17th June 2016

Training to support the use of outcome measures and feedback tools in child mental health services

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The young people, families and clinicians who have help shape the training with their feedback

Overview

Why train clinicians in using feedback and outcome tools or PROMs?

Context and development of our training

What does our training look like?

How do we evaluate it?

Why train clinicians in using feedback and outcome tools or PROMs?

Clinicians need help…

PROMs are a source of help:

- Facilitate better collaboration with young people and families
- Provide clinician with evidence of there own effectiveness
- Lead to better quicker outcomes
- Useful for supervisors

"the therapist needs to know from us if they have done a good job otherwise they may just think they have done well even if they haven't"

Young person

Why train clinicians in using feedback and outcome tools or PROMs?

Clinicians need help to use PROMS…..

Anxieties – "I don't know how to use them" "young people don't like them" "they get in the way" "It will be used against me"

Change to practice – "what I do is too complex to measure" "I don't need to prove my effectiveness to anyone"

Resources - coping with poor IT systems

Knowledge – understanding how to make sense of the information

Why train clinicians in using feedback and outcome tools or PROMs?

- 69-75% of clinicians think that providing patients with feedback based on assessment measures benefits patient insight, experience and involvement[12]
- Use of measures at one time point is 65-87% but at more than one time point only 16-40%[14-15]
- Routine administration of outcome measures increased from 30% to 60% one year later when supported by an active learning collaboration[16]
- 44-50% of staff would start using PROMs if they had more information and guidance and 30-39% would use PROMs if more training provided[22]
- 1 day training in PROM use (group and online) with Australian mental health workers[23]

Context and development of our training

First version of UPROMISE: Masterclasses 9 over 3 years

Developed with clinicians and service users

3 one-day courses on: evidence-based practice, outcomes informed practice, user participation

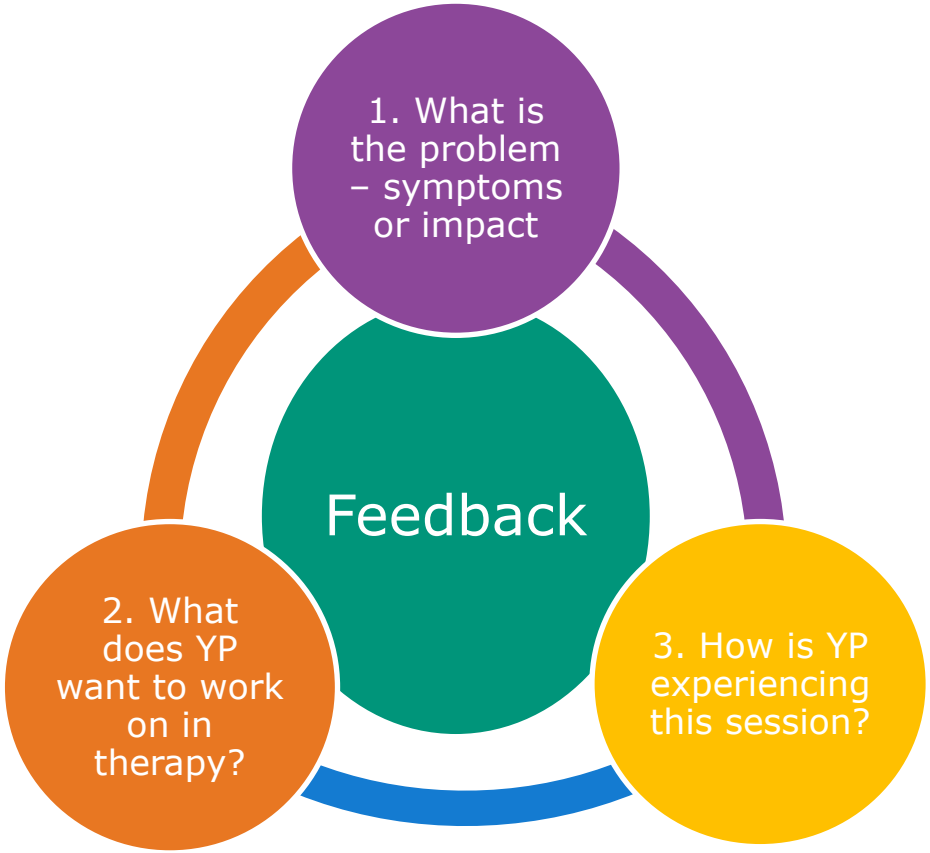
Almost 900 health and social care clinicians, commissioners and researchers in CYP MH

Mixed methods surveys, before and after training

Some colleague-nominated surveys

What does our training look like?

Training focuses on using a Shared Decision Making approach to monitor and consider 3 types of feedback from Young People and families:



What does our training look like?

Assessment/Choice

- **"What's the problem?" (assessment)** This is understanding the issue the young person or family have come for help with
- **"What do you want to change?" (goals or aims of therapy)** This is understanding the specific goals the young person or family have - the things they want to work on in coming to a service

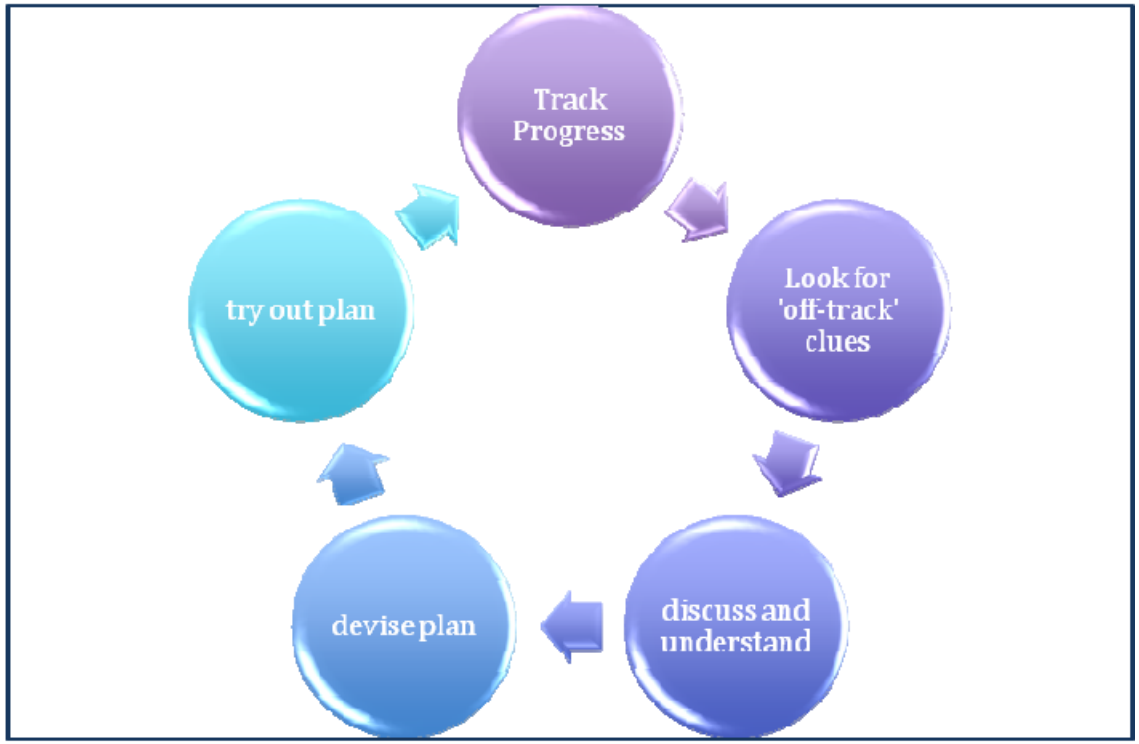
Partnership/ongoing work

- **"How are we getting on together?" (engagement or alliance)** It is important to get things right from the start
- **"How are things going?" (symptom/goal tracking)** This is tracking to see if things are progressing during an intervention

Review & Close

- **"Have we done as much as we can/need to?"** (collaborative decision to close or refer on) Re-review of question 1 e.g. Time 2 SDQ (if not used as tracker in long-term case)
- **"How has this experience been generally?"** (experience of service overall)

What does our training look like?



Law, D., *A practical guide to using service user feedback and outcome tools to inform clinical practice in child and adolescent mental health*. 2012, CYP IAPT National Team: London.

How do we evaluate it?

Service evaluation: mixed methods surveys, before and after training

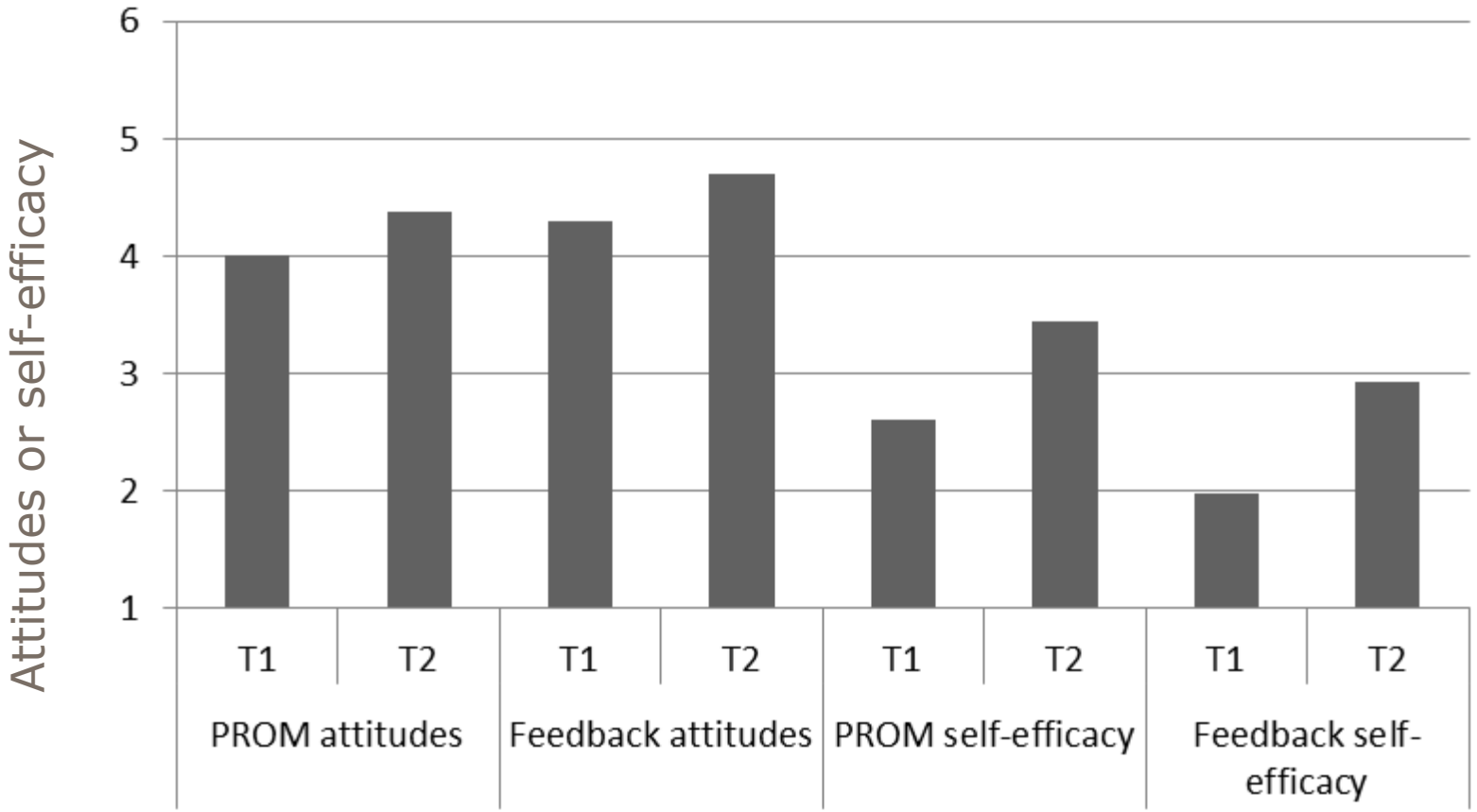
Attitudes23 and self-efficacy24 related to how measures are administered and used and how feedback from measures is used and provided

28 clinicians attended a one-day UPROMISE

12 clinicians attended a three-day UPROMISE

41 supervisors attended a three-day UPROMISE with embedding site visits

Clinicians attending 1 or 3-day training



Clinicians attending 1 vs. 3-day training

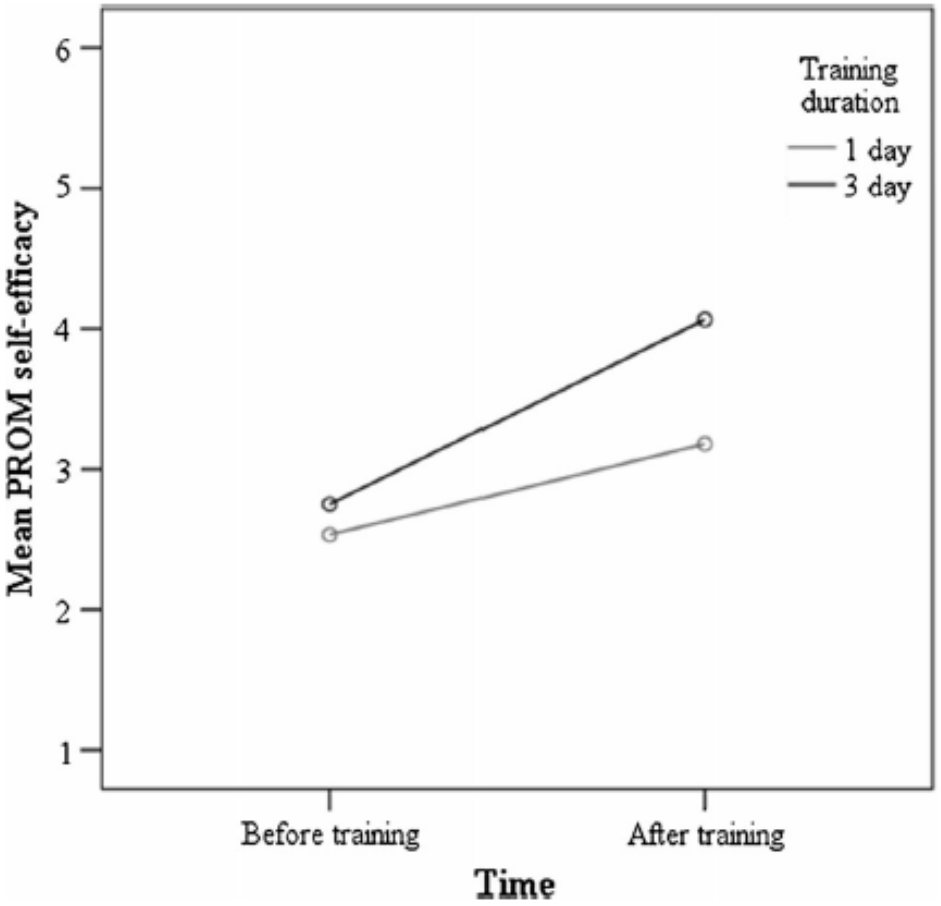


Fig. 1 Time × training duration interaction effect for PROM self-efficacy. *PROM* patient reported outcome measure

Clinicians' goals for changing practice

Use PROMs more frequently (7 out of 27 goals)

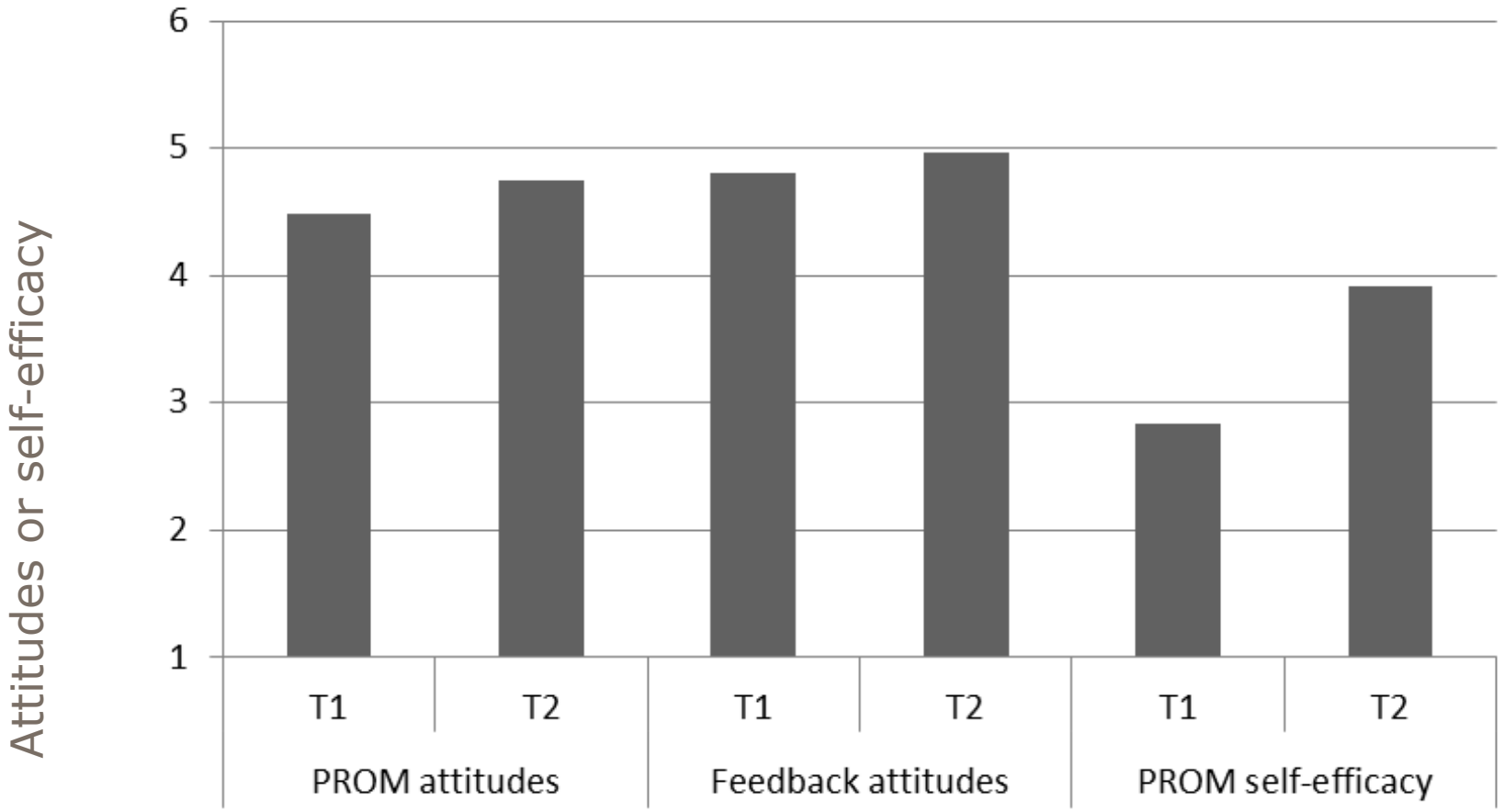
Promote the use of PROMs with colleagues (6)

Use PROMs for treatment or quality improvement (5; e.g., "Use measures collaboratively with patients to inform treatment")

Improve how PROMs are organised (5; e.g., "Set up central access system online")

Less frequent themes were to more carefully select outcome measures (2), to use a specific, named outcome measure (1) and to use PROMs to monitor treatment progress (1)

Supervisors



Interviews and video observations

Supervisees reported increased positive attitudes and self-efficacy related to using PROMs and use of PROMs in supervision:

"it's more frequently on our agenda and we're thinking together about what other measures we might want to add or use"

"He would be more able to respond if I ask something specific"

"He's more familiar with the outcome measures and with how to use them"

Interviews and video observations

Contextual challenges to implementing changes to practice are an ongoing barrier:

"overshadowed by other things that have been happening in the organisation; there's been a lot of changes in our organisation". These wider contextual changes were described as "a bit beyond [the supervisor's] control…because of our team situation" and "So those things have all interrupted [the use of PROMs in supervision]"

Supervisors were not entirely consistent in discussing, in supervision with clinicians, how PROMs were administered in clinical sessions

Conclusions

Training clinicians and supervisors in how to use and interpret PROMs may promote the acceptability and clinical utility over the challenges

Training should focus on when to use—and when not to use—PROMs, how to administer measures and how to safely interpret and report data in a way that complements clinical work

With this, we believe that PROMs may do more good than harm

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