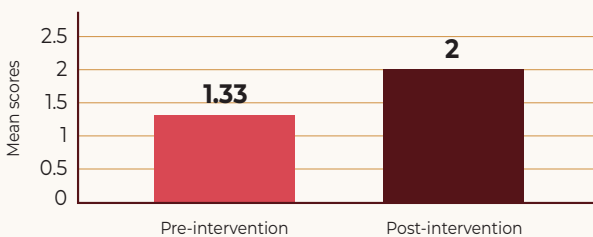
Total CAMS-R scores



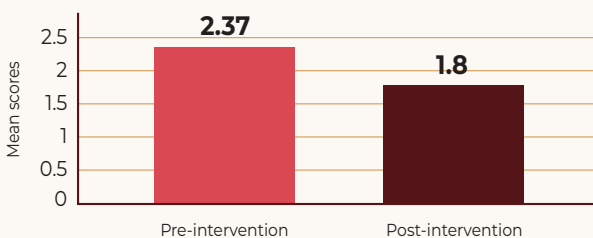
(DBT Programme: Outcomes continued)

Ways of Coping Checklist (WCCL) subscale scores

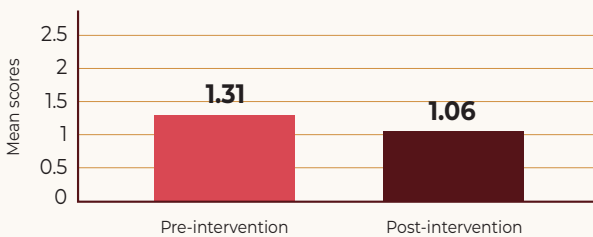
WCCL DBT Skills



WCCL Dysfunctional Coping



WCCL Blaming Others



Mindfulness Programme: Clinical outcomes

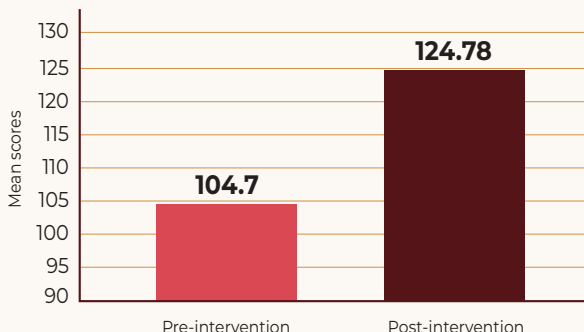
The Mindfulness Programme provides eight weekly group training sessions in mindful awareness. The course is offered online and in the evening to accommodate service users unable to attend during the day. The group is facilitated by staff trained with level one teacher training in mindfulness from Bangor University, Wales. 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 mean score differences



Note: Higher scores indicative of greater mindfulness.



Service users' feedback of SPMHS

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

Adult inpatient service

Respondents' ratings of care and treatment and overall experience of the hospital (1 = lowest, 10 = highest).

| How would you rate? | No. | Mean |
|-------------------------------------|-----|------|
| Your care and treatment in hospital | 276 | 7.76 |
| The hospital, overall | 279 | 7.69 |

Homecare service

Respondents' ratings of care and treatment while attending SPMHS and overall experience of SPMHS (1 = lowest, 10 = highest).

| How would you rate? | No. | Mean |
|-------------------------------------|-----|------|
| Your care and treatment on Homecare | 59 | 8.1 |
| Your overall experience of SPMHS | 56 | 8.0 |



Report strengths

SPMHS is committed to the highest levels of transparency and through the *Outcomes Report*, we provide a detailed insight into service accessibility, efficacy of clinical programmes and service user experience. Reporting this breadth of routinely collected clinical outcomes demonstrates a willingness to constantly reevaluate the efficacy of clinical programmes and services in an open and transparent way. A detailed service user experience survey, encompassing all service delivery within SPMHS, is now well established, reinforcing the organisation's commitment for service user-centred care and treatment.

In 2022, significant improvements were made in the overall service user experience survey response rates through changes in processes, including increased focus on technology-enabled surveys. Despite the ongoing challenges presented by COVID-19 over the last number of years, two additional programmes were developed by SPMHS and are included in this year's *Outcomes Report*; The Bipolar Recovery Programme and The Emotion-Focused Therapy Programme for Young Adults. Technology-enabled care continues as an effective option for clinical service delivery and for providing access and convenience to service users.

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 there is no access to comparable reports.

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 Outcomes Report can be referenced as follows: St Patrick's Mental Health Services (2022) Outcomes Report 2022; Dublin, Ireland, online. Available at: <https://www.stpatricks.ie/media-centre>



St Patrick's
Mental Health Services



James' Street, Dublin 8, Ireland
phone: +353 1 249 3200
fax: +353 1 679 8865
email: info@stpatricks.ie
visit: www.stpatricks.ie