

Enhancing IAPT Outcomes 1: How to sustainably improve recovery and reliable improvement rates through reflective service review.

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The IAPT Approach to Outcome Measurement

- Traditionally NHS has been very poor at measuring and reporting mental health outcomes.
- CORE team markedly improved the position with CORE-OM
- BUT only a minority of people still had pre and post treatment scores (38% Stiles et al , 2007)
- A tragedy pointed the way forward

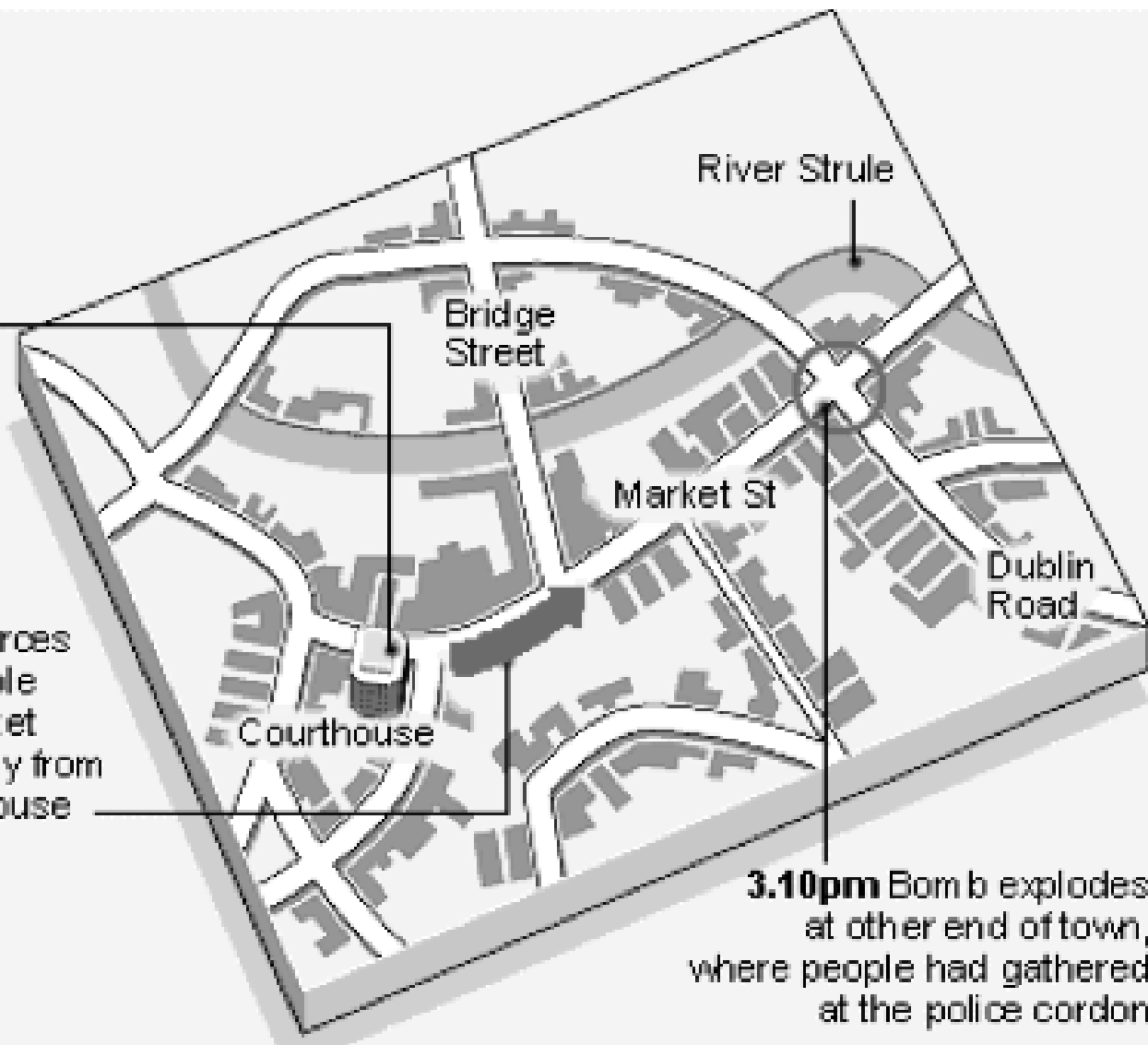
Omagh

On August 15 1998 a huge bomb exploded in Omagh killing 29 people and injuring more than 200.

2.30pm Ulster Television newsroom receives phone call claiming a bomb would go off near Omagh courthouse in 30 minutes.



Security forces move people down Market Street away from the courthouse



3.10pm Bomb explodes at other end of town, where people had gathered at the police cordon



Omagh Treatment Study

(Gillespie, Duffy, Hackmann & Clark, 2002, *Behav Res Ther*)

- Drop-in community therapy service created.
- No guarantee clients would come back to the next therapy session.
- Measures of PTSD and Depression given EVERY session to ensure clinical end-point available.
- A novel approach for the therapists.
- 86% of patients had pre and post PTSD scores. Outcomes as good as RCTs.
- Presenting outcomes to government released funding to create Northern Ireland Centre for Trauma & Transformation

IAPT Pilots (Doncaster & Newham)

(Clark, Layard, Smithies, Richards, Suckling & Wright, 2009, Behav. Res. Ther)

- Adopted Omagh principle of session by session measures (PHQ & GAD) to achieve high completeness rates.
- BUT some people felt it would be too burdensome for patients and it wasn't necessary as missing data doesn't really matter.
- SO Core-OM at pre and post only was also deployed.

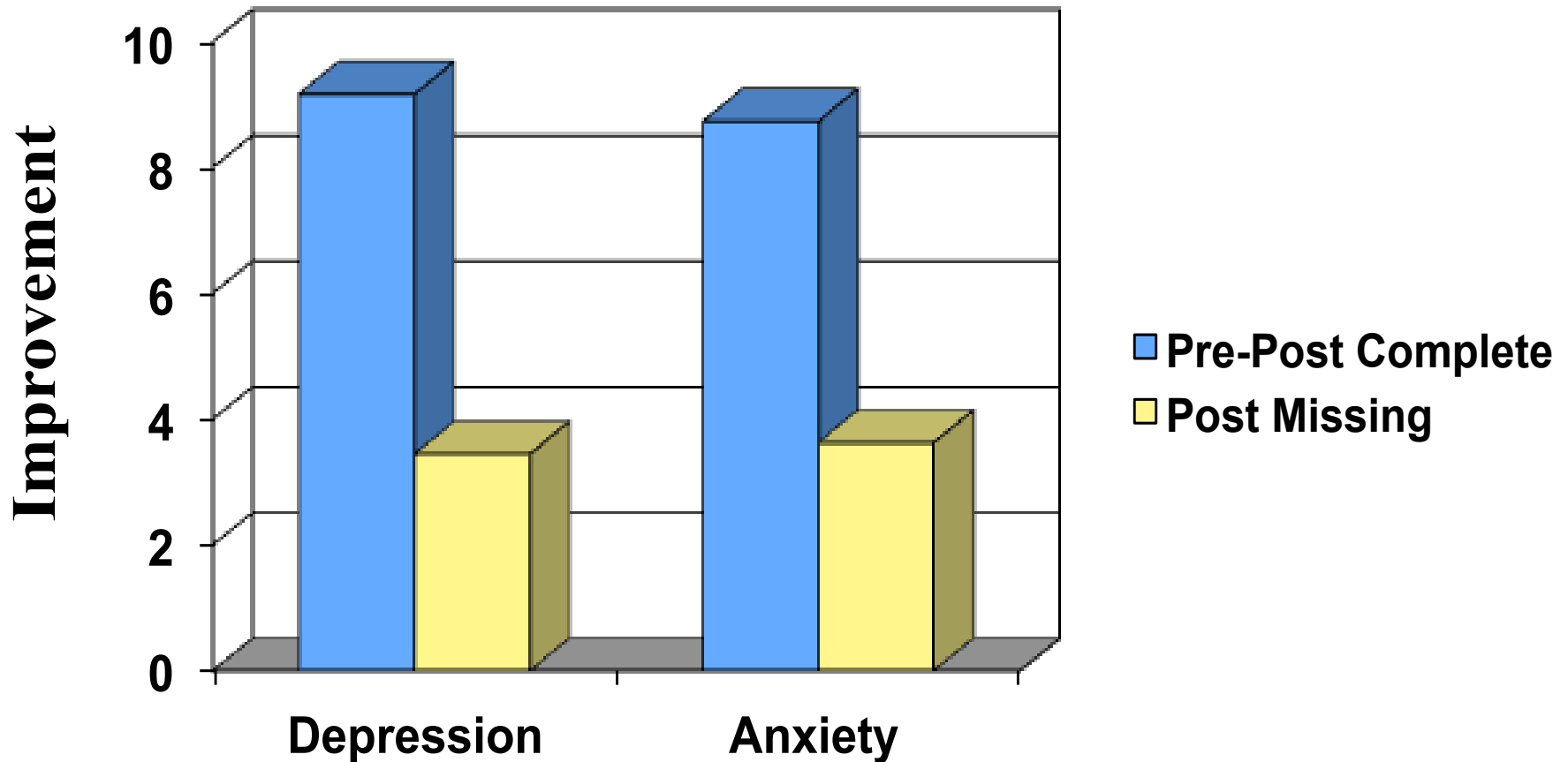
IAPT Pilots (Doncaster & Newham)

(Clark, Layard, Smithies, Richards, Suckling & Wright, 2009, Behav. Res. Ther)

- Session by session outcome system produced excellent pre-post data completeness (99% in Doncaster, 88% in Newham).
- Traditional Pre-Post system (CORE-OM) did not (56% in Newham, less in Doncaster).
- It was clear that missing data really matters. We tend to over-estimate how good are services are when we have missing data.

Why getting complete data matters.

(Clark, Layard, Smithies, Richards, Suckling & Wright, 2009, Behav. Res. Ther)



IAPT Minimum Data Set

- Session by session depression and anxiety measures
- Stringent recovery and improvement indices
- Detailed information about personal characteristics (age, ethnicity, gender) clinical condition (ICD-10 codes), type of treatment, stepping, number of sessions etc
- Nationally IAPT services now achieve 97% completeness of pre and post measures

How outcome measurement helps

- Guides therapy at the individual level.
- Allows services to reflect, launch innovations and see whether they help (today's session).
- Allows benchmarking of services against each other to help services and commissioners to learn from each other. Produces public transparency (tomorrow).

Thank You