

Apples and pears?

Devising a meaningful measure for comparing services

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CORC Regional Seminar March 2019

Outline

1. Why
2. Challenges (x 3)
3. Opportunities (x 3)
4. What next

Why



Challenge 1



Challenge 2: swampy lowlands



Challenge 3: FUPS data

Flawed

Uncertain

Proximate

Sparse



Opportunity 1: system buy in- health

NHSE: “Overall Meaningful Change “

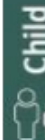
- 1) Service contact finished with at least two recorded contacts (can be indirect)
- 2) At least one paired outcome measure from one or more of subscales of any relevant measure e.g. Symptoms, Functioning, General wellbeing and Achievement of Goals
- 3) Use best proxy of meaningful change e.g. reliable change index or agreed amount of change in scores:
 - If any paired measure shows meaningful improvement and none show meaningful deterioration count as “improved”
 - If any paired measure shows meaningful deterioration (even if some show meaningful improvement) count as “deteriorated”
- 4) Report different perspectives separately

Opportunity 1: system buy in- services

“Recovery” and Reliable Change – Child Reported Measures

Update as of June 2017:

The data in this slide are those reported in Wolpert et al. (2016). Please note CORC is currently developing this part of the report to be available in annual reports to members.



Indicator	Definition	N	% of paired clinical sample [95% Margins of Error]
“Recovery”	Moved from above a clinical threshold on at least one paired measure at a first time point, to below on all completed measures at a last time point	2117	36% [35% - 37%]
Reliable Improvement	Change from a first to a last time point was more than what would be expected due to measurement error, in a positive direction, on at least one measure, and no measure reliably deteriorated	3056	52% [51% - 53%]
No Reliable Change	Change from a first to a last time point was less than what would be expected due to measurement error	2223	38% [36% - 39%]
Reliable Deterioration	Change from a first to a last time point was more than what would be expected due to measurement error, in a negative direction, on at least one measure	617	11% [9% - 12%]
Reliable “Recovery”	Moved from above a clinical threshold on at least one paired measure at a first time point, to below on all completed measures at a last time point, and the change was reliable in a positive direction, with no measures reliably deteriorating	1569	27% [25% - 28%]

Sample included

Any closed cases with three or more recorded events, and above a clinical threshold on at least one paired child-reported measure at a first time point (the ‘paired clinical sample’), n = 5,896.

How representative is this sample?

Of all closed treatment cases (n= 23,373), 25% fell in the ‘paired clinical sample’. This means we cannot be confident this sample represents all children and young people who were seen for a course of treatment (of at least three events, excluding assessment only).

What does the table show?

Scores for 36% (margin of error between 35% and 37%) of children and young people showed “recovery”, 52% (margin of error between 51% and 53%) showed reliable improvement, and 27% (margin of error between 25% and 28%) showed reliable “recovery”.

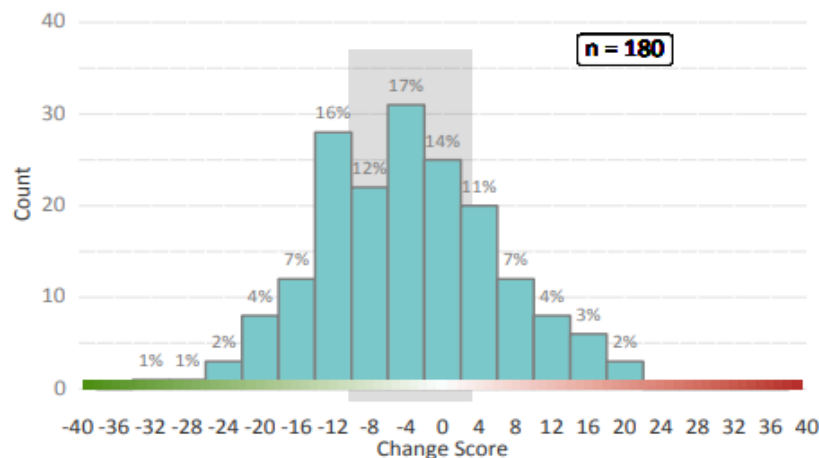
Conclusion

The results are in line with those reported in [Wolpert et al., \(2016\)](#).

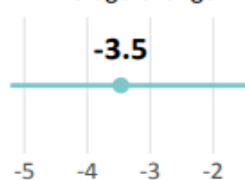
Opportunity 1: system buy in- services



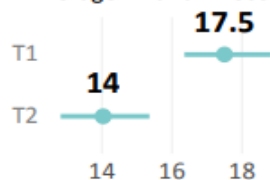
How have Child SDQ scores changed between T1 and T2?



Average Change



Average T1 and T2 Scores



Results included

All paired scores for the Child SDQ (n = 180).

How representative is this sample?

66% of those with a time 1 score, had a corresponding time 2 score. The follow up rate suggests the sample is representative of about two thirds of the children and young people who completed the SDQ at the first time point.

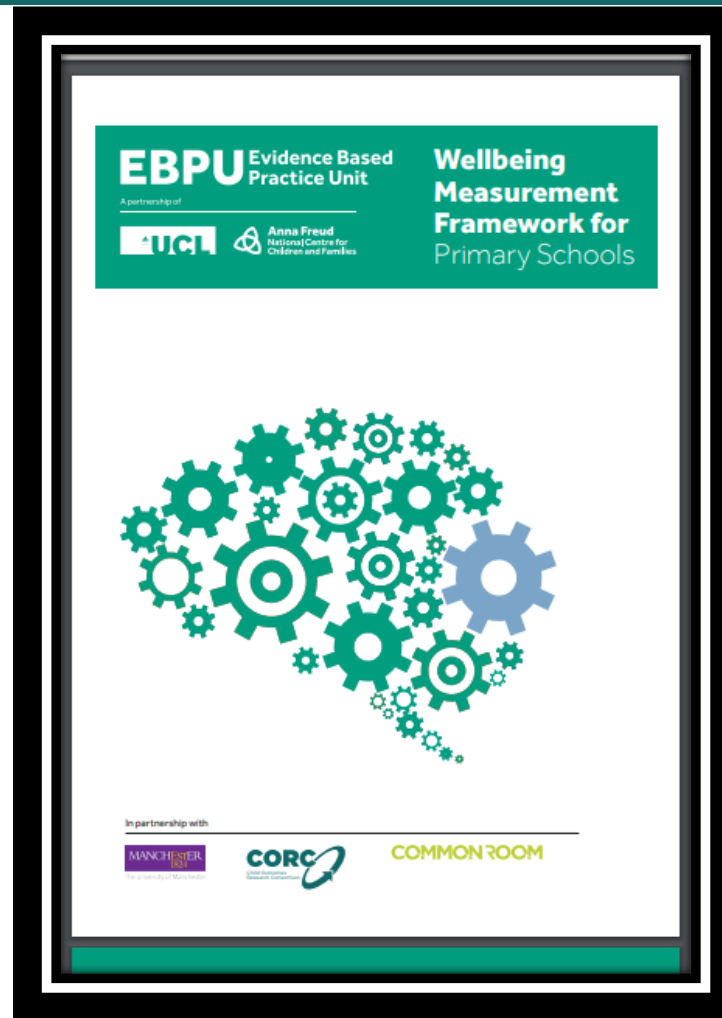
What do the plots show?

The middle 50% of children and young people (C&YP) either had a similar score at time 2, or improved by up to 10 points (on a scale of 1 to 40). The top quarter improved by between 10 and 30 points, however the bottom quarter deteriorated by up to 23 points. In the long run, we estimate that the average improvement of C&YP like those contained in this sample would be between 1 and 6 points.

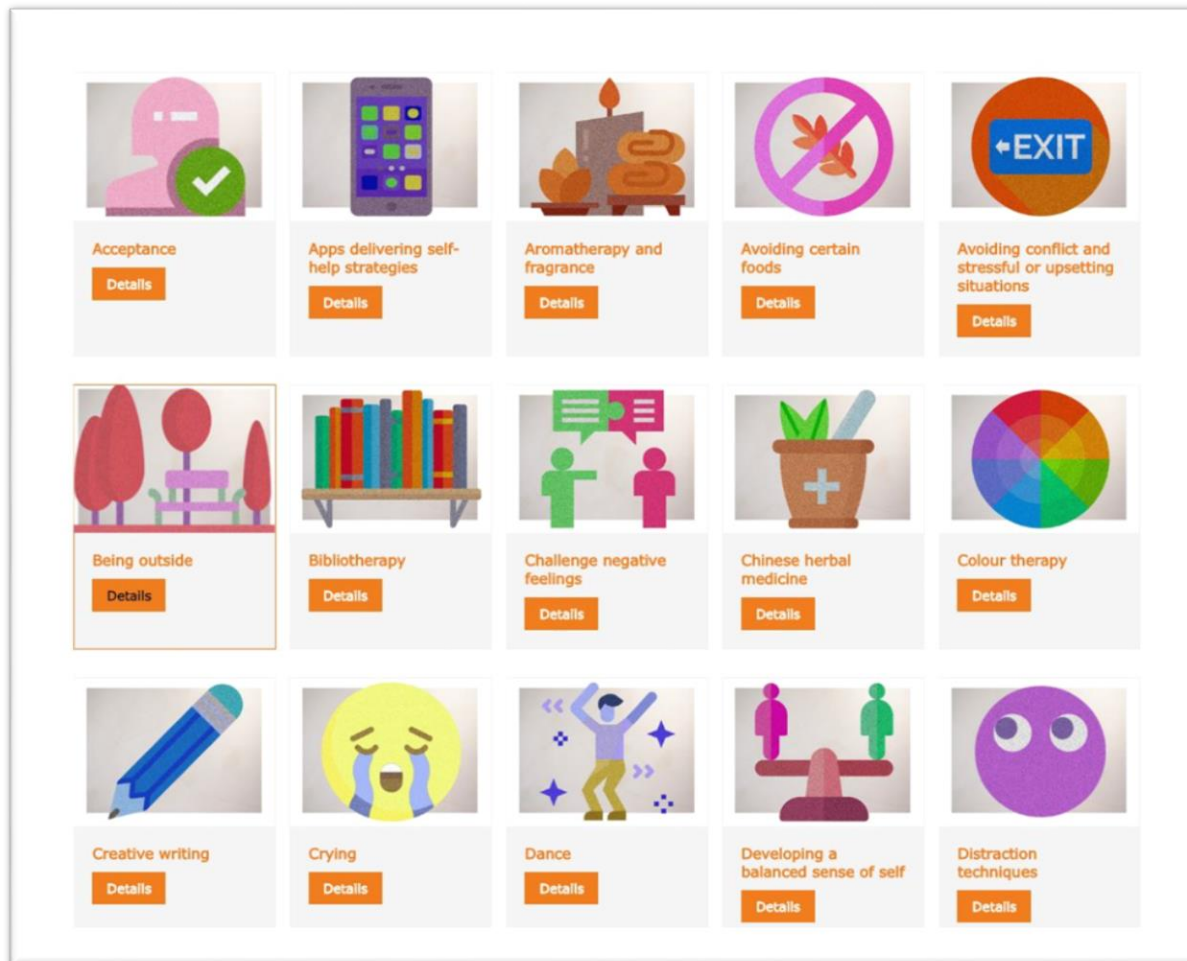
Conclusion

Most of the C&YP we have data for have made modest improvements in their SDQ score. With a higher follow up rate, these results could be generalizable to all children and young people who completed the SDQ at a first time point in Erinsborough.

Opportunity 2: system buy in- schools



Opportunity 3- citizen buy in; community



<https://www.annafreud.org/on-my-mind/>

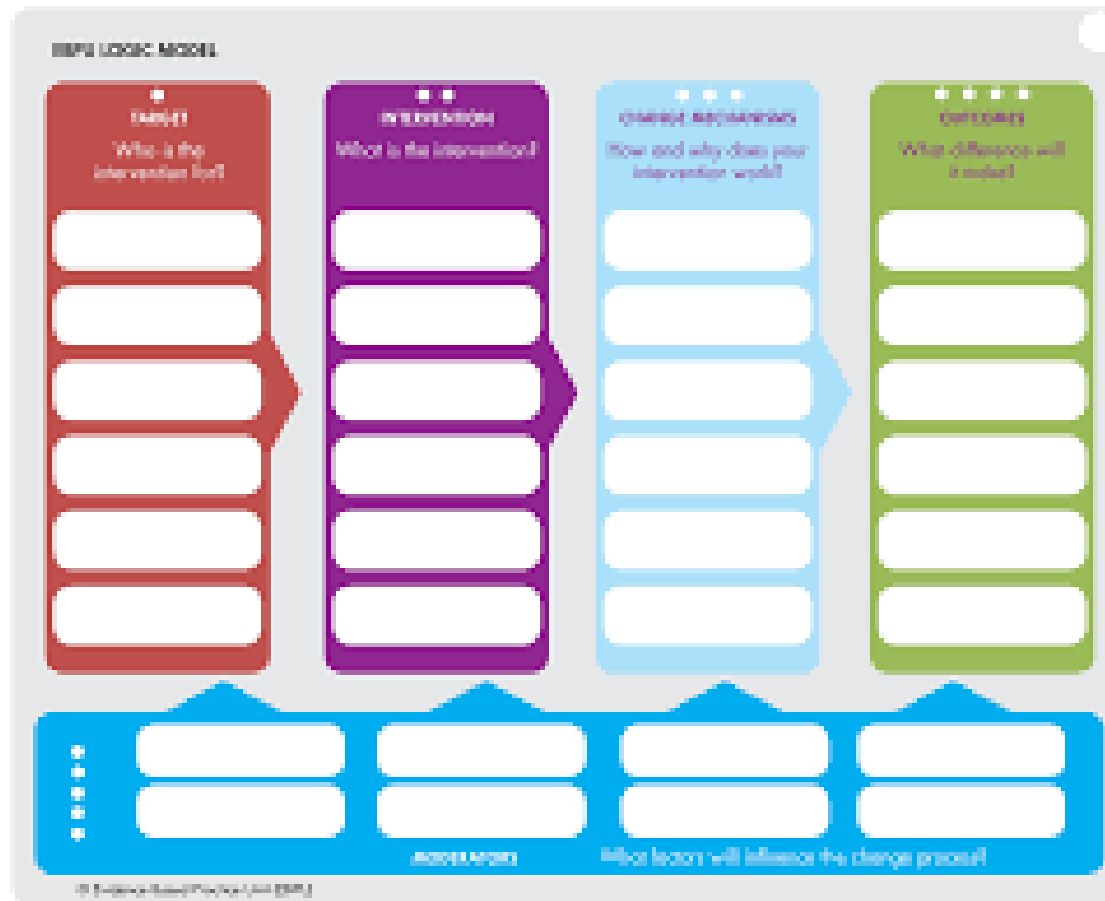
Next steps: embrace diversity & complexity



Next steps: look beyond existing narratives



Next steps: seek clarity



<https://www.corc.uk.net/information-hub/ebpu-logic-model/>

Next steps: join CORC and engage with youth

<https://www.youtube.com/watch?v=aulHZjSQ1NA>



CORC for you: Having an honest conversation about mental health treatment

9 0 SHARE SAVE ...

Live chat replay

- ...the importance of therapeutic relationships
- Mair Elliott depends on the quality of evidence
- TheWhisperrKid I had a friend who cbt didn't work for and it did work for me and she felt like it was something she was doing wrong
- TheWhisperrKid I guess it would have been good for her to know
- Shauna Mullarkey yeah be good to know the evidence but maybe evidence is based on YP totally different to me and my situation
- Jess Took Hmm, if quality of evidence is poor, what about the anecdotal evidence from the practitioner? Their experience?
- Mair Elliott when sitting on a NICE committee looking at evidence I was very shocked at the quality of evidence
- TheWhisperrKid I find it interesting
- 39ahm Sometimes having too many choices or decisions can be really hard
- TheWhisperrKid YeaAh Beth, that was like a friend of mine
- Jess Took Evidence - perhaps having to processing extra info would be overwhelming
- Shauna Mullarkey can we do a different way other than form?

Join us on 24 April to take the conversation forward..



Thank you!

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