

“First do no Harm”

**Delivering mental health services without stunting
people's abilities and resources**

Sami Timimi

What structures service models?

Process v Outcome

Technical v Relational/contextual

The bad news about services

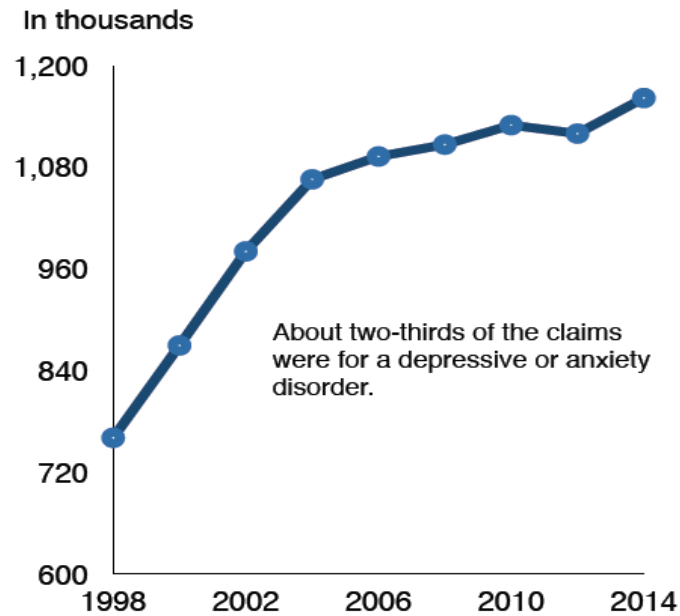
- 50-70% can recover or significantly improve according to research.
- 75% entering community MH treatments in US no improvement.
- 15% in UK achieve recovery (CMHT, IAPT).
- 'Defeat Depression' in UK increased treatment not outcomes.
- 'Beyond Blue' in Australia no improvement in outcomes last 2 decades—poor 'Mental Health knowledge' a protective factor!
- 24% entering community CAMHS get worse.
- Drop out rates of 40-60% in some CAMHS.
- 'Service transformation' (e.g. Fort Bragg study) no improvement in outcomes.

Long term patients

- US: Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) for 'mental illness' more than doubles:
 1 in 184 Americans in 1987 to 1 in 76 in 2007
 For children a 35-fold increase in the same two decades
- UK: Mental illness became the leading reason for DLA in 2011. About 50% is for the diagnosis 'depression'. While musculo-skeletal (the next largest) is going down, Mental Illness is going up.
- Pattern is replicated across Western countries that have been increasing their funding for mental health services.

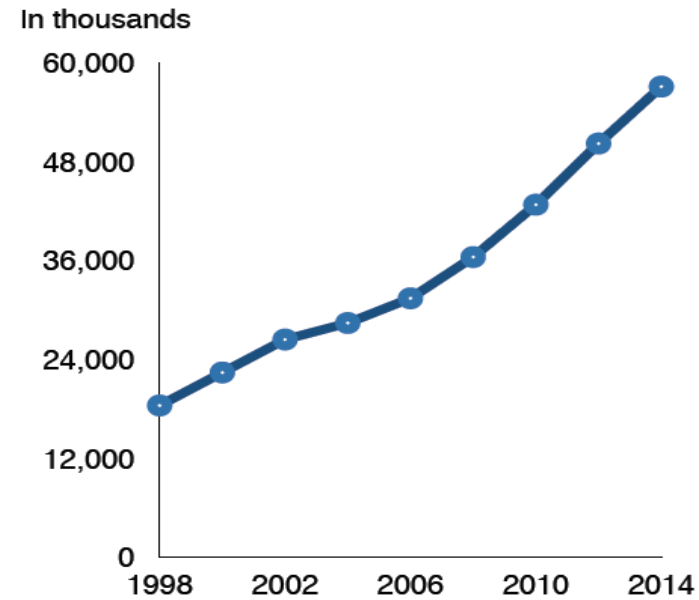
United Kingdom, 1998-2014

Claims for sickness and disability benefits owing to mental illness in UK



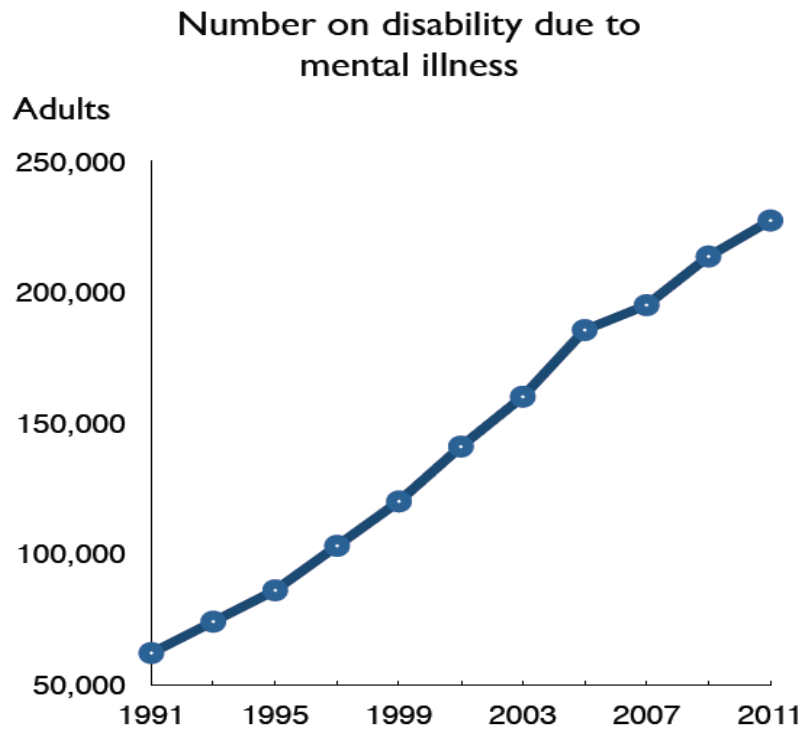
Source: S. Viola, J. Moncrieff. "Claims for sickness and disability benefits owing to mental disorders in the UK: trends from 1995 to 2014." *BJPsych Open* 2 (2016):18-24

Prescriptions for antidepressants in England

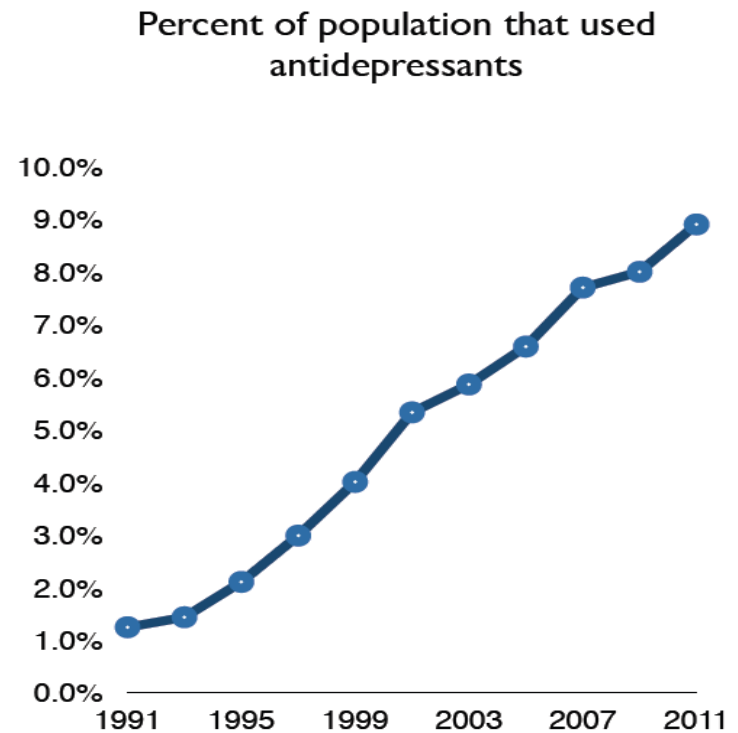


Source: S. Viola, J. Moncrieff. "Trends in prescriptions and costs of drugs for mental disorders in England, 1998-2010." *Brit J of Psychiatry* 200 (2012):393-398. Also, UK Health and Social Care Information Centre (2011-2014)...

Australia, 1990-2011



Source: Australian Government, "Characteristics of Disability Support Pension Recipients, June 2011."



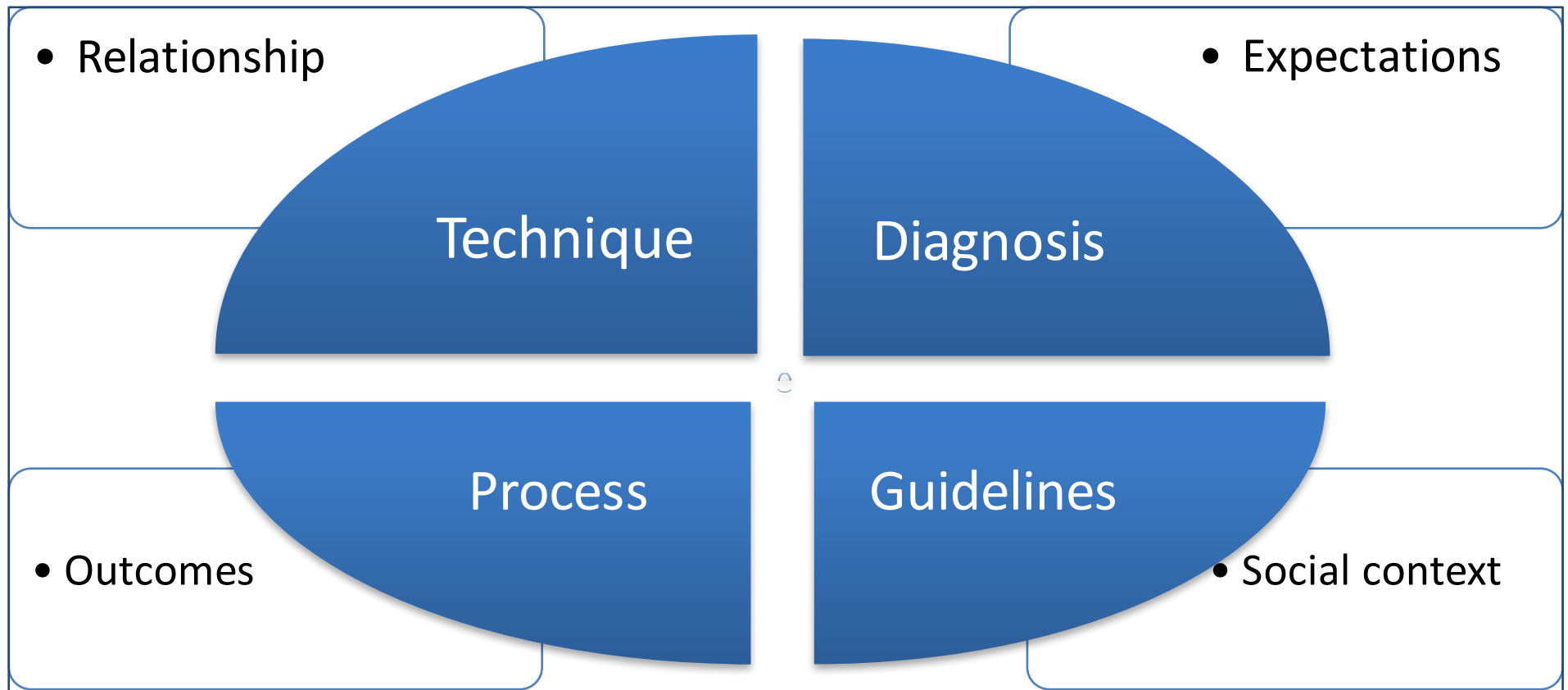
Source: "Antidepressants: Global Trends." *The Guardian*, Nov. 20, 2013.

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



The focus on 'process' for 'Quality'

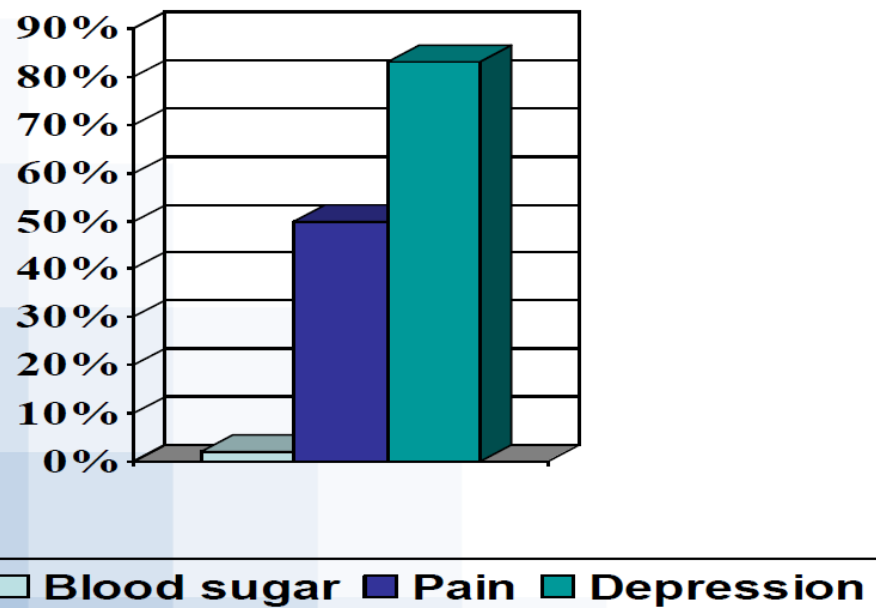


The Treatment of Depression Collaborative Research Project (TDCRP)

- Multi-site comparison of four treatment approaches (CBT, IPT, antidepressant, Placebo).
- No difference in outcome between approaches.
- The patient's expectations of treatment followed by their rating of the alliance at the second session were the best predictors of outcome across treatments.
- The psychotherapies (CBT, IPT) outperformed the drug conditions in long term with lower probability of relapse, and more weeks of minimal or no symptoms.

Importance of placebo

Placebo Response as a Percent of Drug Response



- Psychiatrist in placebo arm in TDRCP was best performing therapist.
- Placebo effects significant improvement in 50-60%.
- **Over 80%** of improvement v antidepressant is placebo.

Focus on Strengths

Gassmann & Grawe 2006:

- Unsuccessful more often focused on ‘problem activation’ (facing up to problems) and neglected ‘resource activation’ (strengths).
- Successful more often focused on ‘**resource activation**’.
- Conclude that specific therapist training is necessary to make better use of ‘resource activation’.
- Does this connect with ‘hope’ and the placebo effect?

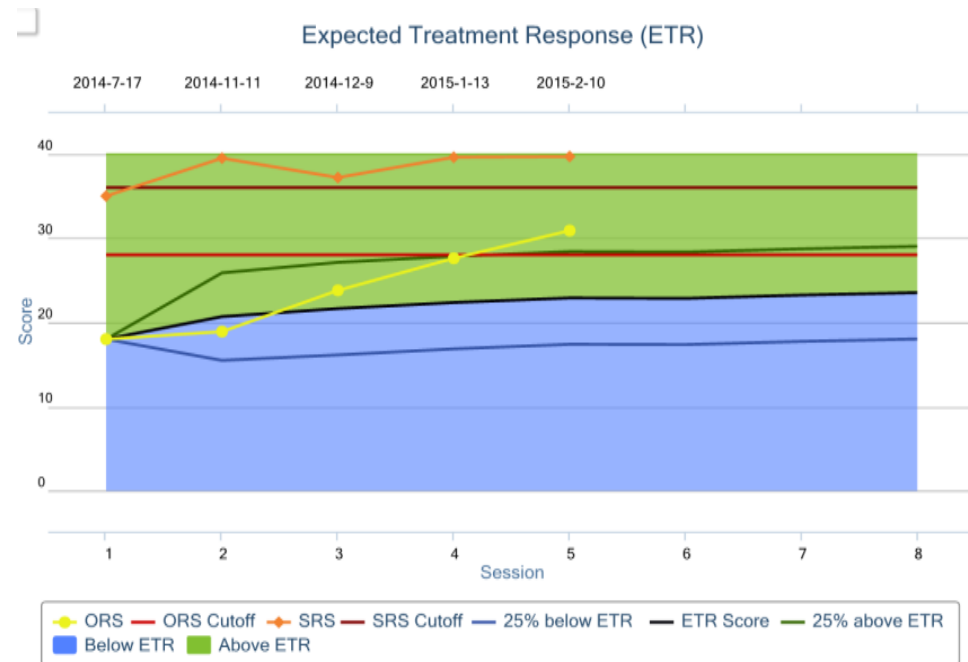
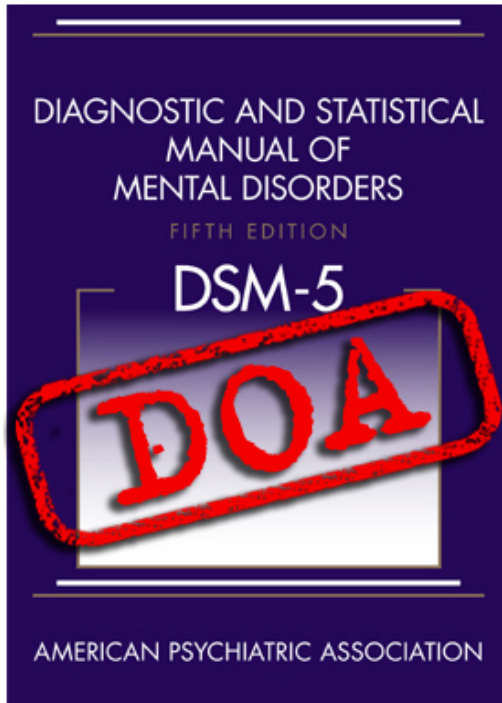
In psychiatry there are no diagnoses

- Diagnoses in psychiatry cannot explain (except dementias)
- Consider the question ‘What is ADHD?’ and compare with the question ‘What is diabetes?’
- Consider what happens when we argue that ‘ADHD *causes* hyperactivity and inattention’
- In psychiatry we have **classification** not diagnosis
- Ecosystems use multiple classifications – more appropriate for context-rich and dynamic open systems.

Key findings from outcome research: Context and relationships

- Research finds therapy is effective for mental health problems
- Model or technique has a minimal impact on outcomes. BUT some models (that lead to expert/technical dependency) are worse than others.
- **Extra-therapeutic factors** such as social circumstances and **motivation and expectation** have biggest impact on outcomes.
- **Quality of therapeutic alliance** important.
- **Regular monitoring of progress and alliance improves outcomes** (10 RCTs of Feedback based systems).

Prioritise process or outcomes?



Technique or relationship in context?



Prioritise

Process v Outcome

Outcome over Process

Technical v Relational/contextual

Relational/Contextual over technical

Transformation?

- **First order change:** occurs within a given system which itself remains unchanged such as expert driven ideologies like NICE guidelines.
- **Second order change:** Changes the system. Reaches the consulting room and promotes primacy of the relational and contextual and a focus on outcomes in preference to process.

New service models


- Experts in change and recovery rather than diagnosis and treatment.
- This evidence is basis for a service model not an add on.
- Open Dialogue.
- Partners for Change Outcome Management Systems (PCOMS).

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%.

Welcome to the
OO-AMHS e-learning
Modules



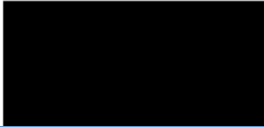
Click here to login 

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 Management System (PCOMS)

Outcome Orientated Approaches to Mental Health Services (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 respo



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 productivity challenge in health and soc



The British Psychological Society
Learning Centre

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

Sami Timimi¹, Dianne Tetley², Wayne Burgoine³ and Gill Walker⁴

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

OO-CAMHS
OUTCOMES ORIENTATED CHILD MENTAL HEALTH SERVICES

OO-CAMHS

A UK implementation of the Heart and Partners for Change Outcome Mana



Sami Timimi
Dianne Tetley
Wayne Burgoine

Data comparison 2011-2014

Pre-OO-AMHS implementation (October 2011)

168 patients

- Over 2 years: **34%**
- Over 1 year: **58%**

Post-OO-AMHS implementation (March 2014)

161 patients

- Over 2 years: **18%**
- Over 1 year: **29%**

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

Team	Open Effect size	Open Improved/Recovered	Open No change	Open Deteriorated	Closed Effect size	Closed Improved/Recovered	Closed No change	Closed Deteriorated
T2	0.7	59%	30%	10%	1.1	76%	17%	7%
N=	463	174	90	32	690	408	91	37
Boston	0.6	60%	22%	18%	0.9	75%	16%	8%
N=	167	57	21	17	343	210	45	23
SW	0.7	65%	23%	12%	1.1	76%	16%	8%
N=	446	171	62	31	1047	666	144	69
North	0.7	67%	23%	9%	1.3	73%	20%	6%
N=	915	403	139	54	1104	579	164	47

OO-CAMHS

Table 2. Proportions of CYP showing reliable change with n in parentheses.

RCADS	Social phobia		Panic		Depression		GAD		Separation anxiety		OCD	
	Child REPORT	Parent REPORT	Child REPORT	Parent REPORT	Child REPORT	Parent REPORT	Child REPORT	Parent REPORT	Child REPORT	Parent REPORT	Child REPORT	Parent REPORT
Improvement	26% (94)	20% (26)	25% (90)	13% (16)	31% (123)	8% (10)	28% (100)	13% (17)	10% (36)	6% (8)	16% (57)	8% (10)
No change	70% (249)	70% (90)	68% (243)	81% (99)	64% (249)	92% (120)	67% (237)	78% (104)	87% (304)	89% (116)	82% (292)	89% (114)
Deterioration	4% (13)	9% (12)	7% (25)	7% (8)	5% (20)	1% (1)	5% (16)	9% (12)	2% (8)	5% (6)	2% (6)	3% (4)
N	356	128	358	123	392	131	353	133	348	130	355	128

CYP-IAPT

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.
- Is **more than one agency working on same problem?** Avoid duplication. Complex cases are often created.
- 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.
- Match clinician to patient from first appointment.
- Avoid long term treatment with no discernable or measurable benefit.

Outcome: using the ORS

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

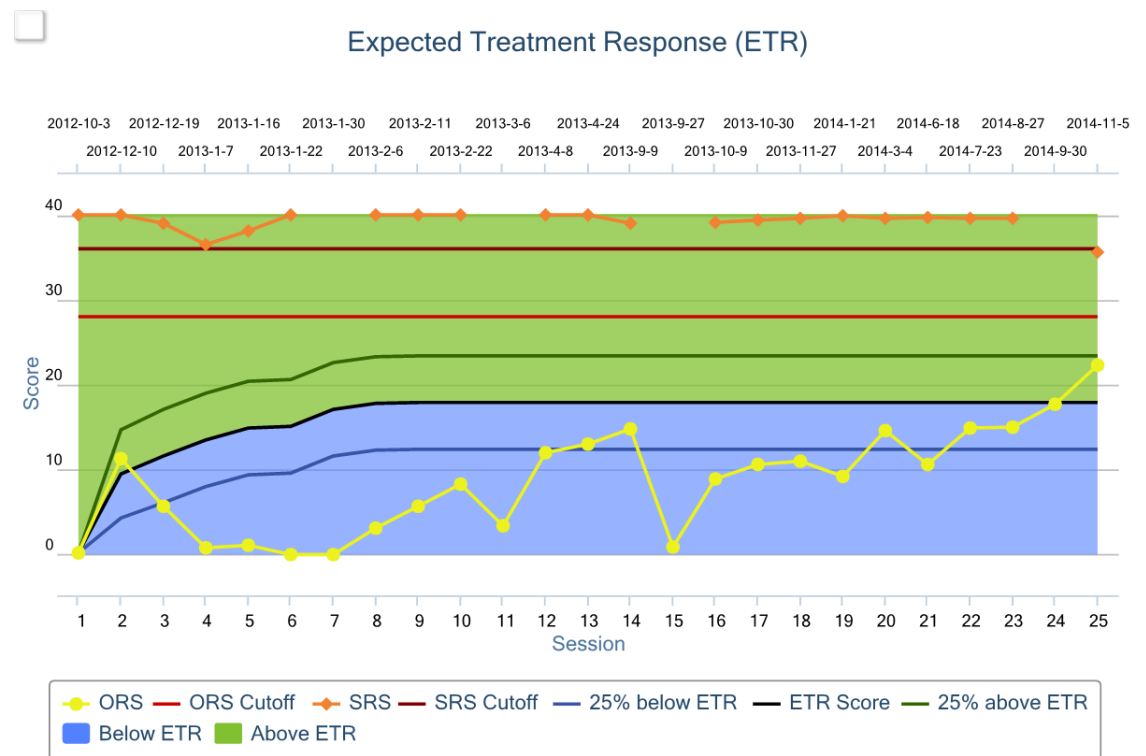
Your input is important. There is no such thing as "bad news" on these forms. Your therapist is eager for your feedback because it enables a better fit of the services to your preferences, and therefore improves your chance for success.



- 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 or more sessions?

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




R

elationship: using the SRS


- 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.

Please rate today's session by clicking the line nearest to the description that fits your experience.

Your input is important. There is no such thing as "bad news" on these forms. Your therapist is eager for your feedback because it enables a better fit of the services to your preferences, and therefore improves your chance for success.



I did NOT feel heard, understood, and respected.	Relationship	I feel heard, understood, and respected
We did NOT work on or talk about what I wanted to work on and talk about.	Goals and Topics	We worked on or talked about what I wanted to work on and talk about.
The therapist's approach is NOT a good fit for me.	Approach or Method	The therapist's approach IS a good fit for me.
There was something missing in the session today.	Overall	Overall today's session was right for me.



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.
- Build **strong culture of clinical feedback** and supervision.
- Be prepared to fail 'successfully'
- **Evidence base everything!**

Feeling valued

Standard	N North Team	Compliance 2015 – North Team
Do you feel you are getting enough of the right sort of supervision for cases that are not improving?	18/19	95%
Do you feel valued as an important member of the Multi-Disciplinary Team?	19/19	100%



MyOutcomes @UK uses a secure,

web-based automatic feedback and data management system that supports the practical application of the PCOMS approach. OO-AMHS is a UK adaptation of the PCOMS transformational approach to service delivery and involves a whole service model built upon a sound evidence-base.



Watch introduction



Book a demo



MyOutcomes UK

Provides adults and children outcomes data clustered by severity of distress and complexity of presentation.

[LEARN MORE](#)



OO-AMHS

British Psychological society approved training in Outcome Oriented Mental Health.

[LEARN MORE](#)



Many thanks

Sami.timimi@lpft.nhs.uk

Dianne.tetley@lpft.nhs.uk

Gill.walker@lpft.nhs.uk