Outcome Orientated Mental Health

# Beyond Diagnosis: Outcome Orientated Approaches to Mental Health Services

Sami Timimi

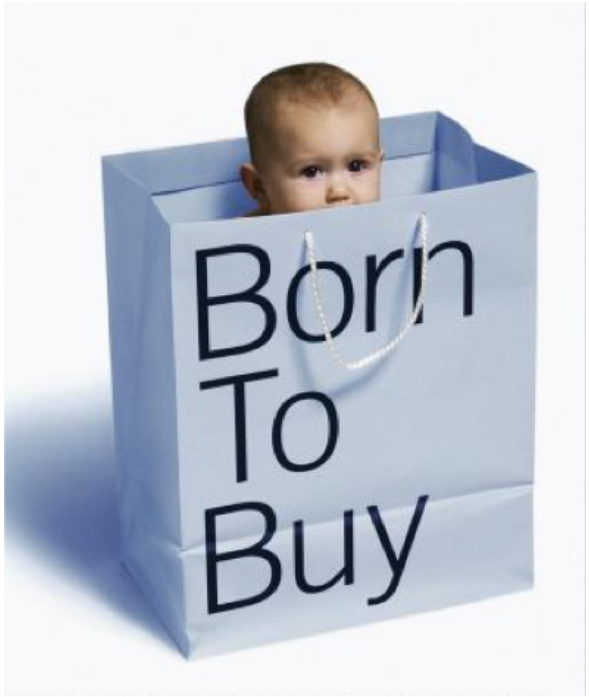
# The bad news about services

- 50-70% can recover or significantly improve according to research.
- 75% entering community MH treatments in US no improvement.
- 15% in UK achieve recovery (CMHT, IAPT).
- No improvement in population MH in Australia last 2 decades– poor 'Mental Health knowledge' a protective factor!
- 24% entering community CAMHS get worse.
- Drop out rates of 40-60% in some CAMHS.

# Long term patients

- US: Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) increased nearly two and a half times between 1987 and 2007—from one in 184 Americans to one in 76. For children – a 35-fold increase in the same two decades. Mental illness is now the leading cause of disability in children, well ahead of physical disabilities like cerebral palsy or Down syndrome, for which the federal programs were created.
- UK: **Mental illness became the leading reason for DLA in 2011**. About 50% is for the diagnosis 'depression'.

# Cultural and political drivers




- Scientism (discovering laws)
- Neo-liberalism (commodification)
- Colonial globalisation (exporting beliefs, values and practices)

# The Vision of a psychiatric technology

- A valid classification system.
- biological and psychological causal pathways.
- Technological treatments that can be applied independently of context.

# The technical model

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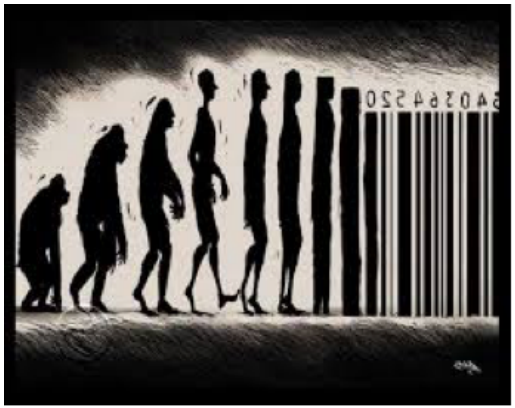
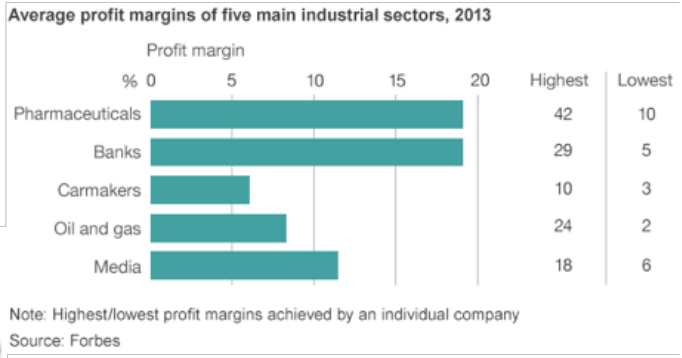
# Capitalist world of Mental Health






Commodification

=

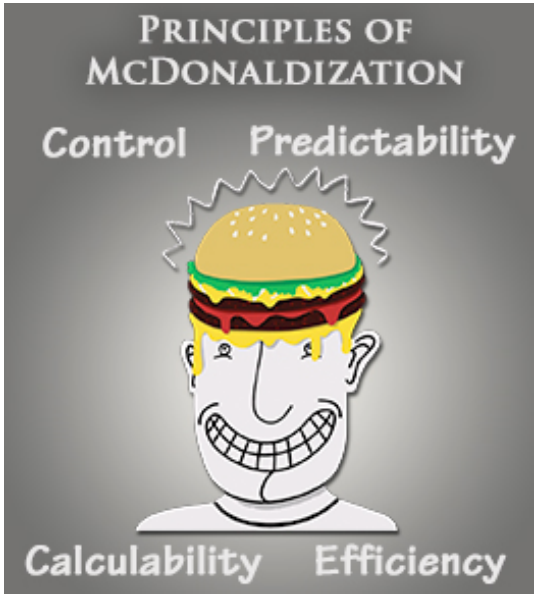
Exploitation

+

Individualisation

# McDonaldisation

- '**Branding**' exploits fears and desires.
- Danger of approaches being 'commodified'
- Found in individualised notions such as diagnosis, drug treatment.
- Psychotherapy battle of the brands.
- Evidence shows little 'extra value' for any Mental Health brand.



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# A game of semantics

What is ADHD?

What is Diabetes?

This kid is hyperactive and can't concentrate, what's causing that?

How do you know it's ADHD?

# A lack of evidence for psychiatric diagnosis

- No aetiological markers/findings just assumptions.
- Poor validity – e.g. high co-morbidity
- Poor reliability – some no better than chance.
- Increases stigma.
- Not relevant for outcome from treatment.
- Public education campaigns – increase rates of diagnosis, use of psychiatric medication, but doesn't improve outcomes.

# Key findings from outcome research

- Research finds therapy is effective for mental health problems
- Model or technique has a minimal impact on outcomes.
- Extra-therapeutic factors such as social circumstances and motivation have biggest impact on outcomes
- Quality of therapeutic alliance important.
- **Regular monitoring of progress and alliance improves outcomes (10 RCTs of Feedback based systems).**

# Technique or relationship?

# Key ideas

- Believe everyone can recover and knows how to – the challenges they face are human more than ‘technical’.
- Monitor outcomes and have discussion, do something different if no improvement.
- Aim to discharge as soon as you can.
- Risk is best managed by meaningful alliance.

# Feedback in clinical settings (PCOMS): Partners for Change Outcomes Management Systems

- Community Health and Counselling Services in Maine: Number of patients seen for more than two years **reduces by two-thirds post-PCOMS implementation**.
- Southwest Behavioral Health Services, Arizona (all age mental health services): Average length of an episode of care in children's services **from 315 days to 188**. Length of stay in adult **322 days to 158**. DNAs down by 47%.
- Center for Family Service, Florida. **Using 40% fewer sessions** to achieve program goals. DNAs down by 25%.

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Welcome to the OO-AMHS e-learning Modules

Click here to login

Outcome Orientated Approaches to Mental Health Services (OO-AMHS)

**A UK e-learning package to Implementing the Heart and Soul of Change Project's Partners for Change Outcome Managment System (PCOMS)**

**O**utcome **O**rientated **A**pproaches to **M**ental **H**ealth **S**ervices (OO-AMHS) won an East Midlands, Health, Education and Innovation Clusters (HEIC) Regional Innovations Award in May 2011.

OO-AMHS is a whole service model that draws on a large international evidence base that has consistently shown certain extra-therapeutic factors (such as social context) and intra-therapeutic factors (such as therapeutic relationship) are most likely to influence outcome. OO-AMHS is designed to incorporate this evidence into a whole service model that can improve outcomes for those experiencing mental health problems, at the same time as maximising efficient use of resources. OO-AMHS seeks to engage service users, and promote recovery thinking at the same time as respe
face.

thebmjawards

CAMHS OUTCOMES

## It's all about the outcomes

Child psychiatrist **Sami Timimi** outlines how he led the development of an outcomes orientated service model for delivering CAMHS in Lincolnshire

**The Outcomes Oriented (OO)** CAMHS model has been developed and implemented in a community CAMHS team in Lincolnshire. It won an East Midlands Regional Innovation Fund award in November 2010 to help develop the model and implement it across Lincolnshire CAMHS. The model

person. Complex cases can be created by over intervention that distances people from their existing strengths, abilities and resilience and instead reinforces feelings of vulnerability and lack of resources. We try to avoid more than one agency working on any one problem at any one time and use professionals

patient of how they are progressing can by itself improve the outcome. If there is no sign of progress after 3-6 sessions, there is a high risk of no improvement from treatment (Lutz et al, 2009). Monitoring outcomes keeps the clinician focused on whether what they and their patients are doing together is making a

Quality and Productivity: Proposed Case Study

Improving the efficiency of mental health services: an outcome orientated model

Provided by: Lincolnshire Partnership NHS Foundation Trust

Publication type: Proposed quality and productivity example

Sharing QIPP practice: What Productivity' examples?

QIPP Evidence provides users with pra
productivity challenge in health and soc

The British Psychological Society
Learning Centre

OUTCOMES ORIENTATED CHILD MENTAL HEALTH SERVICES

OO-CAMHS

A UK Implementation of the Heart an Partners for Change Outcome Mana

Service Transform

Sami Timimi
Dianne Tetley
Wayne Burgoine

# Outcome Orientated Child and Adolescent Mental Health Services (OO-CAMHS): A whole service model

**Sami Timimi[1], Dianne Tetley[2], Wayne Burgoine[3] and Gill Walker[4]**

**Abstract**

The international evidence base on factors that most influence outcomes in mental health care finds that matching therapeutic intervention to diagnosis has a clinically insignificant impact on

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# The CORE of OO-CAMHS

- **CONSULTATION**: pay attention to extra-therapeutic factors
- **OUTCOME**: Monitor outcome session-by-session/ regularly. If no change by session 5, review with patient and MDT.
- **RELATIONSHIP**: Monitor the alliance regularly.
- **ETHICS OF CARE**: Develop a whole team ethos. Teams are the drivers of change.

# Consultation

- Patient/extra-therapeutic = 40-87% variance of outcome.
- Who is best placed to have a meaningful relationship with patient? Multi-agency consultation.
- Are circumstances favourable for treatment? How stable is the extra-therapeutic context.
- Is more than one agency working on same problem? Avoid duplication. Complex cases are often created.
- Match clinician to patient from first appointment.
- Avoid long term treatment with no discernable or measurable benefit.

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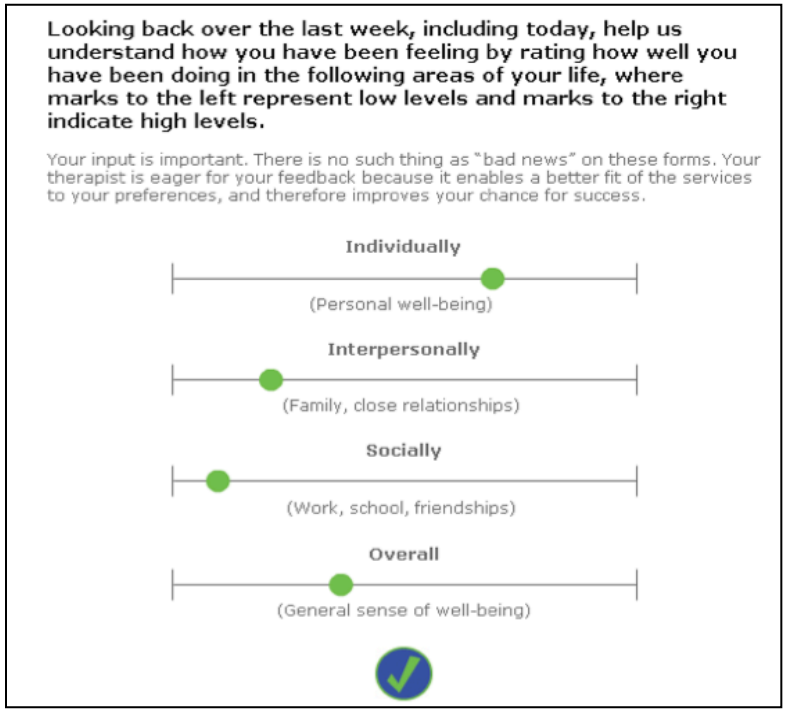
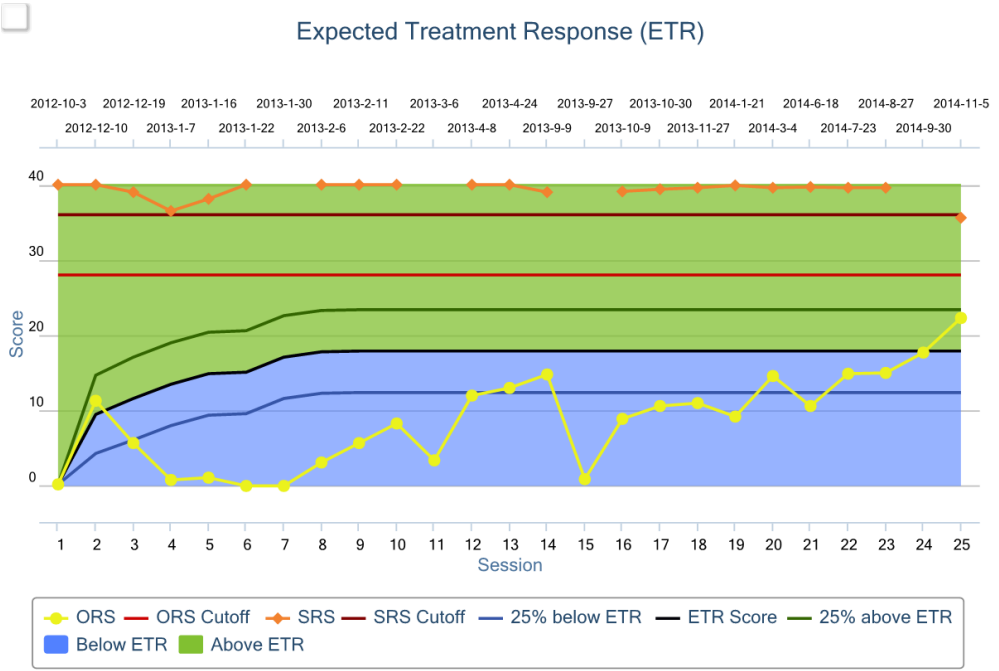
# ORS: Measuring Outcome




- At each session, a brief four-item self-report instrument.
- Takes less than one minute to complete when used to it.
- Rater tells you what their rating means.
- Orients away from symptoms and toward functioning.
- Increase in scores means focus on strengths enabled.
- Helps personal goal setting.

# No improvement after 5 sessions?

- Discuss with patient.
- Discuss with family.
- Discuss with MDT/ supervision.
- Change approach.
- Change clinician.
- Carry on for agreed period.



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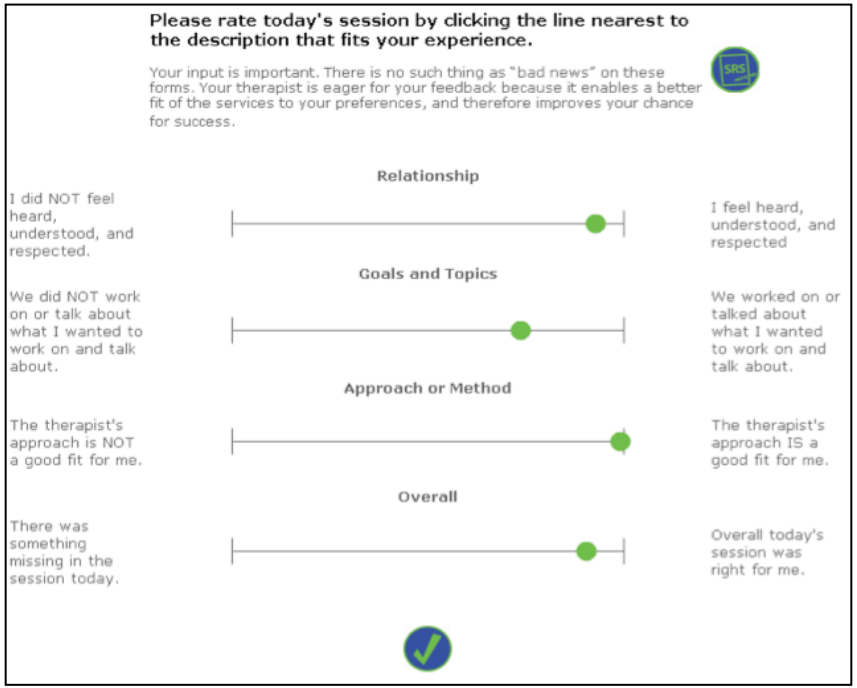
# SRS: tracking the Alliance

- The Session Rating Scale introduces ‘checking in’ ritual.
- Keeps tabs on the on-going therapeutic alliance.
- Also ultra-brief four items.
- Enables co-construction of therapy.
- Enables on-going dialogue about treatment.



# Ethics of care

- Most ‘transformation’ projects fail at implementation and then maintenance phases.
- Like patients, clinicians work better when they feel valued, listened to, and taken seriously.
- Create culture that is interested in outcomes and values patients’ perspective (like Open Dialogue).
- Build strong culture of clinical feedback and supervision.
- Be prepared to fail ‘successfully’
- Evidence base everything!

# Abandon yes/no diagnostic constructs

- De-pathologise, de-stigmatise.
- Open to alternative narratives and ‘reframes’. Diagnosis describes but cannot explain.
- Open to ‘normalising’ perspectives.
- Engage with reasons in preference to causes.
- Open to relational paradigms.
- Avoid exposure to psychoactive medicines.

# Data comparison 2011

## OO-AMHS team

104 patients

- Over 2 years: 9%
- Over 1 year: 28%
- Tier 4: 1% (1 pt.)
- DNA: 7%
- Cancellation: 11%

## Non-OO-AMHS team

168 patients

- Over 2 years: 34%
- Over 1 year: 58%
- Tier 4: 9% (15 pt.)
- DNA: 11%
- Cancellation: 10%

Average effect size of change in discharged: 1.2 in OO-CAMHS

# Data comparison 2011-2014

## Pre-OO-AMHS implementation (October 2011)

168 patients

- Over 2 years: 34%
- Over 1 year: 58%
- Tier 4 (I/P): 9% (15 pts.)

## post-OO-AMHS implementation (March 2014)

161 patients

- Over 2 years: 18%
- Over 1 year: 29%
- Tier 4 (I/P): 2% (3 pts.)

76% clinically significant change/above cut off by discharge in OO-CAMHS

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## Aggregate Stats: LPFT-NHS-A

Print Stats | Exclude Feedback Sources

Tags: Apply Tags

Mouse over terms to see definitions

| | | Active | Inactive |
|---|---|---|---|
| Overall Change | Average Intake ORS (based on all first session admins) | 20.8 | 20.2 |
| | Average Most Recent ORS | 26.2 | 28.3 |
| | Average Raw Change | 5.6 | 8.6 |
| | Pre-Post Effect Size (ES) | 0.7 | 1.1 |
| Sessions | Total Sessions | 9742 | 18461 |
| | Total Attended Sessions | 9616 | 18093 |
| | Average Number of Sessions* | 4.4 | 4.1 |
| | Total Skipped Sessions | 126 | 368 |
| | Total DNA Sessions | 27 | 28 |
| | Total Cancelled Sessions | 0 | 1 |
| | Percent Skipped Sessions | 1.3 | 2 |
| Time and Treatment | In Service for more than one year | 792 (49.5 %) | 249 (0 %) |
| | In Service for more than two years | 412 (25.8 %) | 25 (0.8 %) |
| | Average Treatment Duration | 194.9 | 141.7 |
| Recovery | Number with positive change of 5 or more | 796 (49.8 %) | 2043 (63.2 %) |
| | Number above the clinical cut-off | 787 (49.2 %) | 1932 (59.7 %) |
| | Number above the clinical cut-off and / or have achieved a positive change of 5 points or more | 1041 (65.1 %) | 2431 (75.2 %) |
| | Number with no change | 379 (23.7 %) | 560 (17.3 %) |
| | Number with deteriorating change of 5 points or more | 178 (11.1 %) | 243 (7.5 %) |
| Clients | Total Clients | 2534 | 4658 |

Open

Discharged

Effect size

Percentage significant improvement/recovered

Number of cases

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# Certificate for
# Trainer in Outcomes-orientated Approaches Service Transformation (TOAST)

**Course facilitators**: Sami Timimi, Dianne Tetley, Gill Walker

**Start date**: January 2016

**End date**: December 2016

**Face to face training**: Will take place on Monday the 7th and Tuesday the 8th of March at the Everyday Champions Centre in Newark (please see http://www.everydaychampionscentre.org.uk). A further day of face to face training will take place in November 2016.

**Cost**: **£1250** per person.

**To book a place**: Please contact Vicki Dowse at Vicki.Dowse@LPFT.nhs.uk or 01529 416255.

**Qualification**: Certificate of completion accredited by the ***British Psychology Society***. Completion of the advanced level training, leads to recognition as an approved trainer in Outcomes Orientated Approaches to Mental Health (approved OO-AMHS trainer).

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MyOutcomes® UK Improve Outcomes, Reduce Cost

Many thanks

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