Improving patient outcome recording in Children and Young People (CYP) IAPT

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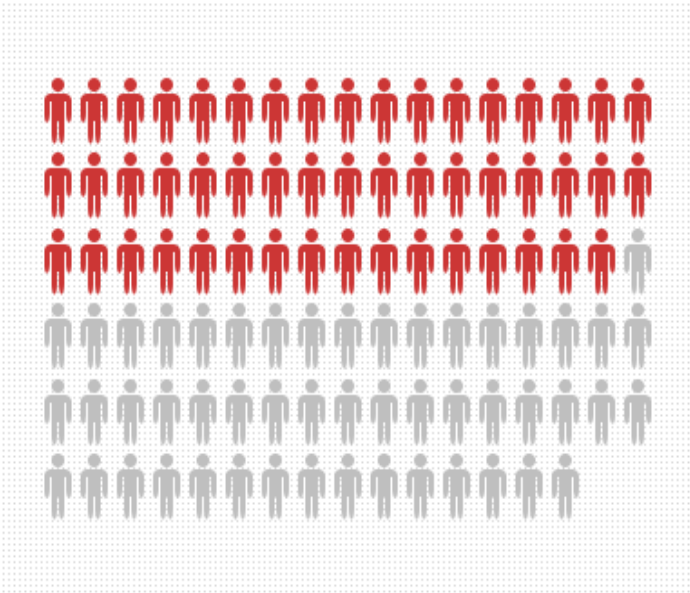
Impact of mental disorder: Most lifetime mental disorder arises early adulthood

Age of onset of lifetime mental illness – predates subsequent illness by several decades

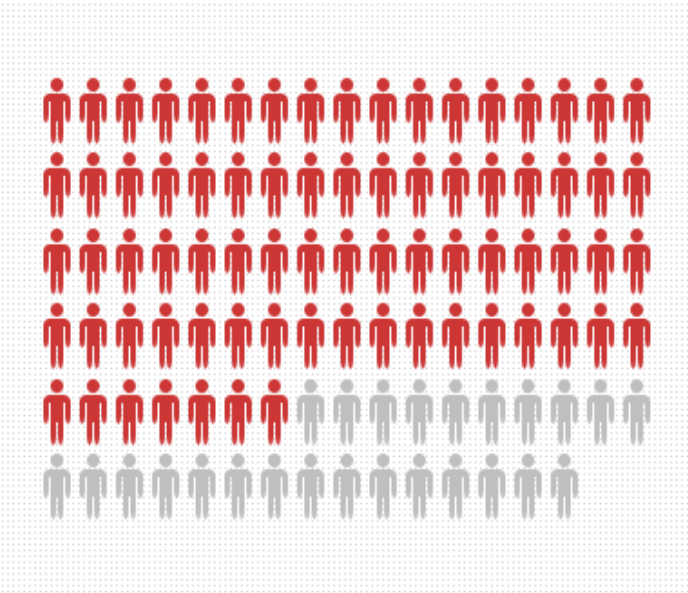
At Age 14

50% OF LIFETIME MENTAL ILLNESS (EXCLUDING DEMENTIA) STARTS BY AGE 14



By Mid Twenties

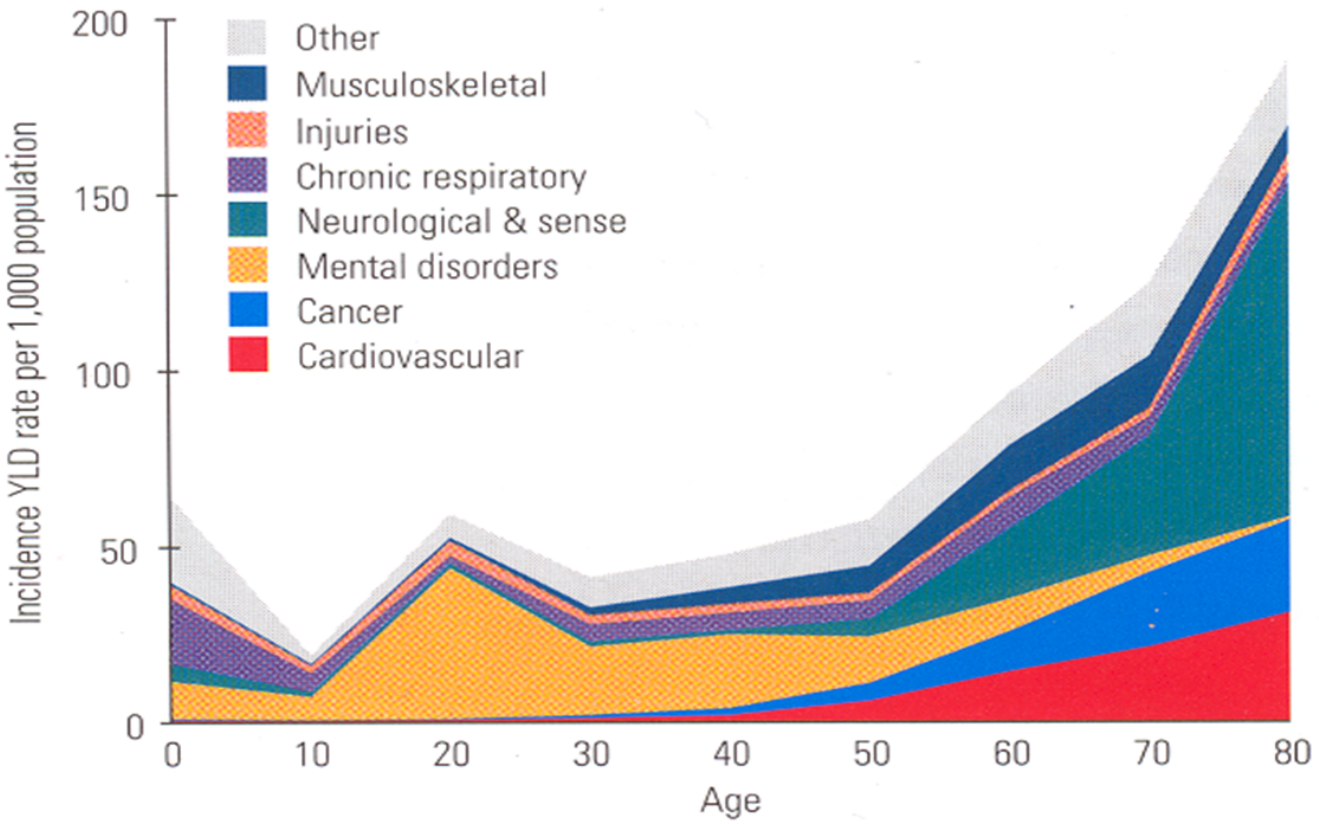
75% OF LIFETIME MENTAL ILLNESS (EXCLUDING DEMENTIA) STARTS BY MID TWENTIES



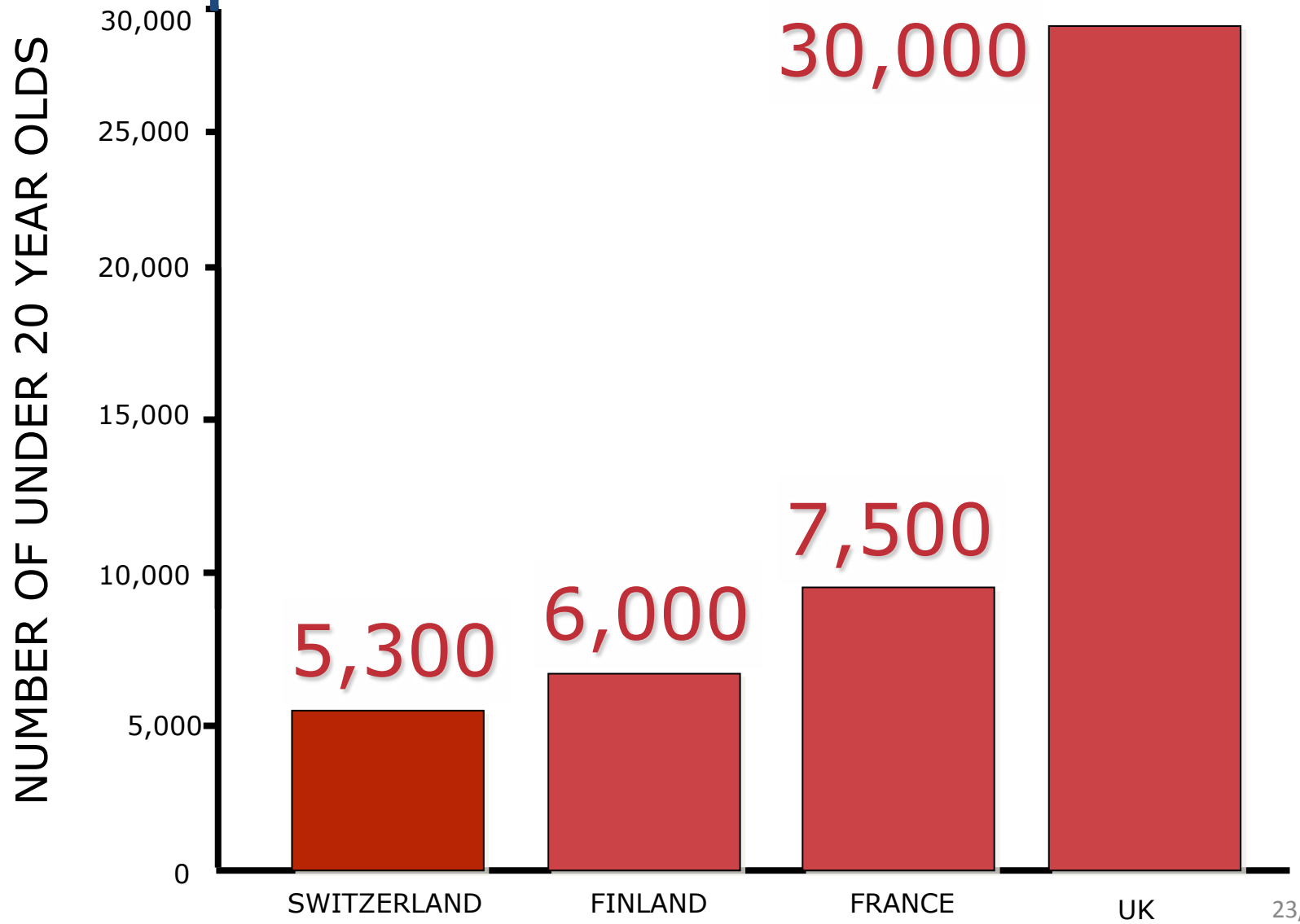
Source: Kim-Cohen et al, 2003; Kessler et al, 2005; Kessler et al, 2007

Mental health problems are the greatest health problem faced by children and young people

Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996



No of under 20 year olds per CAMHS medical specialist

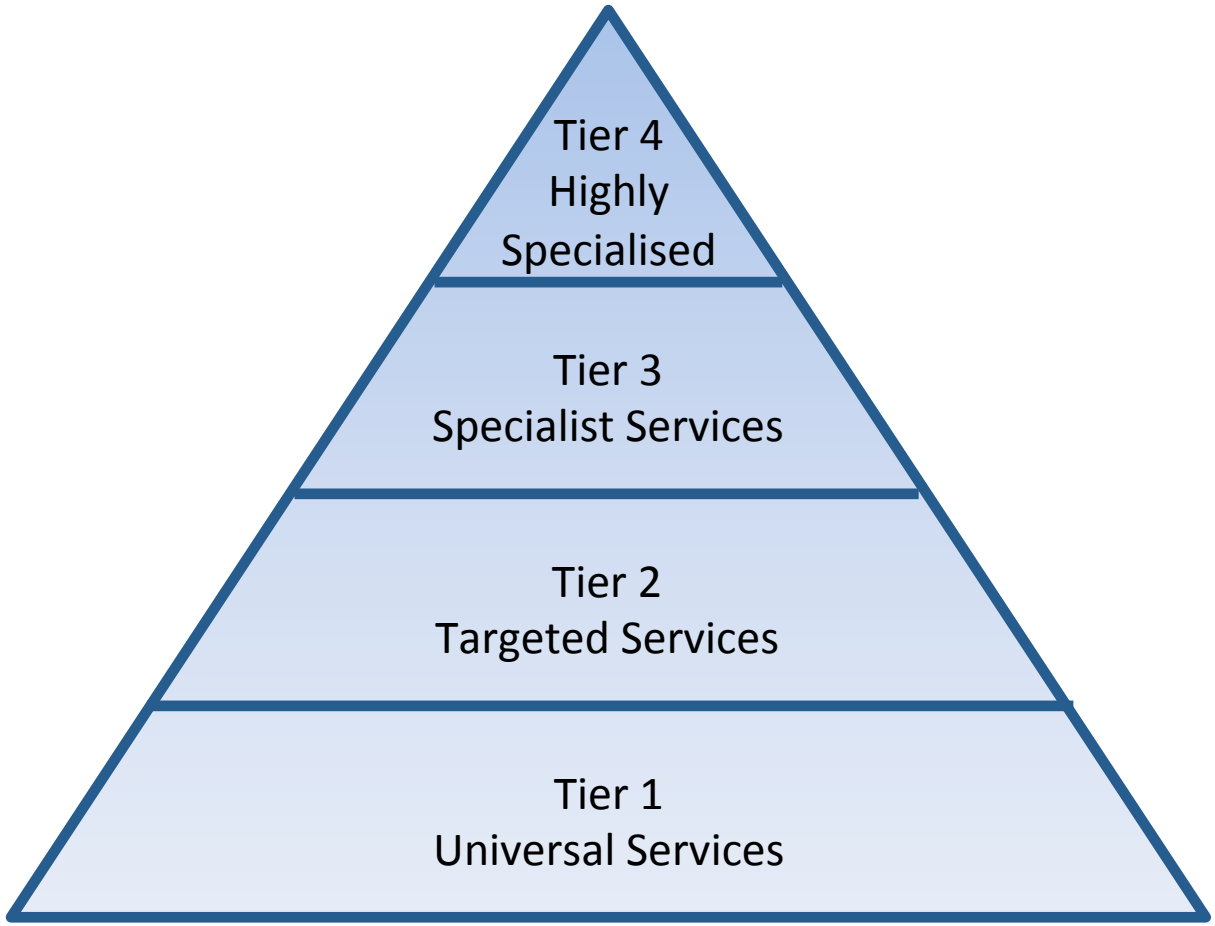


Source PEDRINI ET AL., (2012) ; LEVAY ET AL., (2004); WHO MENTAL HEALTH ATLAS (2005)

With permission P Fonagy

Current service provision: a snapshot

Child and Adolescent Mental Health (CAMHS) Tiers



Who do CAMHs treat?

- Everything
- Specific phobias (tier 2) through to psychosis, substance misuse and conduct problems (Tiers 2-4)
- Why does CYP IAPT target?
- Anxiety, depression, conduct & eating disorders

On top of these problems…

- Unmet need: **only 13% of adolescent males** with a clinical diagnosis receive treatment
- **Increased prevalence** of at least some mental health problems in young people (e.g., self-harm)
- **Inconsistent use of evidence-based interventions** across services - mixed outcomes
- **Missed opportunities for** potential **prevention**, caused **by delay** in accessing services
- **Need for better understanding** about child mental health (mental health literacy) in services outside mental health care (**GPs**, **education** -see www.MindEd.org.uk)
- In many services there is limited **routine outcome measurement** and no requirement to **monitor** outcomes
- Concerns re **access** to in patient services
- Concerns re **transition** between services

Building on what we know – Appropriate CAMHS services

Improving outcomes **accountability**

Improving access & engagement

Delivery of **evidence-based** practices

Increasing **MH awareness** & decreasing stigmatisation

Enhancing youth, carer and community **participation**

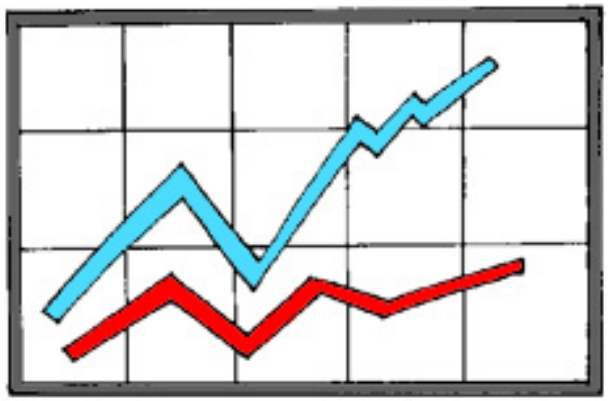
CYP IAPT

- CYP IAPT **learned from Adult** IAPT but is **specific to** the needs of **children and** families and the **agencies** that support them.

  Key IAPT quality markers:

  - Evidence Based Practice **(EBP)**
  - Routine Outcome Monitoring **(ROM)**
  - Strong supervision and high **fidelity**
- **Participation** in the CYP IAPT project will be offered to existing **CAMHS** - **not necessarily** exclusively provided by the **NHS**.
- CYP IAPT prepares the **future workforce** by training **within existing CAMHS**
- The **budget** is **modest** and is to 2015
- New developments in **adult IAPT** eg EIP **now follow** the CYP methodology

Training in Evidence Based Practice



Research evidence

+

Children, young people and family values + preferences

+

Clinician observations

=

Quantifiable results

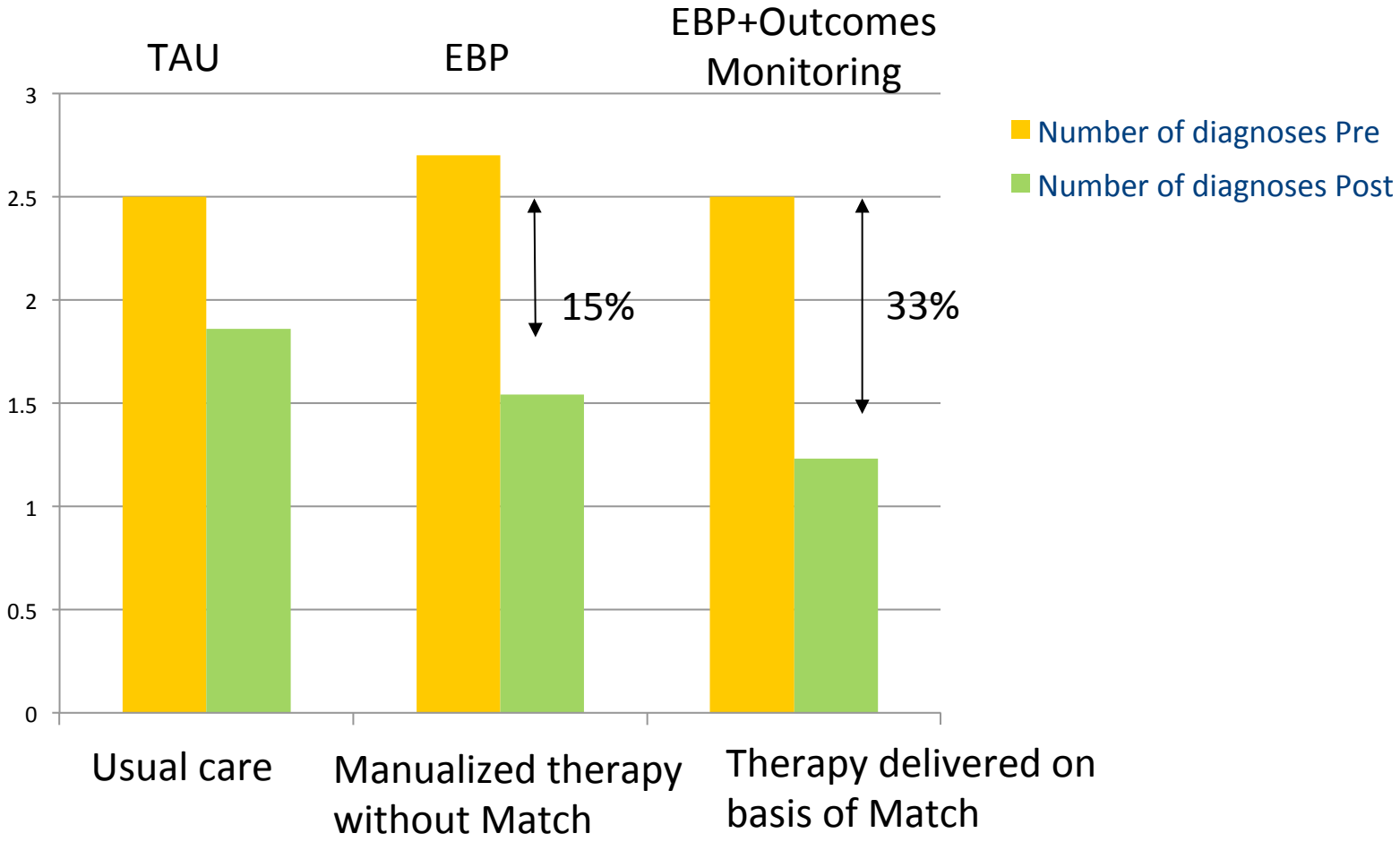
Utility for clinicians

Acceptable to recipients

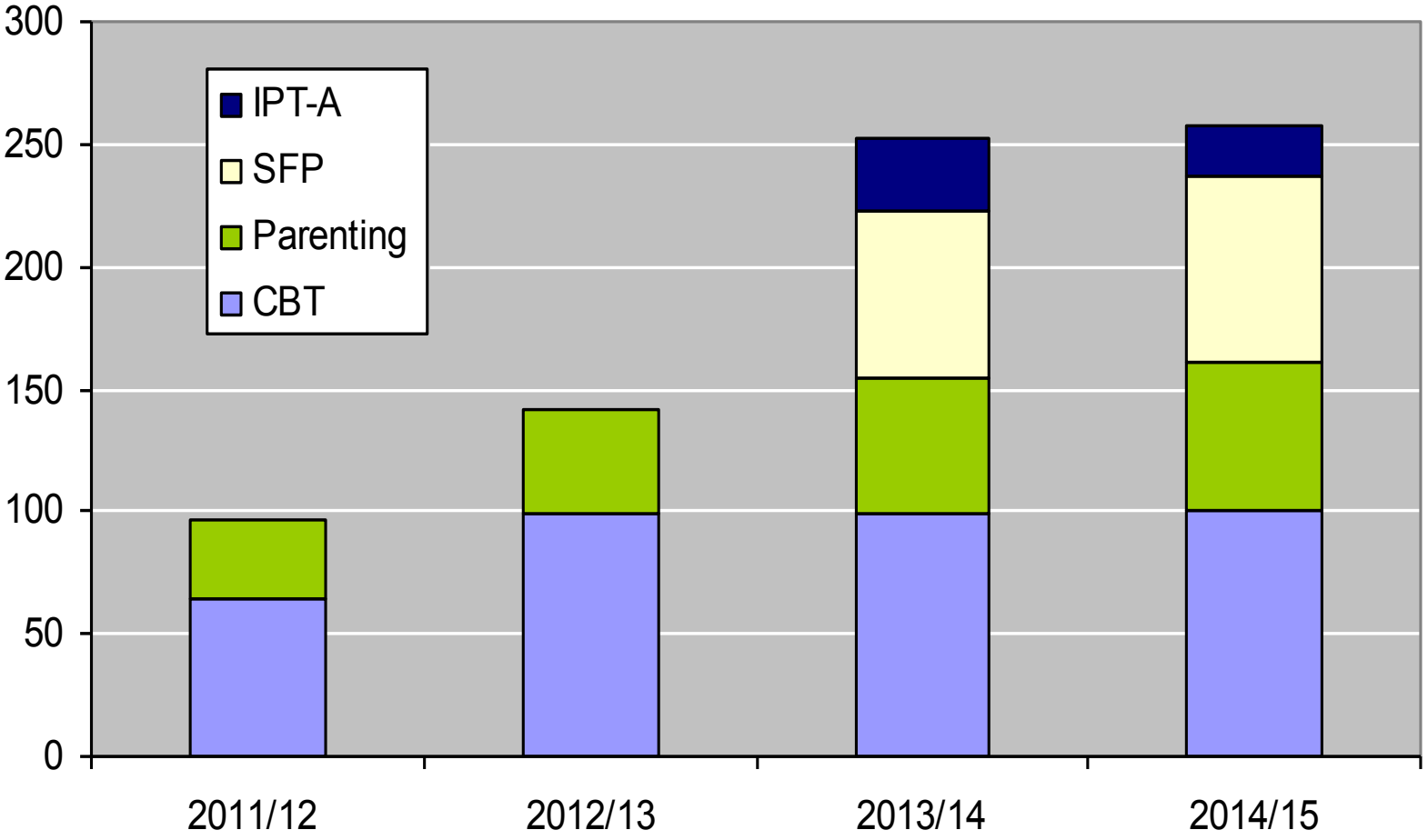
Frueh et al (2012) Evidence-Based Practice in Adult Mental Health. Handbook of Evidence-Based Practice in Clinical Psychology. Published online.

Measurement for a purpose:
Guiding treatment to better outcomes

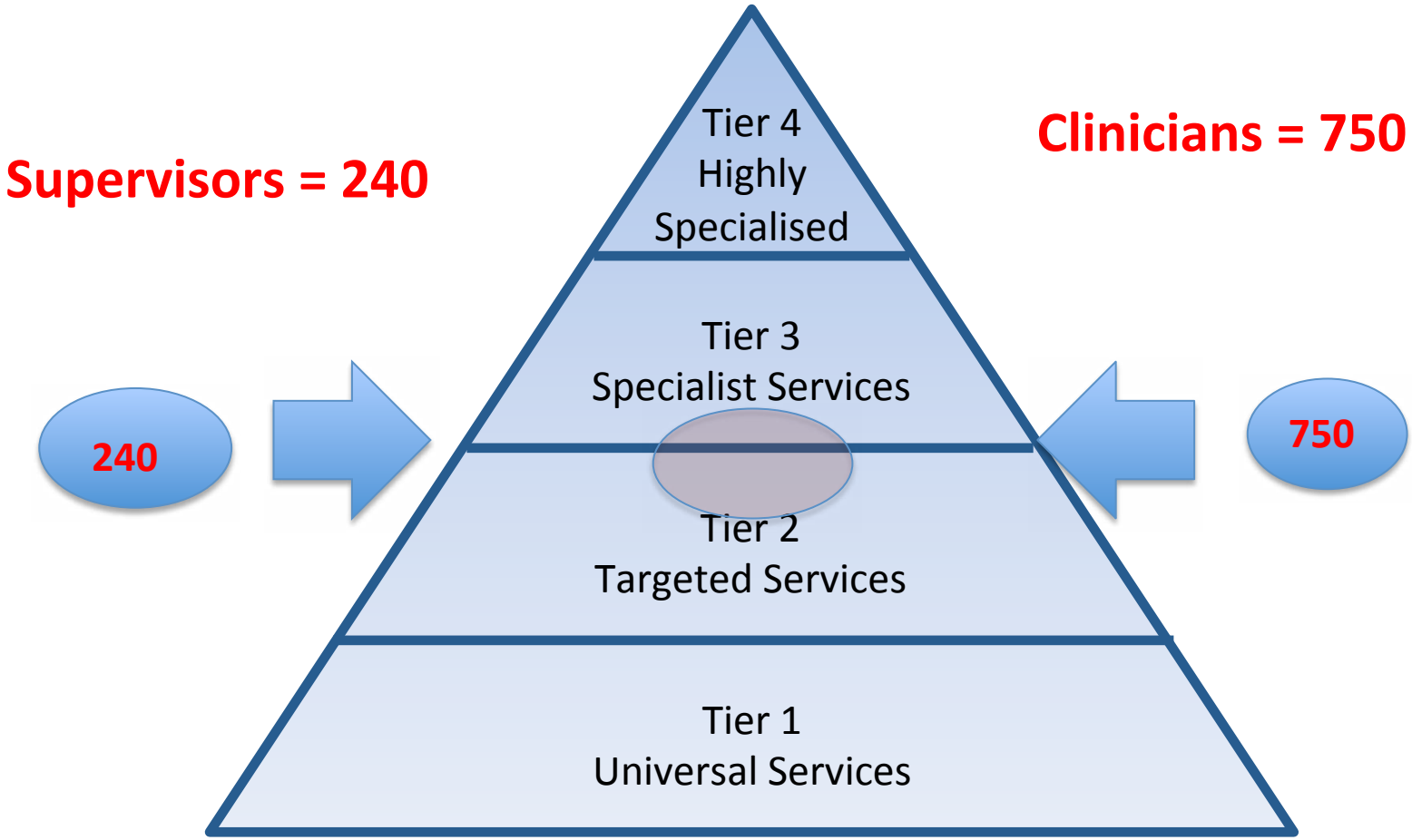
Weisz et al. (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: a randomized effectiveness trial. *Archives of General Psychiatry, 69*(3), 274-282. With permission from Peter Fonagy



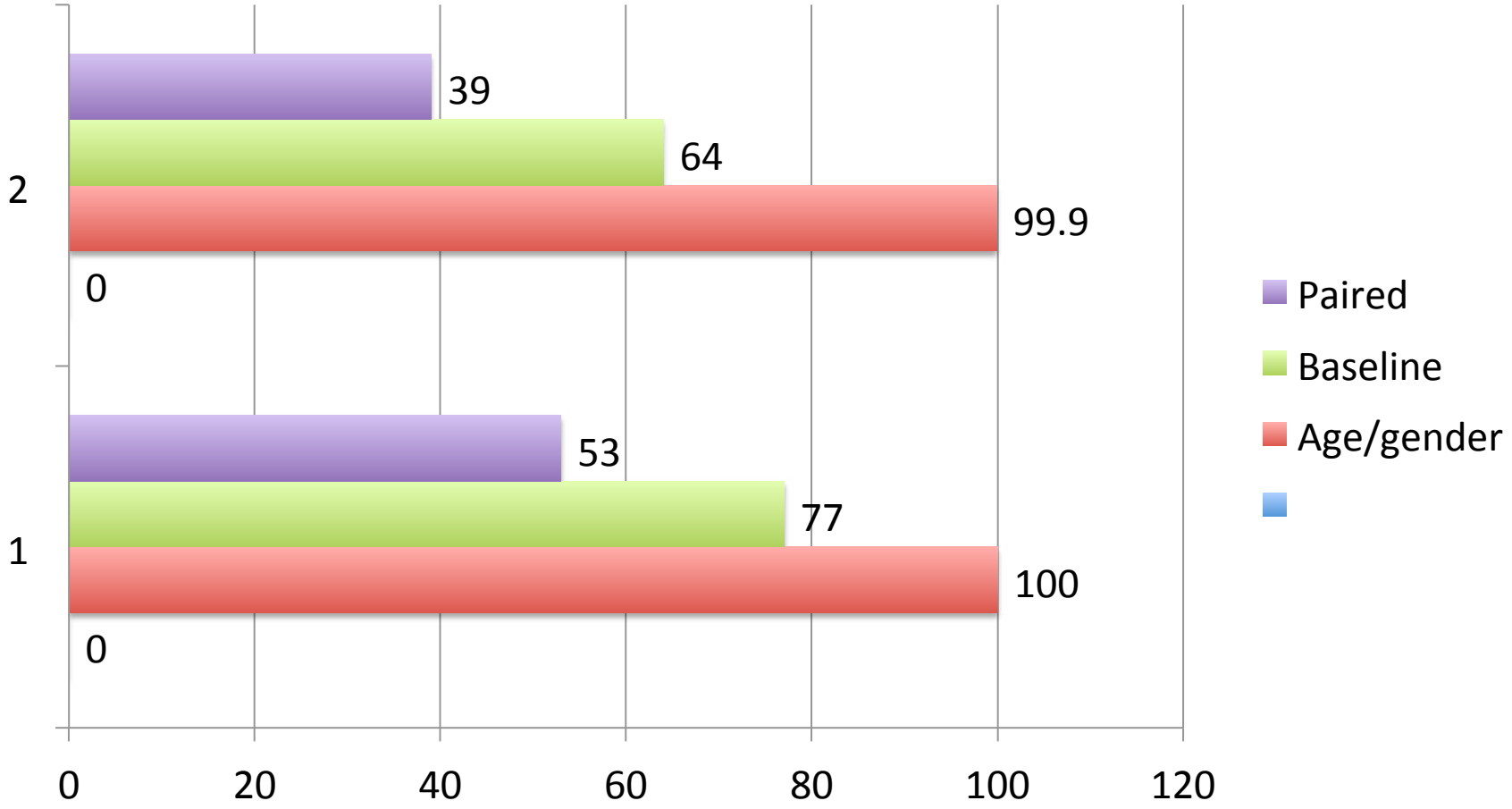
Therapist trainee numbers by modality across 4 years of CYP IAPT



Child and Adolescent Mental Health (CAMHS) Tiers



CYP IAPT routine outcome measures
April to June 2014



Aim

- Improve routine outcome monitoring in CYP IAPT sites by 10%

How?

- Working with CAMHs to monitor ROMS use
- To identify barriers and problems
- To implement organisational solutions
- To train, educate, persuade **all** CAMHs staff