Looking at Outcome Measures

- Since 2014, Bromley Y has consistently used outcome measures to aid our understanding of the impact of our interventions on young people's wellbeing.

- Outcome measures help us to judge the level of complexity and need being referred to our service. They also help Commissioners to understand what is happening in the local community.

- Most importantly, it begins the collaborative feedback relationship with the young person and can help focus them and the practitioner on what they want to be different.

- The Strengths and Difficulties Questionnaire (Goodman *et al*., 1998) is a behavioural screening questionnaire comprised of 25 items.

- It can be completed by the parent for a child under the age of 11, or by a young person aged 11-17.

The Strengths & Difficulties Questionnaire

- The SDQ helps to determine the type and severity of difficulties that a young person is experiencing and covers the following areas:

1. Emotional Problems
2. Conduct Problems
3. Hyperactivity/Inattention
4. Peer relationships
5. Pro-social behaviour

- The total difficulties score (the sum of 1-4) is compared to clinical bands to determine whether the difficulties are in a normal, borderline, high or very high range.

The Strengths and Difficulties Questionnaire

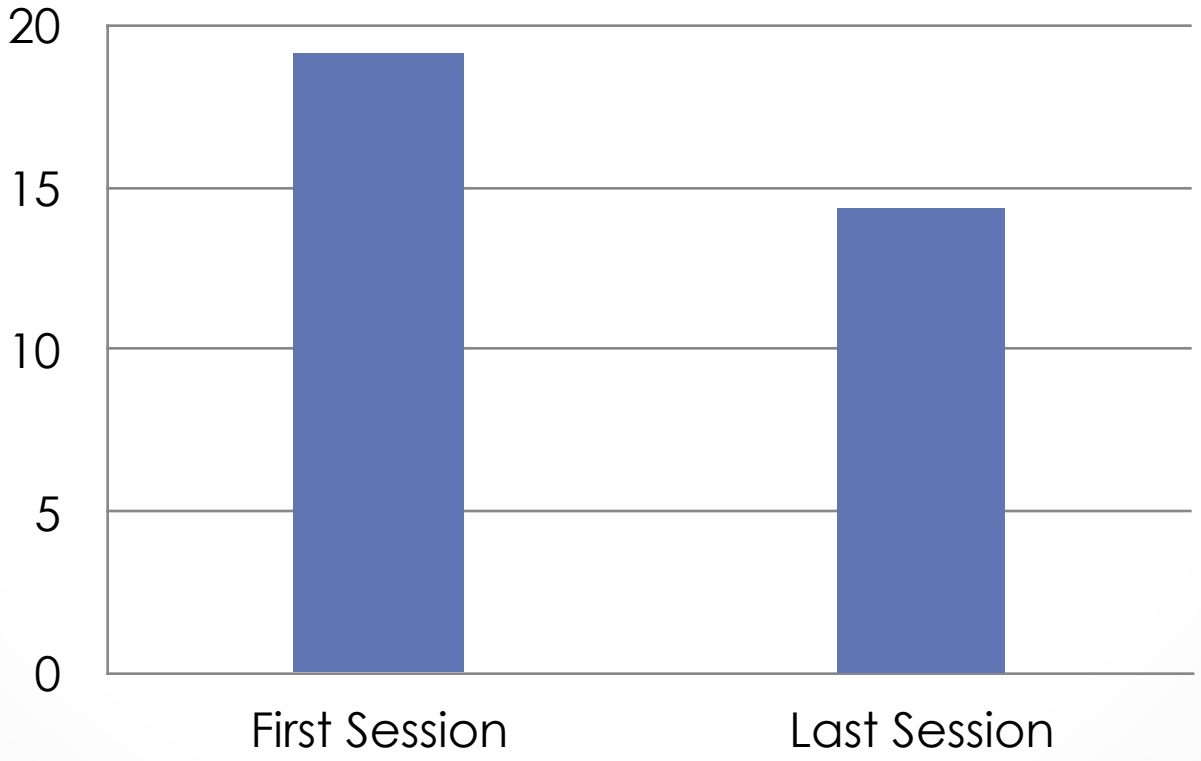
- The SDQ is a useful predictor of the likelihood (low/medium/high risk) of various types of psychological disorder.

- Any Psychiatric disorder
- Emotional disorder
- Conduct disorders
- Hyperactivity disorders

- The SDQ also produces an impact score. This is a measure of the impact the difficulties are having on the young persons personal life, social life, family life and education.

What are the Changes After an Intervention?

- **The data shows that 81% of young people's scores on the SDQ reduced**.
- The average score decreased from **19** in the 'high' range to **14** in the 'normal' range.



How do we know these Changes are Reliable?

- By conducting a t-test on the SDQ scores from the first and last session, we are able to determine whether there is statistically significant difference between them.

- A repeated measures t-test indicated that the mean SDQ score after treatment (M=14.35, SD=5.92) was **significantly lower** than pre-treatment (M=19.09, SD=6.46), t (357) = 15.27, p<.001

- **This means that there is less than 0.001% likelihood that this difference is due to chance.**

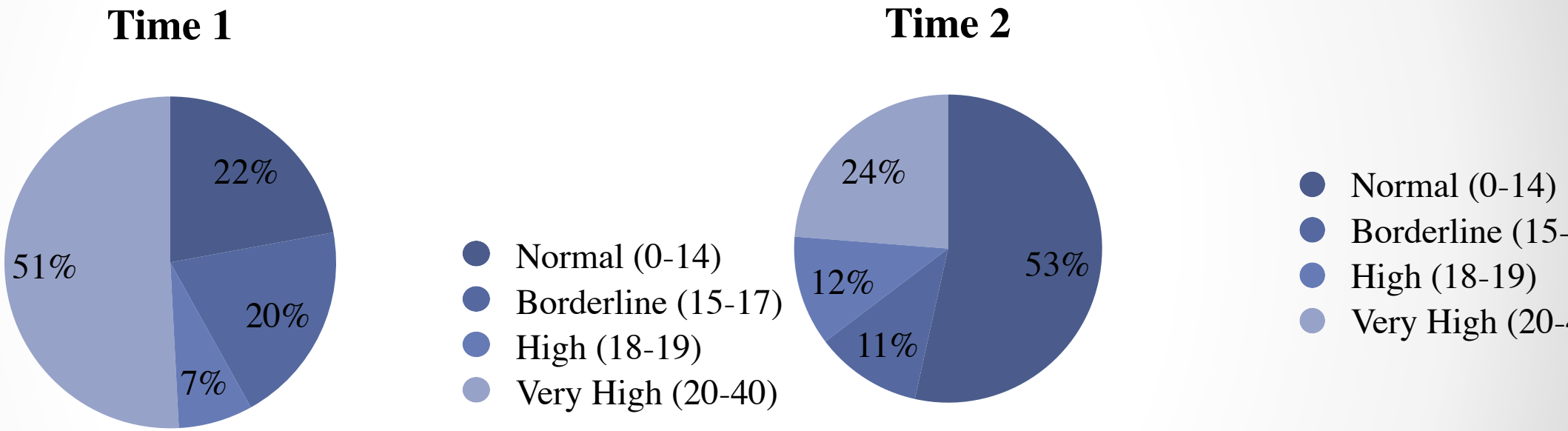
- SD (standard deviation) shows how much the scores deviate around the mean in the sample.

What are the changes after an Intervention?
(Tier 2.5 Clients)

- **Important to note, is that our work with tier 2.5 clients is particularly successful**

- **89% of young people scoring 18 or above on the SDQ (higher risk) displayed a reduction in overall stress score after accessing our service.**

How do the Interventions help?



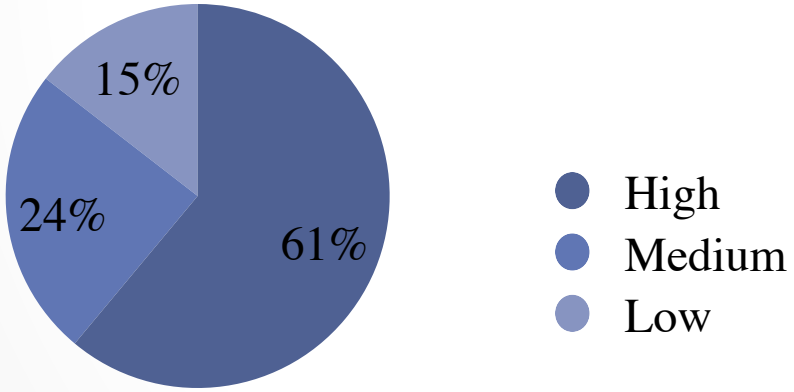
- Only **22%** of young people scores in the 'normal' range at first contact, compared to **53%** after treatment.

- **51%** of young people scored in the 'very high' difficulties range at first contact, compared to only **24%** after treatment.

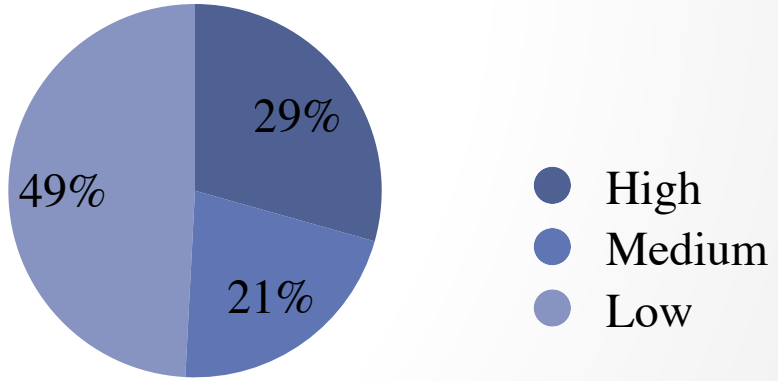
How do the Interventions help?

- The results from this year found that at first contact, **61%** of young people were at 'high risk' of any psychiatric disorder. After treatment this approximately halved, to **29%**
- 'Low risk' young people initially made up just **15%** of the sample. After treatment this percentage increased to make up almost half of the sample, at **49%**.

Time 1



Time 2



- The same pattern was observed for emotional, behavioural and hyperactivity disorders. Whereby, the 'high risk' group decreased after treatment, whilst the 'low risk' group increased.

The Revised Children's Anxiety and Depression Scale (RCADs)

- The RCADS is a measurement tool for anxiety and depressive disorders. It is comprised of 47 items and is completed by young people aged 8 and above.
- It measures symptoms of five different types of anxiety disorders:

1. Separation anxiety
2. Generalized anxiety
3. Panic
4. Social phobia,
5. Obsessions and Compulsions.
6. Depression

- A score of 65 indicates a clinically significant difficulty.

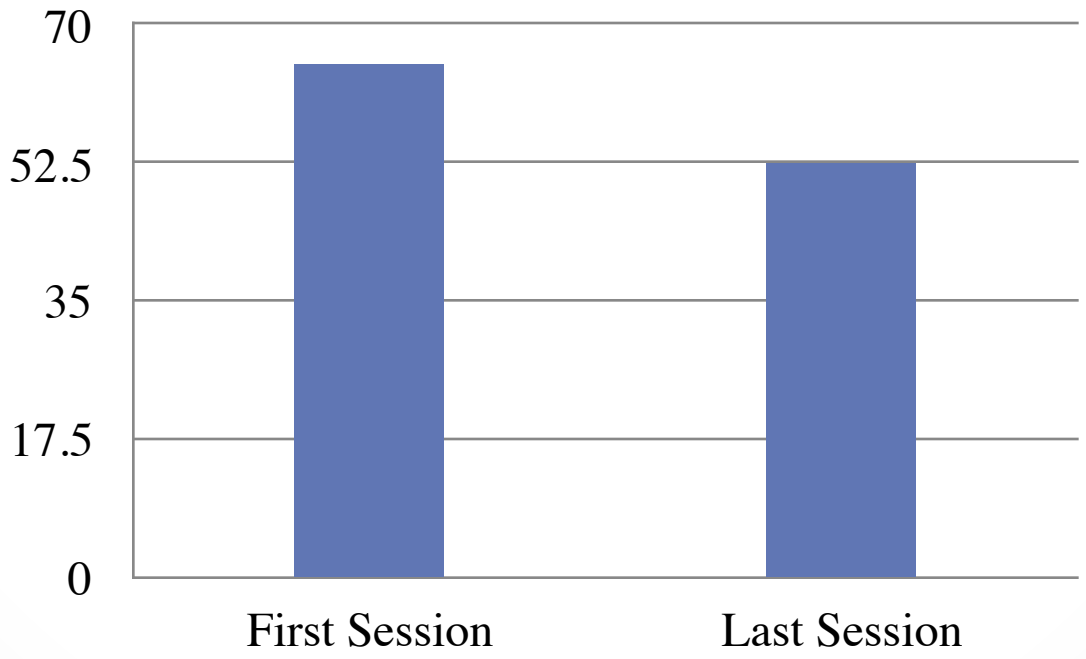
What are the Changes after the Last Session?

Our 2016 audit has shown that after intervention with our service:

- **79.69% of young people's total anxiety score on the RCADs had decreased**
- **80.47% of young people's total anxiety and depression score on the RCADs had decreased.**

What are the Changes After the Last Session?

- The total anxiety and depression score decreased from an average of 65 (clinically significant) to 52 (not clinically significant).



What are the Changes After the Last Session?

- By conducting a t-test on the total depression and anxiety scores from the first and last session, we are able to determine whether there is statistically significant difference between them.

- A repeated measures t-test indicated that the mean total anxiety and depression score after treatment (M=52.45, SD=14.75) was significantly lower than pre-treatment (M=64.84, SD=15.63), t (127) = 9.72, p<.001.

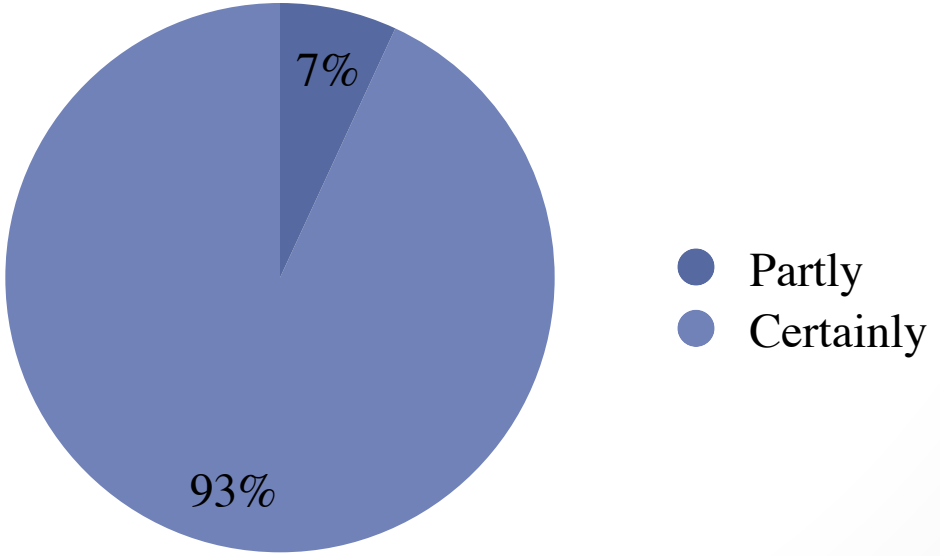
- **This means that there is less than 0.001% likelihood that this difference is due to chance**.

- SD (standard deviation) shows how much the scores deviate around the mean in the sample.

Evaluation of Service

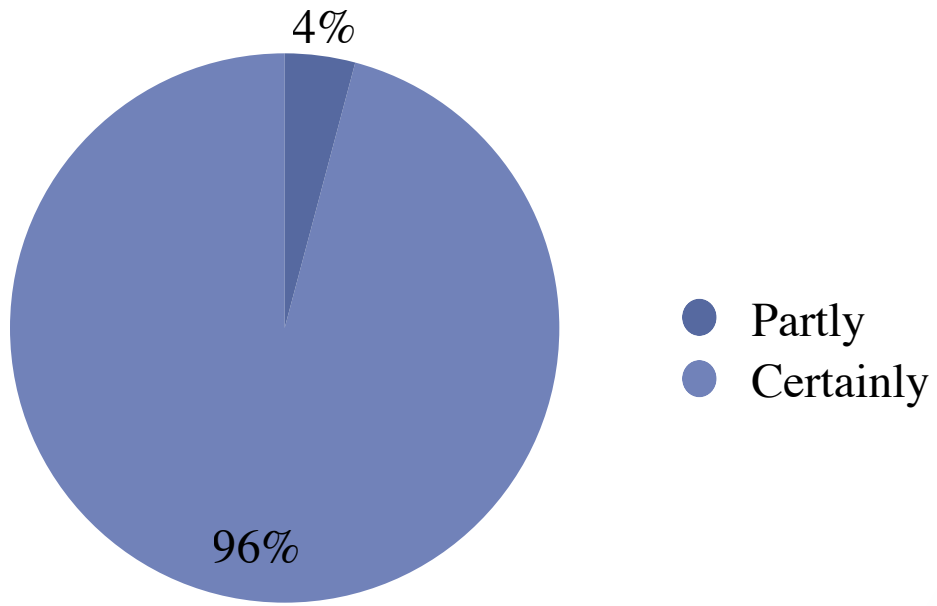
- At the end of a young person's sessions with us, we ask them to complete an evaluation of service questionnaire (CHI).

- **93%** of young people answered 'certainly' to "I feel that the people who saw me listened to me"



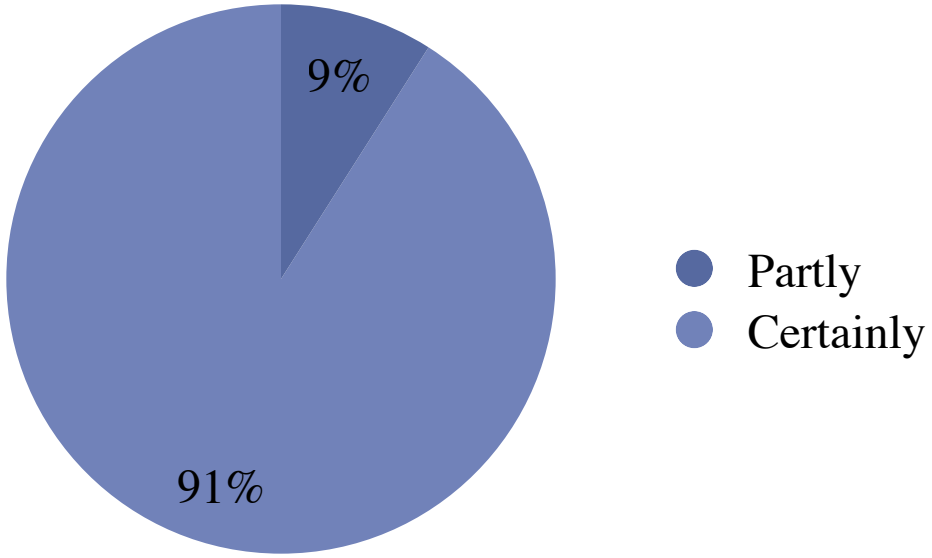
Evaluation of Service

- **96%** of young people answered 'certainly' to "I was treated well by the people who saw me" and "My views and worries were taken seriously'.



Evaluation of Service

- **91%** of young people would ‘certainly’ suggest our service to a friend if they needed help.



Tier 2.5 – Case Example

- 17 Year old white, British female referred by her GP
- Problems focused on three main areas: difficulties at school, a breakdown in her support network of friends/ family, and self harming behaviour

Referred 1/2/16
Intervention began 26/2/16
Intervention completed 25/5/16
Intervention - 11 Sessions of IPT-A

Client reports continued reduction in symptoms with the intensity and duration significantly reduced.

Tier 2.5 – Case Example

Self-report SDQ **(Pre-intervention)**

Score for overall stress **23** (20 - 40 is VERY HIGH)

Diagnostic predictions
Any disorder - **HIGH risk**
Emotional disorder (anxiety, depression etc.) - HIGH risk
Behavioural disorder - Low risk
Hyperactivity or concentration disorder - Medium risk

Self-report SDQ **(Post-intervention)**

Score for overall stress **13** (0 - 14 is close to average)

Diagnostic predictions
Any disorder - **Low risk**
Emotional disorder (anxiety, depression etc.) - Low risk
Behavioural disorder - Low risk
Hyperactivity or concentration disorder - Low risk

How have problems changed since the intervention?- **Much better**

Tier 2.5 – Case Example

RCADS		
Gender	girl	
Grade	10	
	Raw Scores	T - Scores
Separation Anxiety	9	**80**
Generalized Anxiety	13	**67**
Panic	13	**79**
Social Phobia	24	**73**
Obsessions/Compulsions	5	**53**
Depression	22	**89**
Total Anxiety	64	**77**
Total Anxiety & Depression	86	**82**

RCADS		
Gender	girl	
Grade	10	
	Raw Scores	T - Scores
Separation Anxiety	2	**45**
Generalized Anxiety	4	**38**
Panic	7	**54**
Social Phobia	10	**44**
Obsessions/Compulsions	0	**35**
Depression	11	**54**
Total Anxiety	23	**42**
Total Anxiety & Depression	34	**44**

CORC

- The Child Outcomes Research Consortium (CORC) is “the UK’s leading membership organisation that collects and uses evidence to improve children and young people’s mental health and wellbeing.”

- In this months CORC newsletter, Bromley Y were used as a case study demonstrating innovative use of Routine Outcome Measures (ROMs) at first point of contact.

CORC

CORC Member Case Study: Bromley Y
Pre-assessment questionnaires: making assessment more efficient

Using questionnaires as part of triage

Asking young people to complete RCADs and SDQ questionnaires ahead of assessment helps practitioners at Bromley Y understand the way a young person is presenting and assess their level of need. As a service which provides a single form of access, it can form an important part of the triage process and has been shown to work well, particularly due to the young people's interaction with technology and the ease in which they can receive, fill out and return the forms via email to the service.

Saving time

By asking for completed questionnaires prior to assessment, the service has a good indicator of how much a young person wants to engage. This means that staff time and resources are allocated accordingly and also offers a gauge for the severity of a young person's need, meaning they can be pushed to the top of a waiting list where necessary. Sending out questionnaires after a referral comes in aims to give all young people a similar waiting time (on average up to 4 weeks wait for first assessment) and same recorded baseline as the T1 score. Parents SDQs are sent out as standard, for when a young person does not have the capacity.

The benefits

The practice is viewed favourably by parents, as they see it as an indication of true engagement and progress. It allows the practitioner to collect more information before the assessment and builds a relationship with the young person, bringing them into contact with the service and supporting them whilst they wait to access treatment. Most importantly it allows the service to start working collaboratively with the young person and focus both them and the practitioner on what they want to get out of accessing the service.

Barriers to practice

There can be barriers to the process such as questionnaires not being received or families being on holiday, which cause delays (the young person has 2 weeks to return the questionnaire). It can also be hard for low-income families without access to a computer or unable to afford returning the questionnaires ahead of assessment. To overcome this, the service ensures that contact is made with the young person prior to sending them a questionnaire to help identify where there may be a problem returning it. This also allows service users to say if they prefer not to complete one.

Implementation

Implementing this process has changed attitudes amongst the practitioners and admin staff. They feel more knowledgable about the measures and what the scores mean, as well as being interested in discussing them with the young person as part of treatment. Young people visiting the service have also expressed interest in the scores and seeing their progress throughout treatment.

- The audit this year, highlights that our service continues positively impact the lives of children and young people who access support with us.

- Our involvement with CORC demonstrates our working practices are at the forefront of children and young people's service development in this field.

Thank you