ROM – the Dutch perspective

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Where do we come from?

- 2008 – Start of ROMCKAP (Routine Outcome Monitoring Consortium Child and Adolescent Psychiatry) by 16 CAMH institutes – inspired by CORC!
- Mission:
  - Improve care by systematically measuring relevant characteristics before, during and after care
  - By providing feed back at three levels:
    - Individual (client & therapist)
    - Institutional (management)
    - Supra-institutional (CAMHS)

Where do we come from?

- 2009 – Start of national ROM-initiative for mental health in general
- Coalition of professional associations with health insurance companies
- National standard for assessing three domains:
  - Level of psychopathology
  - Functioning in daily life
  - Quality of life
- ROM to provide feed back for improving care, but also to be used by health insurance companies for *benchmarking*
- Health insurance companies reinforce participation through budgetary consequences

Lessons learned in initial phase

- Gross underestimation of logistic support needed within institutions
- Gross underestimation of level of difficulty of ICT
- Budgetary consequences improved participation but polarized field
- Stereotypes:
  - Professionals: ROM data are irrelevant for treatment, don't represent quality of care, and are therefore not fit for benchmarking
  - Health insurance companies: Mental health professionals are not willing to take responsibility for quality and account for it

Zooming in on CAMH

- Minimal dataset:
    - Level of psychopathology: SDQ or ASEBA (CBCL, YSR, TRF)
    - Functioning in daily life: HoNOSCA
    - Quality of life: Kidscreen-27
- Specific problems in CAMH:
    - Enormous heterogeneity of population (from infants to young adults)
    - Enormous heterogeneity of problems (from oppositional behaviour to schizophrenia)
    - Multiple informants (parents, child, teacher)
    - Being embedded in broader services (welfare, pediatrics) and education

Zooming in on CAMH

- Comparibility at a meta-level asks for generic instruments
- Generic instruments are limited in measuring the heterogeneous population and problems in CAMH
- In developing ROM for CAMH one has to accept that important domains (e.g. Infant Mental health) and services (e.g. Consultation; Assertive Community treatment) can not yet be included

Where are we now?

2015:

- Yearly ± 145.000 DRG’s are provided by ± 140 institutes for CAMH to the Mental Health Benchmark Foundation
- In 2014 34% of the children in CAMH are covered for at least one of three domains (usually Level of psychopathology)
- Now that data are being collected, research has started
- In this phase mainly restricted to investigating their reliability and validity
- But there have been inspiring pilot studies, showing the potential of ROM

Where are we now?

2015:

- The CAMH field is divided.
  - Many professionals see ROM (= benchmark) as yet another useless bureaucratic practice, keeping them from doing what they are for: treating young people.
  - Some professionals have experienced the potential of systematic feed back on treatment, especially at the individual client-therapist level. They notice it improves their work.

Where are we now?

2015 is also the year in which:

- CAMHS are no longer covered by the Health Insurance Act (in contrast to adult MHS), but by a new Youth Act
- The Youth Act places CAMHS under the responsibility of the municipalities, as part of an integrated youth care
- Municipalities are obliged to verify whether service providers systematically assess three performance indicators: 1. Goal realization; 2. Drop out; 3. Client satisfaction

Where are we now?

- There is no telling yet how municipalities (we have over 390) will implement this
- Neither do we know to what extent the current ROM-practice can be integrated in the parameters set by the Youth Act
- Within the field covered by the Youth Act, CAMH is far ahead in the development of useful ROM and performance indicators
- Our Knowledge Centre for Child and Adolescent Psychiatry and our Association for Mental Health have a double duty:
  - Contribute to a meaningful assessment of performance indicators
  - Don't let the knowledge gathered in eight years of CAMH ROM disappear

Where are we going to?

- Explore the combination of generic and specific measures for subgroups
- Explore Feedback Informed Treatment (e.g. ORS-SRS)
- Explore combining ROM with clinical support tools
  - e.g. informing therapist on non-specific factors, such as motivation, working relationship and social support in daily life

What makes this important?

- The effectiveness of CAMHS has to become more visible to stakeholders and society in general
- Some form of systematic assessment is essential in the continuing process of improving CAHMS

Questions (later…)

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