The EYE-2 Project
Supporting the Collection of Routine Outcome Data in Early Intervention in Psychosis Services Manual

Dr Rebecca Webb, Vicci Smallman, Danielle Wilson, Professor Kathy Greenwood, and the EYE-2 team

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Using the manual

Throughout the manual you will find the following boxes:

Further Information

Links to further information outside of the manual will be found in these boxes.

Activity

Activities to enable reflection on the manual material will be found in these boxes.

Further Resources

Page numbers with useful resources within the manual will be found in these boxes

Quotes

Quotes from colleagues working in EIP services about using outcome measures will be found in these boxes.

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The EYE-2 Study

About EYE-2

About 1 in 4 Early Intervention in Psychosis (EIP) service users drop out or disengage from EIP services before the service has finished working with them. We are conducting this study to see if certain ways of working can reduce this.

We carried out focus groups and interviews and listened to what service users want from services, and what clinicians can offer, and we have put this information together into user-friendly training and materials to help services to implement those ideas. We have called this EYE-2 (Early Youth Engagement in early intervention in psychosis services). It includes staff training, booklets and a website. It aims to provide staff with training and resources to promote engagement, and further improve young people's health and wellbeing, and we want to see if it works.

As you know, the team you work in has been randomly allocated to either continue to deliver the standard EIP service (control) or to also have access to the EYE-2 training and materials (intervention).

Being part of either the control or intervention is equally important. We cannot adequately understand whether an intervention works without a control group. For example, if we took only one team and found a reduction in the amount of service users disengaging, we wouldn't be able to conclude the change was down to the intervention. It could be due to time, or clinician factors or service user factors. The control group allows us to understand this by accounting for these factors.

Teams providing the EYE-2 and the standard EIP service will both be invited to attend a special half-day training session in collecting and inputting the NHS-England routine outcome data. A Continuous Professional Development certificate will be provided on completion of this training. This manual provides part of the training on collection of routine outcome data.

Your expertise and input to this manual will be invaluable. If you would like, we will include your helpful ideas on data collection, and will include your name within the authorship, as part of the manual development group.

We know that collecting routine outcome measures can be challenging for a number of reasons (see page 6). However, we also know that it can be helpful for service users and staff alike (see page 3), and it is needed for the EYE-2 project evaluation. We have created this manual and training to help us to find ways of supporting the collection of outcome measures. From talking to clinicians, service-users and looking at the research we have gathered some suggestions which we hope will be helpful. This includes providing an Excel document. This will give you and your team the ability to transform the outcomes that are collected into graphs. We also provide resources to improve outcome collection such as posters, and ideas and approaches to enable service users to benefit from the measures.

Introducing EYE-2 to service users

The EYE-2 research assistants will be working as part of each of the EIP clinical teams involved in the study. The main role of the research assistants is to support each team involved in the study to collect the NHS –England mandated routine outcome data, in the way that works best for each team. They will then transfer an anonymised version of this data, following our ethical approval processes, to a research database to enable the evaluation of the EYE-2 project. They will not transfer personal data outside of the EIP teams.

The research assistants can undertake a variety of roles to support each team with this data collection. They can advise when outcomes might be due, to make it easier for everyone to keep track of the data that has been collected. They can occasionally also collect outcome data themselves.

At the end of the study, research assistants will contact some service users who have disengaged from the service to ask them to complete any remaining questionnaires.

It would be really helpful if you could explain to service users that your team is taking part in the EYE-2 study and that at some point in the future they may be contacted by the research assistant in the team. If they are contacted, this will either be for the research assistant to collect data themselves on behalf of the service, or alternatively, the team's research assistant may ask for the service user's consent to be contacted by the wider research team to complete a more detailed research assessment. We will provide you with some information packs, and other promotional materials to support these discussions about the project.

Introduction and Background

The Measures

As experts in Early Intervention in Psychosis (EIP), you will already know about these outcomes, but we would like this manual to also help new and recent EIP staff, so we have provided some additional detail here.

The Expert Reference Group (ERG) recommends that clinicians working in EIP should use the following three outcome measures whilst working with their clients.

These are the:

- Health of the Nation Outcome Scales (HONOS)
- DIALOG
- The Process of Recovery Questionnaire

We know that many clinicians will already be familiar with these measures, but we have included further information on them below in case this is helpful.

HONOS

The Health of the Nation Outcomes Scales are clinician rated scales that cover safety, substance use, physical health and social issues. They have been regularly used in services for a while and many clinical staff will already be familiar with them.[1]

The measures were developed in the 90's in order to measure the improvement of health and social functioning of people with mental health difficulties, which was in line with a government strategic target at the time.[2]

Each item on the HONOS is rated on a five-point scale:

0 = no problem

1 = minor problem requiring no action

2 = mild problems but definitely present

3 = problem of moderate severity

4 = severe to very severe problem

The minimum total score a person can receive on the HONOS is 0, the maximum score a person can receive is 48.

Scores on the HONOS can be clustered into 4 groups:

1. Behavioural problems (Items 1-3; Maximum possible score of 12)
2. Impairment (Items 4-5; Maximum possible score of 8)
3. Symptomatic problems (Items 6-8; Maximum possible score of 12)
4. Social problems (Items 9 – 12; Maximum possible score of 16)

The scale can be used alongside a clinical assessment that can enable us to score all the HONOS items.[3] The Royal College of Psychiatrists provide guidance to the meaning of each rating level for each scale, as it is important to take into account culture and context when assessing behaviours, experiences and beliefs.

Further Information

Royal College of Psychiatrists Glossary:

https://bit.ly/2zcyWpH

Royal College of Psychiatrists HONOS training slides:

https://bit.ly/2FnRPvo

DIALOG

The DIALOG is a service-user rated outcome measure that focuses on quality of life, care needs and treatment satisfaction. Service users are asked to rate their satisfaction with 8 life domains and three treatment aspects on a 7-point rating scale.

1. Totally dissatisfied
2. Very dissatisfied
3. Fairly dissatisfied
4. In the middle
5. Fairly satisfied
6. Very satisfied
7. Totally satisfied

The scale has been used within both NHS routine care and research.

Scores on the DIALOG can be clustered into 2 groups:

1. Quality of life: Items 1-9. You can find out a service user's score by averaging these 8 items.
2. Satisfaction with treatment. Items 10-12. You can find out a service user's score by averaging these 3 items.

Scores below 4 reflect explicit dissatisfaction, whereas scores above 4 reflect explicit satisfaction. Scores of 4 are the neutral middle point. [4]

We have used published data to calculate the reliable change index for this measure. The results of this calculation suggest that a change on the total score for the DIALOG of more than 1 point on the quality of life items may represent an important clinical change. We now aim to check this further in consultation with service users.

Further Resources

Go to Page 18 & 19 to access printable formats of the QPR and DIALOG.

The QPR

This measure has been developed with service users and asks about key aspects of personal recovery such as hope and identity.[1] The QPR is associated with general psychological wellbeing, quality of life and empowerment.

The QPR is made up of 15 questions and each item is rated on a 5-point scale:

1. Disagree strongly
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Agree strongly

Higher scores are indicative of recovery.

The QPR is designed to be a vehicle to facilitate discussion about an individual's goals.

We have used published data to calculate the reliable change index for this measure. The results of this calculation suggest that a change on the total score for the QPR of more than 3 points may represent an important clinical change. We now aim to check the meaningfulness of this change too in consultation with service users.

Further Resources

See Page 28 to find instructions on how to run a report to assess patient's change in their scores.

Why these measures?

These measures were chosen by an expert reference group as being the most appropriate measures to evaluate service users' progress and outcomes.

These three measures have been chosen because the EIP-ERG believe that together they provide clinician ratings alongside service users' views of their needs, experience and stage of recovery.

The tools are also well-researched, have a variety of outcomes, are succinct and are practical to use in clinical practice.

> **Quote 1**
>
> "Both assessment tools are useful in care planning. The DIALOG is additionally useful in planning STR interventions"
>
> EIP Clinician, Brighton

They can also be used to capture important change in service user's perspectives. Taking the QPR, for example, a small change from disagreeing with the statement "I feel that my life has a purpose" to agreement with the statement, may indicate a significant positive change in the way a person feels about themselves and their life. This might show how helpful your work has been in improving an individual's quality of life. It also shows why it can be helpful to collect these outcome measures at multiple time points, so you can understand service users' goals and needs, how these change and how your work helps them over time

When might it be most helpful to collect outcome measures?

The Early Intervention in Psychosis Access and Waiting Time Standard[1] state that as a **minimum** the outcome measures should be used:

- During assessment
- At 6 months
- At 12 months
- Every year
- Upon discharge

Why might it be helpful to collect outcome measures?

There are many reasons why it might be helpful to collect outcome measures. For example:

They enable us to highlight areas where development may be needed	e.g. if patients consistently rate their satisfaction with treatment as low, this might give ideas for service development
They allow services to demonstrate objectively their effectiveness	e.g.being able to demonstrate to CCGs or other bodies that the majority of service-users are making significant recovery improvements
They allow you to plan treatment with your client	e.g. if the DIALOG suggests that a patient wants help with getting back to employment, treatment can focus on this
They allow for team planning	e.g. If the DIALOG suggests the majority of patients want vocational help you could consider increasing the vocational worker's time within the teams.
They can provide you with additional information about the service user that you may not have known before	See Quote 1 on page 3

Research also supports using outcome measures in clinical care. Studies have found that outcome measures can:

- Improve collaborative practice, reduce drop-out rates and improve clinical outcomes.[5]
- Improve clinicians' ability to detect worsening of symptoms.[6]
- Provide information that may have otherwise been missed to inform formulation/intervention.[7]
- Ensure service users are heard and enhance shared decision making.[8]

Furthermore, research suggests that service users with psychosis found routine outcome measures helpful (72% of service users). [9]

What is expected?

The Early Intervention in Psychosis Network College for Clinical Quality Improvement has set a National Audit Target for routine clinical outcomes[10] (HONOS; DIALOG; QPR). It is expected that all services are functioning at level 3. This means it is expected that all services must have **at least two outcome measures**, recorded **at least twice**, for **50% or more** of their service users. There are four different levels that a service can be functioning at in terms of routine outcome monitoring:

Level 1: less than 25% requires substantial improvement

Level 2: 25% requires improvement

Level 3: 50% Good

Level 4: 75% Outstanding

National Performance

An audit carried out by the Royal College of Psychiatrists in 2016 found that the HONOS had been collected for 84% of patients, whereas the QPR had only been collected for 6% of patients. The DIALOG had been collected for less than 1% of patients.[10] This shows that a lot of work is needed to ensure all EIP services are reaching the recommended target.

Quote 2

"I've used the questionnaires recently with a couple of people and they've been really helpful. They've opened up some conversations"

EIP Clinician, Sussex

Activity 1

Reflect on your learning

By yourself of with a colleague:

1. List three reasons the three measures in question have been chosen for use by the EIP ERG.
2. List five reasons it is important to collect outcome measures.

Total 8 points

Answers on page 32

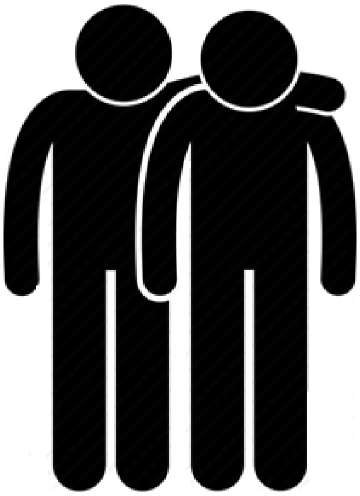
Implementing the Measures into Clinical Practice

Barriers

We have been working with clinicians in teams across the UK, who have suggested that there are certain barriers to using the three measures in practice.

Activity 2

What barriers do you experience that make it harder for you or members of your team to use these measures during clinical practice. Use the space below to write these down.



During our research the main barriers identified by other clinicians include:

Time

Many clinicians feel that there is not enough time to complete measures during the sessions. There is often too much to talk about and therefore completing the measures drops to the bottom of the agenda.

Clinical factors

Collecting outcome measures may not be seen as a priority, especially where there are other things to consider in a session, and there is too much other paper work to complete. Clinicians also sometimes feel that there is little value to completing these measures and that they may hinder the therapeutic relationship. In addition, some clinicians feel the measures aren't particularly useful as there is not always a history of previous scores to compare a patient's progress against.

Service user factors

There is a general concern that service users may not want to use the measures, or may not perceive them as being particularly useful or valuable. This could mean service users do not want to fill them out. In addition, factors such as language barriers and feeling overwhelmed can impact the likelihood of the measure being used.

The measures themselves

Some of the questions on the measures can be repetitive or the language can be difficult to understand. Furthermore, some questions may not be as relevant in the initial assessment as they are at discharge.

Solutions and overcoming barriers

Activity 3

Taking the four headings above, and any other barriers you have identified, *in pairs,* see if you can come up with any solutions or ways of overcoming these barriers.

Time

Clinical factors

Service user factors

The measures themselves

Other

Based on reflective groups, research and advice from other EIP clinicians, here are some suggestions for overcoming these barriers:

Time

- Set time in the session to complete the measures together, let the results guide the rest of the session
- Ask the service user to complete them at home and then discuss them at the beginning of the next session.
- Consider placing paper copies in the waiting rooms that service users can fill out whilst they wait for their appointment

Clinical factors

- Set yourself reminders to take the measures into the session with you. Our pilot research found that putting reminders on phones, outlook diaries and boards where clinicians sign in and out are helpful.
- Consider completing the measures together with service users
- Think about how the measures can be used to set the tone for the session, or how they can be used for care planning.
- Think about the way you are introducing the measure. Making apologies before using the measures may minimize their value with service users and hinder the therapeutic relationship, but bringing the results into the session may not.

Further Resources

Go to Page 26 to access information on how to set reminders for taking the measures with you to the sessions.

Activity 4

Group activity: practice role-playing the introduction of the measures. What methods seem to be more or less helpful in keeping the therapeutic relationship going when discussing the measures?

Independent activity: Think about different ways you could introduce the measures. Which ones might be the most helpful in keeping the therapeutic relationship going?

Write down any ideas or methods you have come up with during your role-play or thinking activity.

Potential ways to introduce the measures:

It would be really helpful if you could fill out these measures. They can provide some really useful information about you and how you are getting on at the moment.

These are two questionnaires. It might be helpful if we try to complete these about once every 6 months. The QPR helps us to learn about how you feel about yourself and your health and what is important to you. The DIALOG asks about how you feel about the services you are receiving.

I'm not sure if you remember filling out these measures a while ago, but would you be able to fill them in again now? We can have a look at the difference between how you were feeling 6 months ago and now at the next session if you are interested?

These are two questionnaires that can help us understand more about your feelings, about your goals for your recovery, and about what you want to achieve and how we might be able to support you.

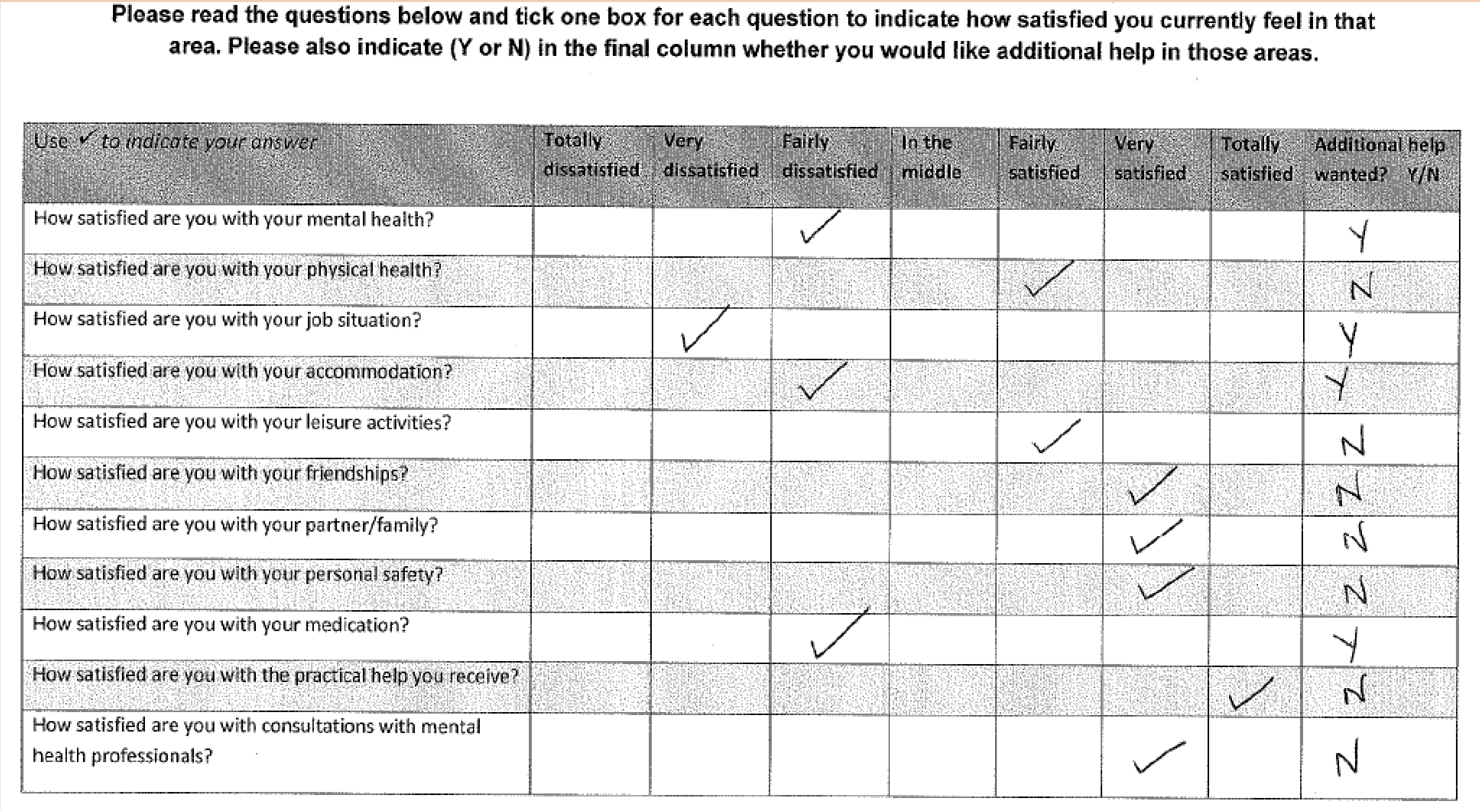
These are two questionnaires that can help us get to know you and what matters to you. You can fill them out by yourself or I can help you if you want.

Other ideas

- Set an agenda for the session, with completing the measures being part of the session. This will show that the measures are part of the intervention and are important.
- Explain that the measures are being collected across all EIP services and that they can help you (the clinician) and the NHS see whether what you are delivering is helpful to those with psychosis.
- Explain that the measures can be used to track a service user's progression as they go through the service and they have been designed by service users for service users.

Activity 5

Look at the DIALOG below and think about, or discuss with a colleague, what you would do if a service user completed their DIALOG in this way. You can add some notes about your ideas below.

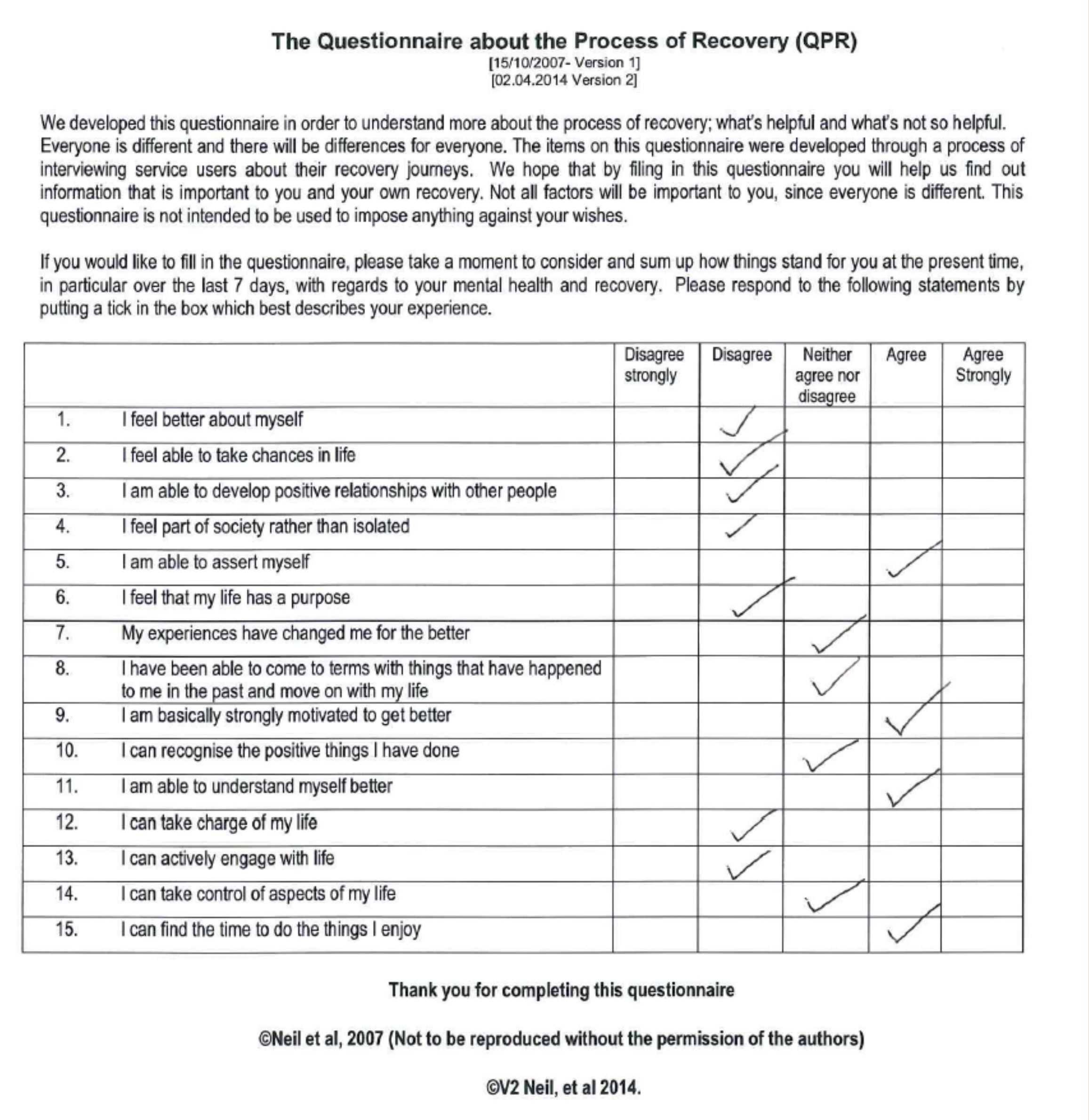


Please read the questions below and tick one box for each question to indicate how satisfied you currently feel in that area. Please also indicate (Y or N) in the final column whether you would like additional help in those areas.

Use ✓ to indicate your answer	Totally dissatisfied	Very dissatisfied	Fairly dissatisfied	In the middle	Fairly satisfied	Very satisfied	Totally satisfied	Additional help wanted? Y/N
How satisfied are you with your mental health?			✓					Y
How satisfied are you with your physical health?					✓			N
How satisfied are you with your job situation?		✓						Y
How satisfied are you with your accommodation?			✓					Y
How satisfied are you with your leisure activities?					✓			N
How satisfied are you with your friendships?						✓		N
How satisfied are you with your partner/family?						✓		N
How satisfied are you with your personal safety?						✓		N
How satisfied are you with your medication?			✓					Y
How satisfied are you with the practical help you receive?							✓	N
How satisfied are you with consultations with mental health professionals?						✓		N

Activity 6

Look at the QPR below and think about, or discuss with a colleague, what you would do if a service user completed their QPR in this way. You can add some notes about your ideas below.



The Questionnaire about the Process of Recovery (QPR)

[15/10/2007- Version 1]
[02.04.2014 Version 2]

We developed this questionnaire in order to understand more about the process of recovery; what's helpful and what's not so helpful. Everyone is different and there will be differences for everyone. The items on this questionnaire were developed through a process of interviewing service users about their recovery journeys. We hope that by filing in this questionnaire you will help us find out information that is important to you and your own recovery. Not all factors will be important to you, since everyone is different. This questionnaire is not intended to be used to impose anything against your wishes.

If you would like to fill in the questionnaire, please take a moment to consider and sum up how things stand for you at the present time, in particular over the last 7 days, with regards to your mental health and recovery. Please respond to the following statements by putting a tick in the box which best describes your experience.

		Disagree strongly	Disagree	Neither agree nor disagree	Agree	Agree Strongly
1.	I feel better about myself		✓			
2.	I feel able to take chances in life		✓			
3.	I am able to develop positive relationships with other people		✓			
4.	I feel part of society rather than isolated		✓			
5.	I am able to assert myself				✓	
6.	I feel that my life has a purpose		✓			
7.	My experiences have changed me for the better			✓		
8.	I have been able to come to terms with things that have happened to me in the past and move on with my life			✓		
9.	I am basically strongly motivated to get better				✓	
10.	I can recognise the positive things I have done			✓		
11.	I am able to understand myself better				✓	
12.	I can take charge of my life		✓			
13.	I can actively engage with life		✓			
14.	I can take control of aspects of my life			✓		
15.	I can find the time to do the things I enjoy				✓	

Thank you for completing this questionnaire

Ideas for care planning based on the above results:

DIALOG Summary

The service user is dissatisfied with their mental health, job, accommodation and their medication. They would like help with all of these aspects of their life.

- **Mental health:**
  - Offering psychological interventions like CBT
  - Discussions with psychiatrist and psychologist
  - Care-coordinator to make regular appointments with service user to support mental health
  - Offer family interventions
- **Job:**
  - Discussion with vocational worker
  - Identifying volunteer work
- **Accommodation**
  - Referral to social worker
  - Discussion with housing officer
- **Medication**
  - Discussion with psychiatrist

Further Resources

Go to Page 24 to find an example of a feedback report that you can give to service users

QPR summary

The service user feels bad about themselves, does not feel they can take chances or take charge of their life, and doesn't feel good about their relationship with others.

- **Service user's feelings about themselves**
  - Working to improve self-esteem during psychological intervention
  - Improving service user's feelings about having a sense of purpose by helping them find employment, identify hobbies and interests.
- **Feeling part of society and relationships with others**
  - Family interventions
  - Identify social or peer support
  - Identify volunteer work
  - Work with STR workers to help the service user to participate in a range of activities.

Other helpful implementation strategies for all measures

Research suggests that it is easier to change your own personal behavior, if this is embedded within broader changes in the culture of your working environment[11]. We have therefore provided some potentially helpful ways to facilitate the collection of routine outcome measures from an organizational perspective:

- Set targets – although some services may feel a bit 'targeted-out', it can still be helpful in terms of everyone knowing that their hard work is being noticed. Having a realistic target to work towards can also be helpful. Make sure to bring the targets and performance up at team meetings to act as reminders.

- Monitoring and feedback – As above, people will feel their hard work is valued if the service takes the trouble to monitor and feedback on individuals' achievements.
- Rewards – consider providing rewards to those teams or individuals who collect more routine outcome data.
- Post the measures – if you don't have time in the session and you feel that the service user is able to complete these measures alone, post them out to them. It is useful to include a letter that explains the measures and their purpose to the service user.
- Complete over the phone – similarly you can call the service user and complete the measures over the phone.

Using the measures in practice

You can use the measures to help set therapy goals and to monitor a patient's progress

- **Goal setting:** Identifying where a patient is really struggling and set goals to overcome this. For example, if a service user does not feel part of society, you could support them to increase social activities.
- **Progress monitoring:** Collecting measures at more than one timepoint for the same service user allows you to monitor their progress. You can see whether the strategies you have used to achieve the set goals are working, or whether another strategy needs to be implemented.

Further Resources

Go to Page 23 to find a goal setting form that can be used with the QPR and the DIALOG in the sessions

Service user factors

- Explain the importance of these measures in terms of care planning and identifying service user's own goals that you can support.
- Consider providing service users with a feedback report based on their own scores on the measures. This could provide information on their scores on the DIALOG and the QPR and can be discussed together in the session.

Some service users may find the measures particularly difficult to complete, especially if they have learning difficulties. In this case, you can talk through the measures to help them to complete them. See below for a breakdown of the QPR to help with this

Quote 3

"A whole team approach was the catalyst for change. We joke with each other about doing it, but these jokes do act as reminders to complete the measures on a regular basis"

EIP manager, Sussex

The measures themselves

The measures have been chosen by an expert group in psychosis to be used as outcome measures. Despite this, some of the questions may be less appropriate depending on the stage that the service user is at in their therapy.

QPR

The QPR is sometimes a measure that requires more thought and reflection to complete than the other measures. It looks at the process of recovery and has been developed to understand what is and is not helpful when it comes to a service user's recovery. Not every item of the questionnaire will apply to every service user. Some of the items will be more important to some people than others. As a clinician, the questionnaire should help you to understand what recovery means to your service user.

The QPR may also be a useful way to understand how a service user feels at the point at which their problems started, in the initial assessment and early stages of their time in EIP services, compared to the mid-later stages of their time with the EIP service.

We have copied and pasted the instructions from the full version of the measure here[10]. This has an instruction/background sheet at the start which may help you to set the right tone for using the QPR:

What is the QPR? The QPR is a 15 item measure developed from service users' accounts of recovery from psychosis in collaboration with local service users. The idea of the QPR is to ask people about aspects of recovery that are meaningful to them. The QPR is reliable and valid and is strongly associated with general psychological wellbeing, quality of life and empowerment all of which are crucial in recovery from psychosis.

What are the applications of the QPR?
Clinical practice: Because the QPR asks about aspects of recovery that are important to service users this measure could help to facilitate communication and engagement. The QPR may be used to illustrate to people that other individuals progressed to achieve similar goals and this positive message might instil hope, which is crucial to recovery.

- The QPR could be used both as a tool for setting goals for individual outcomes and as a measure of achievement of these individual goals. For example, the QPR could be used to help people open up, give them structure and offer a focus for individual goals they could work towards and then be used to track progress and provide evidence of this.
- The sensitivity of QPR is currently being evaluated, to assess the QPR's use as a measure of service effectiveness and as a routine outcome measure.

How do I administer the QPR? The service users involved in the development of the QPR suggest that before administering the QPR clinicians or researchers using this measure should ensure that:

- All service users who are asked to complete the QPR are given general information (as above) about the measure and are provided with an explanation as to why they are being asked to complete this questionnaire, such as "It is hoped through asking you to complete this measure that we can identify the areas in your life where things are going well and also any areas where you might be having difficulties."
- All service users must give their written or verbal consent to complete the QPR
- The QPR should where possible be completed with another professional or person with whom they can discuss any issues raised.
- The QPR should be used judiciously and responsibly by clinicians, and service users who are in crisis and / or very distressed should not be asked to complete the QPR
- The QPR should not be used in a sterile manner, but rather as a vehicle to facilitate discussion about individual goals.

Further Resources

Go to Page 28 to access information on how to set targets, page 28 for details on how to monitor your data in an easy way and ideas for page 22 for a certificate to give to those who collect the most outcome measures.

We have taken some of questions that service users find the most difficult to understand, in order to consider their meaning. It is important to remember that it is okay to answer "neither agree nor disagree" for any question. It is better to do this than get stuck with a question or leave it blank.

"I feel better about myself"

This question may be difficult for a service user to answer, especially as the first question, if they are not sure they are even unwell, or if they are new to services. One solution to this issue is to move this question to the end of the questionnaire. This can stop the question from feeling out of place. At assessment or at the beginning of treatment it may be useful to frame the question to ask if the service user feels better about themselves now compared to when they first started having symptoms.

"I am able to take chances in life"

This question is really related to whether a patient feels like they are able to take up an opportunity when it is presented to them without fear of their symptoms getting in the way. This could be as simple as accepting an invitation to go out for dinner, or something more complex like accepting a job offer.

"I am able to develop relationships with other people"

This is about whether the service user feels that they are able to keep and develop relationships with other people since their symptoms started (assessment) or since they started treatment?

"I feel part of society rather than isolated"

This is about whether the service user feels like they are integrated within society, or whether they feel like an outsider?

"I am able to assert myself"

This is about whether the service user feels that they are able to ask for what they want since their symptoms or their treatment started.

"My experiences have changed me for the better"

This is about whether the service user feels that their symptoms or problems (at assessment) have led them to have a new improved attitude to themselves or their life

"I have been able to come to terms with things that have happened to me in the past and move on with my life"

This question may be difficult to answer if someone is new to the service. It is okay for an individual to mark 'neither agree nor disagree' if they aren't aware of any things that have happened to them in the past, that they need to 'come to terms with'.

"I am basically strongly motivated to get better"

Again, this question may be difficult to answer if the service user does not know or believe that they are unwell. "Better" doesn't have to mean "recovered" it can mean "improved" in terms of life situation, symptoms, social life, wellbeing, general health etc.

"I can recognize the positive things I've done"

This question is really looking at a service user's ability to see themselves in a positive light. It taps into self-esteem. The positive things could relate to recently, or at any time in their life.

"I am able to understand myself better"

If this questionnaire is being filled in at assessment, has anything happened recently that has led to the individual becoming more introspective? It is okay to put disagree or "neither agree nor disagree". If this questionnaire is being filled out later on in treatment then this question looks at whether the services have helped them to understand themselves and be more introspective about their feelings, emotions, symptoms, beliefs etc.

"I can take charge of my life"

Does this person feel confident enough to make choices, decisions and take action in order to ensure they are living the life they want to?

"I can actively engage with life"

Does this person feel like they are actively "living" rather than just "surviving"?

"I can take control of aspects of my life"

Does this person feel in control of their lives, or do they feel other things (such as symptoms, work) get in the way?

"I can find the time to do things I enjoy"

This question is trying to understand whether the individual makes an effort to take time for themselves and to do things that they enjoy.

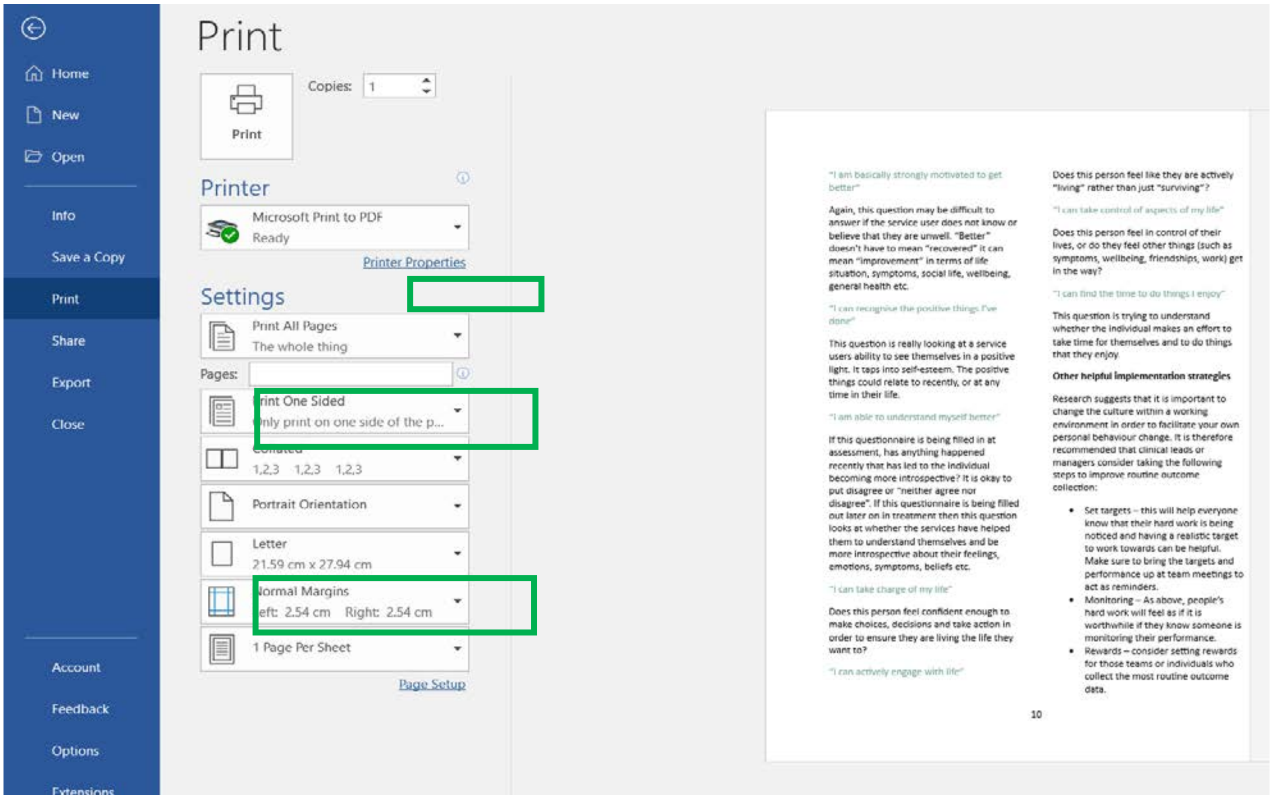
Quote 4

"Team members say that an attitude change is the most important thing in increasing collection of the measures"

EIP team manager, Sussex

Top Tips & Resources

- How to change the size of what you are printing & how to print double sided



Copies: 1

Microsoft Print to PDF
Ready

Print All Pages
The whole thing

Pages:

rint One Sided
nly print on one side of the p...

1,2,3 1,2,3 1,2,3

Portrait Orientation

Letter
21.59 cm x 27.94 cm

ormal Margins
eft: 2.54 cm Right: 2.54 cm

1 Page Per Sheet

"I am basically strongly motivated to get better"

Again, this question may be difficult to answer if the service user does not know or believe that they are unwell. "Better" doesn't have to mean "recovered" it can mean "improvement" in terms of life situation, symptoms, social life, wellbeing, general health etc.

"I can recognise the positive things I've done"

This question is really looking at a service users ability to see themselves in a positive light. It taps into self-esteem. The positive things could relate to recently, or at any time in their life.

"I am able to understand myself better"

If this questionnaire is being filled in at assessment, has anything happened recently that has led to the individual becoming more introspective? It is okay to put disagree or "neither agree nor disagree". If this questionnaire is being filled out later on in treatment then this question looks at whether the services have helped them to understand themselves and be more introspective about their feelings, emotions, symptoms, beliefs etc.

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Does this person feel confident enough to make choices, decisions and take action in order to ensure they are living the life they want to?

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Does this person feel like they are actively "living" rather than just "surviving"?

"I can take control of aspects of my life"

Does this person feel in control of their lives, or do they feel other things (such as symptoms, wellbeing, friendships, work) get in the way?

"I can find the time to do things I enjoy"

This question is trying to understand whether the individual makes an effort to take time for themselves and to do things that they enjoy.

Other helpful implementation strategies

Research suggests that it is important to change the culture within a working environment in order to facilitate your own personal behaviour change. It is therefore recommended that clinical leads or managers consider taking the following steps to improve routine outcome collection:

- Set targets – this will help everyone know that their hard work is being noticed and having a realistic target to work towards can be helpful. Make sure to bring the targets and performance up at team meetings to act as reminders.
- Monitoring – As above, people's hard work will feel as if it is worthwhile if they know someone is monitoring their performance.
- Rewards – consider setting rewards for those teams or individuals who collect the most routine outcome data.

10

When you click to print your document, you will see options to change the size of the document and whether you print double sided or not. Some printers will need you to click on printer properties to change these settings, or to print in colour. Ask your IT team if you need printer specific help with printing these documents.

Print outs

Below you will find print outs of:

- The measures
- A poster that you can put up in your office
- A poster that you can put up in therapy sessions
- A Print out certificate for the best outcome collector of the month
- A goal setting sheet
- An example of a service user feedback report form that you can adapt

DIALOG **Name ………………………………. Date …………………………….**

DIALOG	Totally dissatisfied	Very dissatisfied	Fair dissatisfied	In the middle	Fairly satisfied	Very satisfied	Totally satisfied	Additional help wanted Y/N
How satisfied are you with your mental health?								
How satisfied are you with your physical health?								
How satisfied are you with your job situation?								
How satisfied are you with your accommodation?								
How satisfied are you with your leisure activities?								
How satisfied are you with your friendships?								
How satisfied are you with your partner/family?								
How satisfied are you with your personal safety?								
How satisfied are you with your medication?								
How satisfied are you with the practical help you receive?								
How satisfied are you with consultations with mental health professionals?								

DIALOG has been developed by s.priebe@qmul.ac.uk – it is free to use and no permissions are needed.

The Process of Recovery Questionnaire (QPR)

Please take a moment to consider and sum up how things stand for you at the present time, in particular over the last 7 days, with regards to your mental health and recovery. Please respond to the following statements by putting a tick in the box which best describes your experience.

Name ……………………………… Date ………………………………

		Disagree strongly	Disagree	Neither agree nor disagree	Agree	Agree strongly
2	I feel able to take chances in life					
3	I am able to develop positive relationships with other people					
4	I feel part of society rather than isolated					
5	I am able to assert myself					
6	I feel that my life has a purpose					
7	My experiences have changed me for the better					
8	I have been able to come to terms with things that have happened to me in the past and move on with my life					
9	I am basically strongly motivated to get better					
10	I can recognise the positive things I have done					
11	I am able to understand myself better					
12	I can take charge of my life					
13	I can actively engage with life					
14	I can take control of aspects of my life					
15	I can find the time to do the things I enjoy					
1	I feel better about myself					

The QPR has been developed by Heather.Law@gmw.nhs.uk and Sandra.Neil@gmw.nhs.uk – it is free to use and no permissions are needed.

Poster that can be displayed in clinician’s offices/staff rooms etc.

Standard Outcome Measures in EIP Services

The Access & Waiting time standards for EIP services state the HONOS, QPR and DIALOG should be collected at least every 6 months.

Complete every 6 months

DIALOG

HONOS

QPR

Don’t forget to take the QPR and DIALOG with you!

Your EIP service aims to collect questionnaire data about your experiences of the services and how you feel about your own mental health.

These questionnaires are the Process of Recovery Questionnaire (QPR) and the DIALOG (your experience of the service).

The service aims to completed these with you **approximately** every 6 months.

Routine EIP outcome measures

The questionnaires can really help you to find out more about yourself. They can also help your lead practitioner of care-coordinator to understand you better.

Ask your therapist or care coordinator about the QPR and DIALOG today!

Outcome collector of the month!

I am pleased to announce that

……………………………………………………………………………………

has collected the most outcome measures this month,

collecting a total of ……………………………………………………………

QPR & DIALOGs!

DIALOG and QPR Goal setting form

QPR/DIALOG Item	Goal
QPR/DIALOG Item	Goal
QPR/DIALOG Item	Goal
QPR/DIALOG Item	Goal

If you would like any more information about these measures, or to request this report in large print/easy read, please speak to your Care Co-ordinator or contact [*insert name*] (Research Assistanr) on ***** ******.

If you are upset or confused about anything in this report, please talk to your Care Co-ordinator as soon as possible.

Other useful contacts:

Service	**Opening times**	**Contact details**
Early Intervention Team	9am-5pm Monday-Friday	***** ******
NHS Direct	24hrs	111
Papyrus	Open until 10pm	Call: 0800 068 4141 Text: 07786 209 697
SANEline	Open until 10.30pm	0300 304 7000
Crisis number	24hrs	**** *** ****
Samaritans	24hrs	116 123

In an emergency, always call 999.

Idea and design of this Booklet by Danielle Wilson, Norwich EYE-2 Research Assistant

The Early Intervention Service – Routine Outcome Measures

Name:………………………………………..

Date: ………………

What is in this report?

This report contains your personal scores for the routine outcome measures we use in the Early Intervention Team. *[brief description about what the graph shows*]. For more information about these measures, please speak to your Care Co-Ordinator.

Who else will see this report?

This report is strictly confidential, and will not be shared with anyone outside of the Early Intervention Team.

What do these results mean?

These graphs are a picture representation of how you were feeling at two specific points in time based on how you answered the QPR and the DIALOG. Based on your answers, these pictures represent:

- Things that were going on the first time you completed the questionnaires, which could have been difficult for you
- The progress you have made since being in the Early Intervention Service (in the second graph)
- They might help you to think about what to work on next and to make a plan to go forward.

While these outcome measures can be useful, it is important to note that they only capture a “snapshot” of how things were in 2 particular weeks.

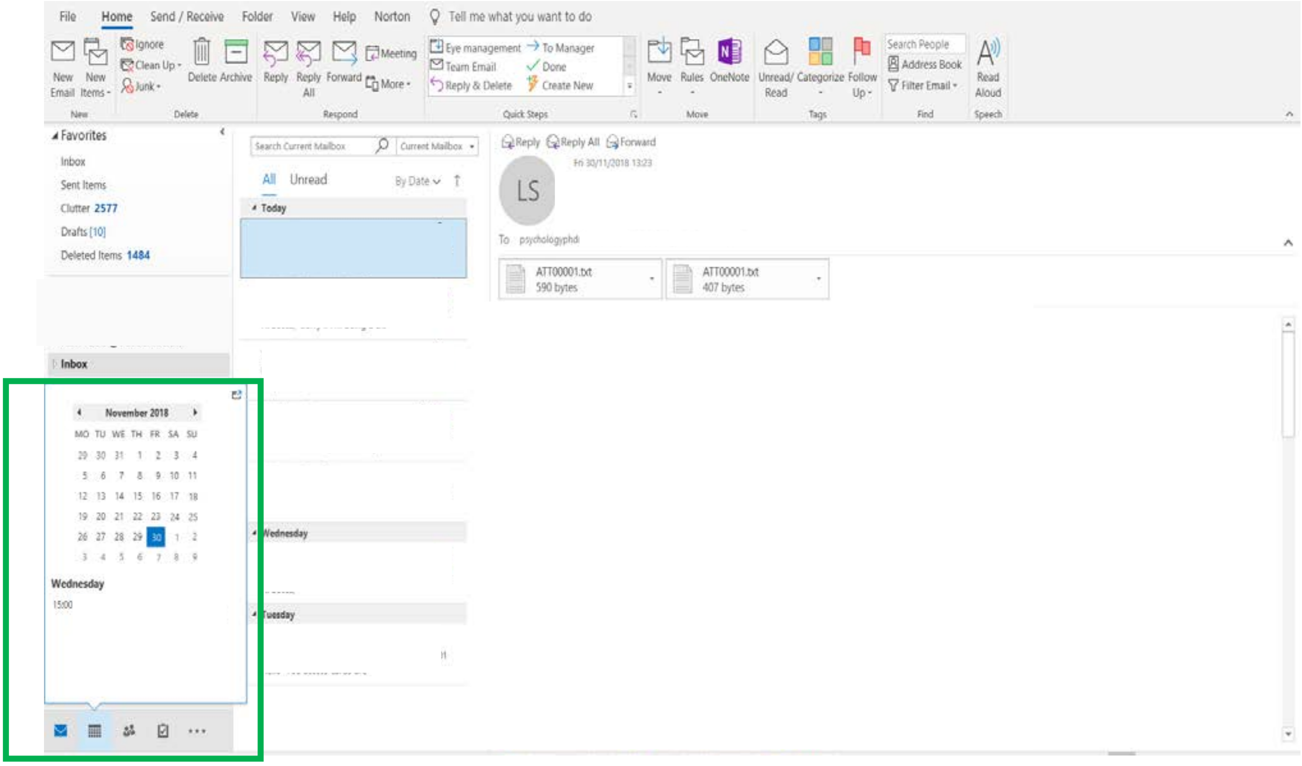
Graph 1: ***[complete title as appropriate]***

Add graph from Excel Document here

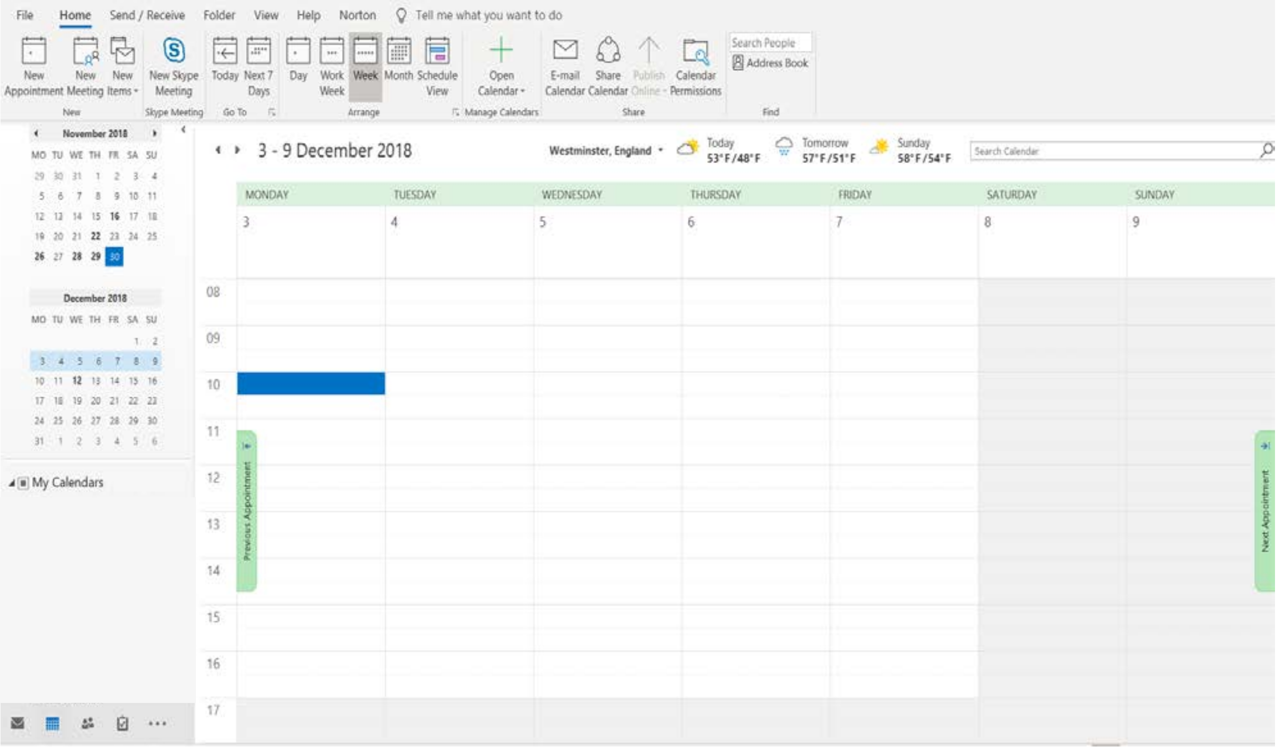
Graph 2: ***[Complete title as appropriate]***

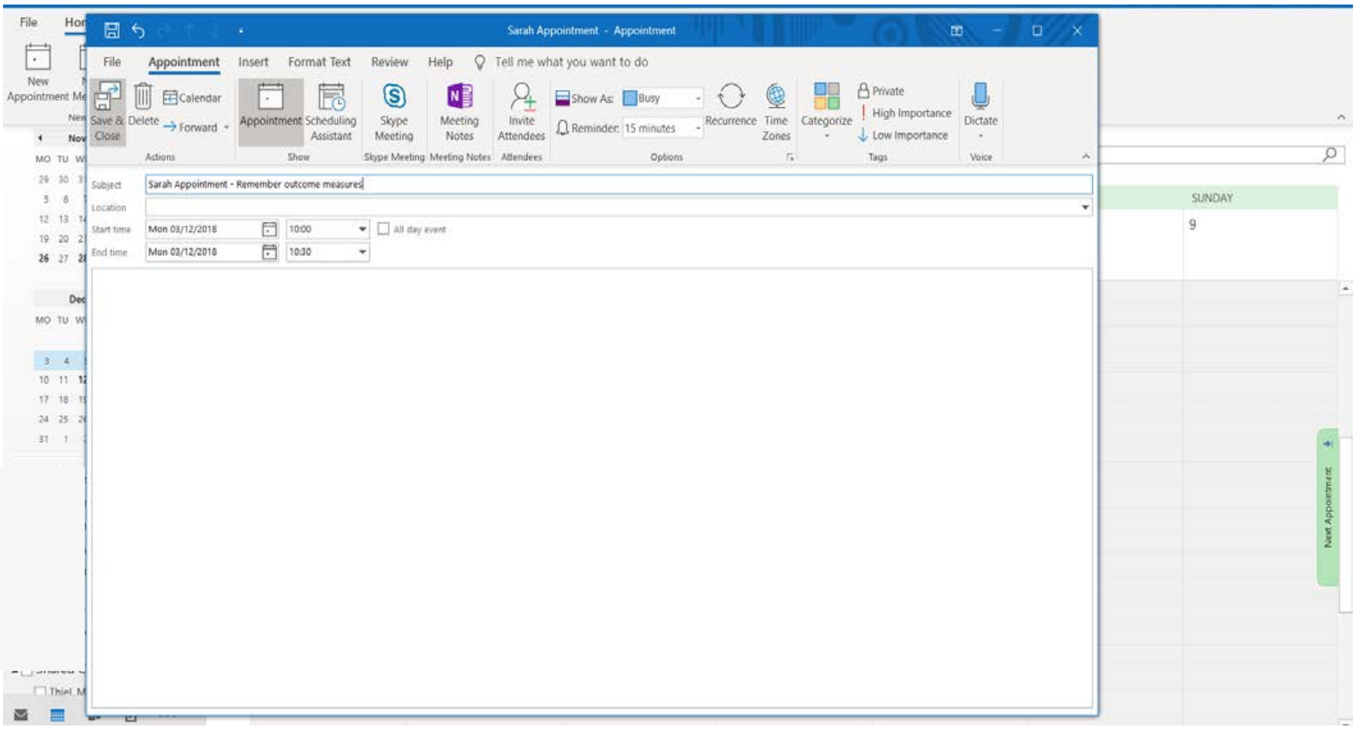
Add graph from Excel Document here

How to: Set reminders on your outlook



In outlook, there is a calendar tab. This can be at the bottom as shown in the image or at the top under the tab “calendar”.





Sarah Appointment - Appointment

Show As: Busy

Reminder: 15 minutes

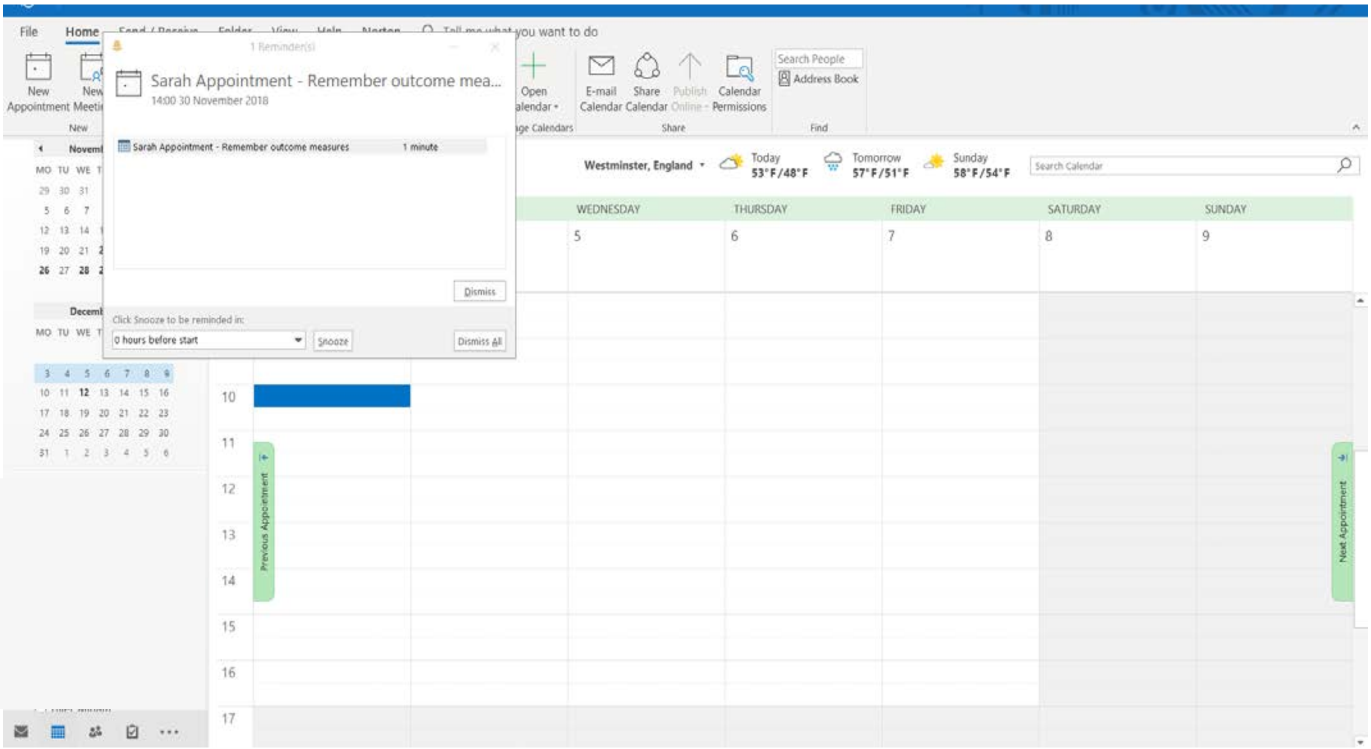
Subject: Sarah Appointment - Remember outcome measures

Location:

Start time: Mon 03/12/2018 10:00 ☐ All day event

End time: Mon 03/12/2018 10:30

A pop-up will appear where you can then enter the details of the appointment. After you have set this, Outlook will automatically send you a reminder 15 minutes before your appointment.



1 Reminder(s)

Sarah Appointment - Remember outcome mea...

14:00 30 November 2018

Sarah Appointment - Remember outcome measures 1 minute

Click Snooze to be reminded in:

0 hours before start

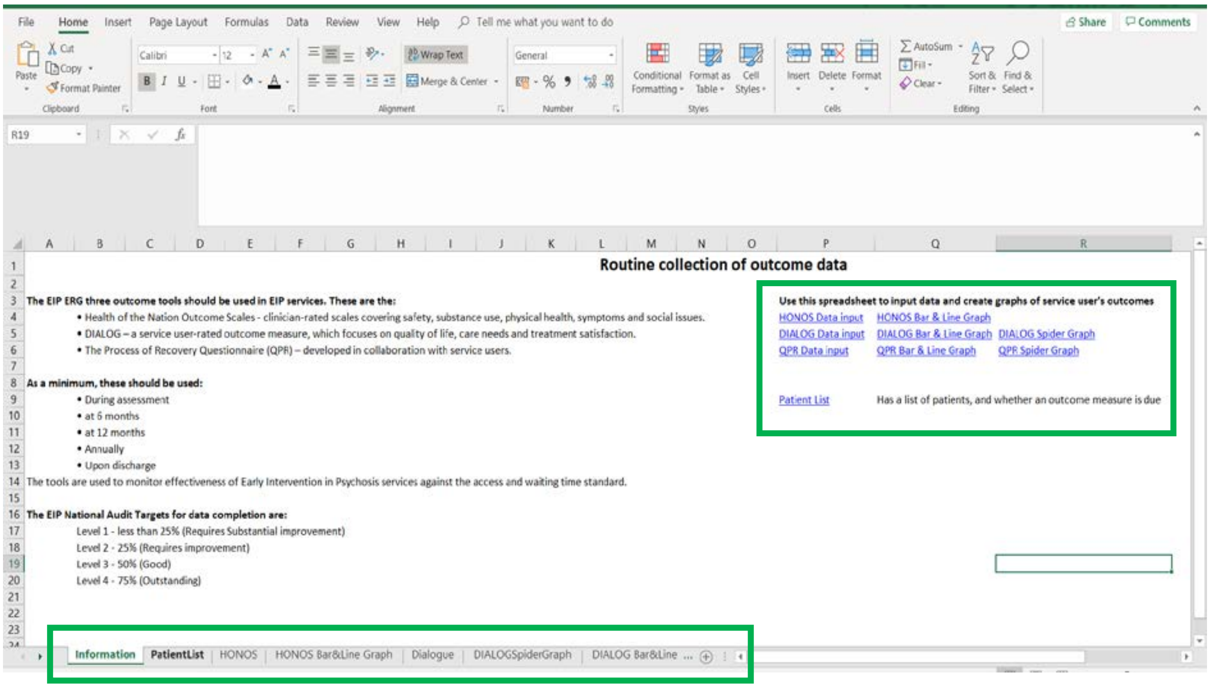
How to: Choose your team's outcome data collection target

The most important thing about picking your teams outcome data collection target is to start with a target that is achievable, within a given timeframe otherwise this can be very demotivating. Our pilot research has found that setting a target increase of around 20-30% of the caseload over a 12 week period is realistic.

How to: Use an Excel document to monitor your outcome collection performance

Further Resources

Follow this link for access to the spreadsheet discussed here: https://www.dropbox.com/s/qg8eg3vcajy9zug/Routine%20Outcome%20Data%20Spreadsheet.xlsx?dl=0



Routine collection of outcome data

The EIP ERG three outcome tools should be used in EIP services. These are the:

- Health of the Nation Outcome Scales - clinician-rated scales covering safety, substance use, physical health, symptoms and social issues.
- DIALOG – a service user-rated outcome measure, which focuses on quality of life, care needs and treatment satisfaction.
- The Process of Recovery Questionnaire (QPR) – developed in collaboration with service users.

As a minimum, these should be used:

- During assessment
- at 6 months
- at 12 months
- Annually
- Upon discharge

The tools are used to monitor effectiveness of Early Intervention in Psychosis services against the access and waiting time standard.

The EIP National Audit Targets for data completion are:

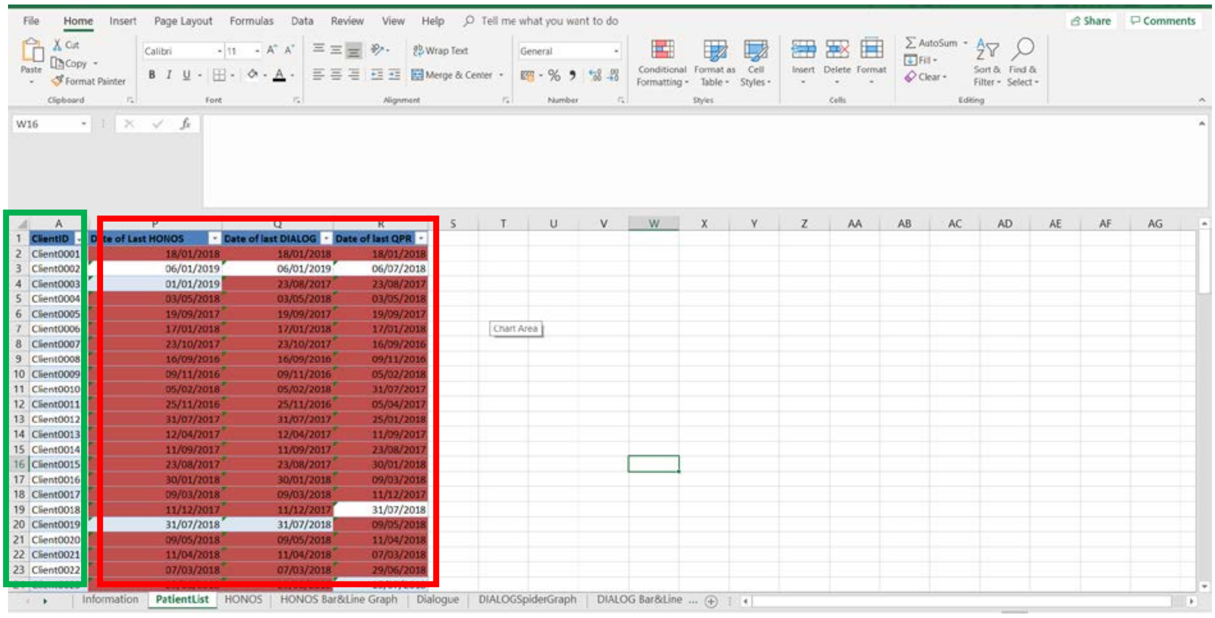
Level 1 - less than 25% (Requires Substantial improvement)
Level 2 - 25% (Requires improvement)
Level 3 - 50% (Good)
Level 4 - 75% (Outstanding)

Use this spreadsheet to input data and create graphs of service user's outcomes

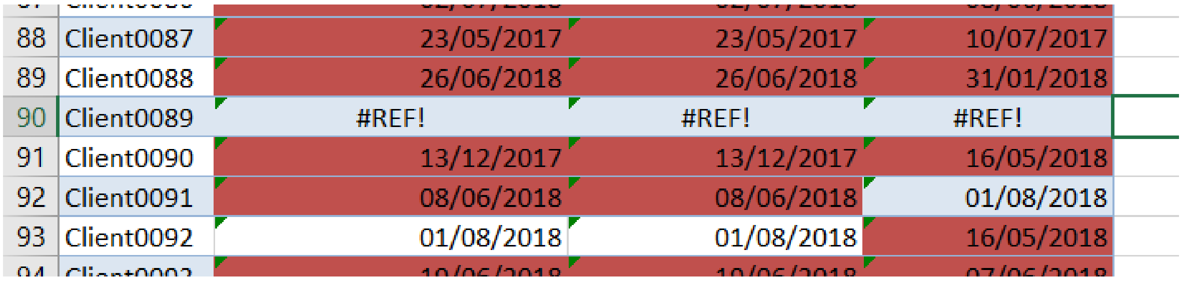
HONOS Data input HONOS Bar & Line Graph
DIALOG Data input DIALOG Bar & Line Graph DIALOG Spider Graph
QPR Data input QPR Bar & Line Graph QPR Spider Graph

Patient List Has a list of patients, and whether an outcome measure is due

This is what the information tab of the document looks like. Along the bottom you will see tabs that take you to different pages of the document. You can also click on the blue text which will take you to the relevant pages.



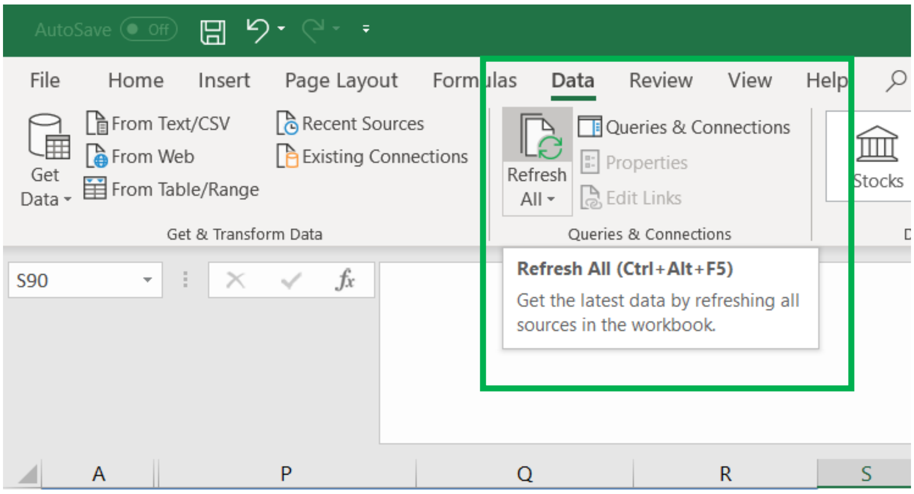
	A	P	Q	R
1	ClientID	D te of Last HONOS	Date of last DIALOG	Date of last QPR
2	Client0001	18/01/2018	18/01/2018	18/01/2018
3	Client0002	06/01/2019	06/01/2019	06/07/2018
4	Client0003	01/01/2019	23/08/2017	23/08/2017
5	Client0004	03/05/2018	03/05/2018	03/05/2018
6	Client0005	19/09/2017	19/09/2017	19/09/2017
7	Client0006	17/01/2018	17/01/2018	17/01/2018
8	Client0007	23/10/2017	23/10/2017	16/09/2016
9	Client0008	16/09/2016	16/09/2016	09/11/2016
10	Client0009	09/11/2016	09/11/2016	05/02/2018
11	Client0010	05/02/2018	05/02/2018	31/07/2017
12	Client0011	25/11/2016	25/11/2016	05/04/2017
13	Client0012	31/07/2017	31/07/2017	25/01/2018
14	Client0013	12/04/2017	12/04/2017	11/09/2017
15	Client0014	11/09/2017	11/09/2017	23/08/2017
16	Client0015	23/08/2017	23/08/2017	30/01/2018
17	Client0016	30/01/2018	30/01/2018	09/03/2018
18	Client0017	09/03/2018	09/03/2018	11/12/2017
19	Client0018	11/12/2017	11/12/2017	31/07/2018
20	Client0019	31/07/2018	31/07/2018	09/05/2018
21	Client0020	09/05/2018	09/05/2018	11/04/2018
22	Client0021	11/04/2018	11/04/2018	07/03/2018
23	Client0022	07/03/2018	07/03/2018	29/06/2018



88	Client0087	23/05/2017	23/05/2017	10/07/2017
89	Client0088	26/06/2018	26/06/2018	31/01/2018
90	Client0089	#REF!	#REF!	#REF!
91	Client0090	13/12/2017	13/12/2017	16/05/2018
92	Client0091	08/06/2018	08/06/2018	01/08/2018
93	Client0092	01/08/2018	01/08/2018	16/05/2018

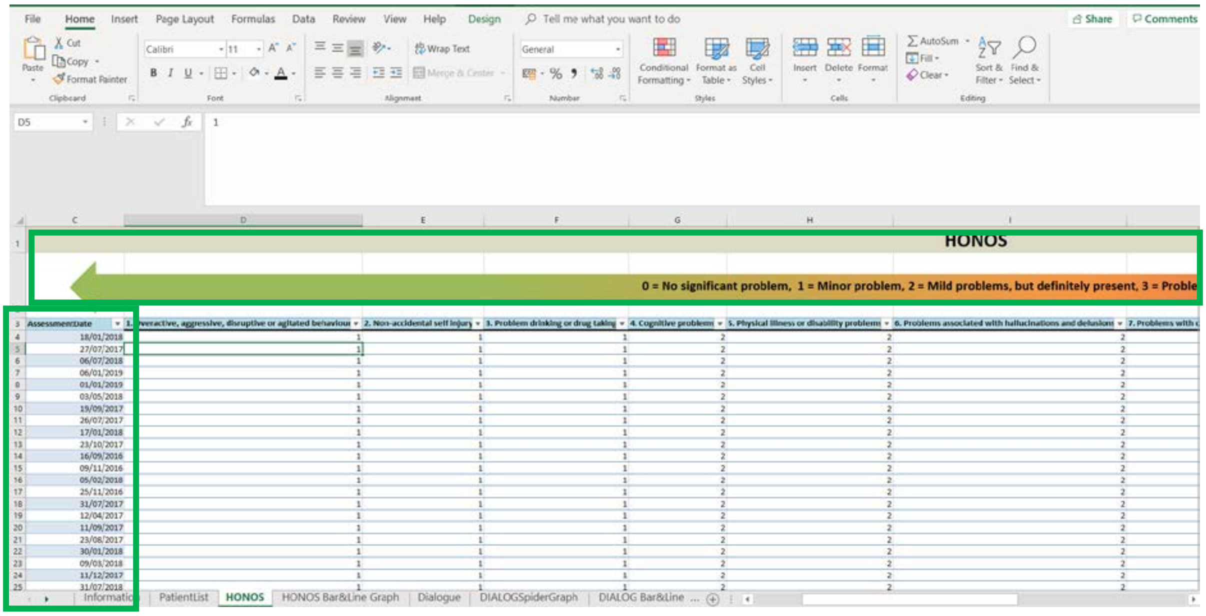
On the second tab you will see a list of service users and when their next outcome measure is due. Red boxes mean that a measure is due. If a box appears that says "REF!" it means that no measures have been collected for this service user. You can edit the first column by inputting service user's anonymised ID. There is no need to touch the columns that indicate whether measure collection is needed, this is populated automatically.

If you find any of the graphs or dates are not up to date, then you may need to refresh the data. Click on the "data" tab at the top of the screen and then click on the "Refresh all" button.



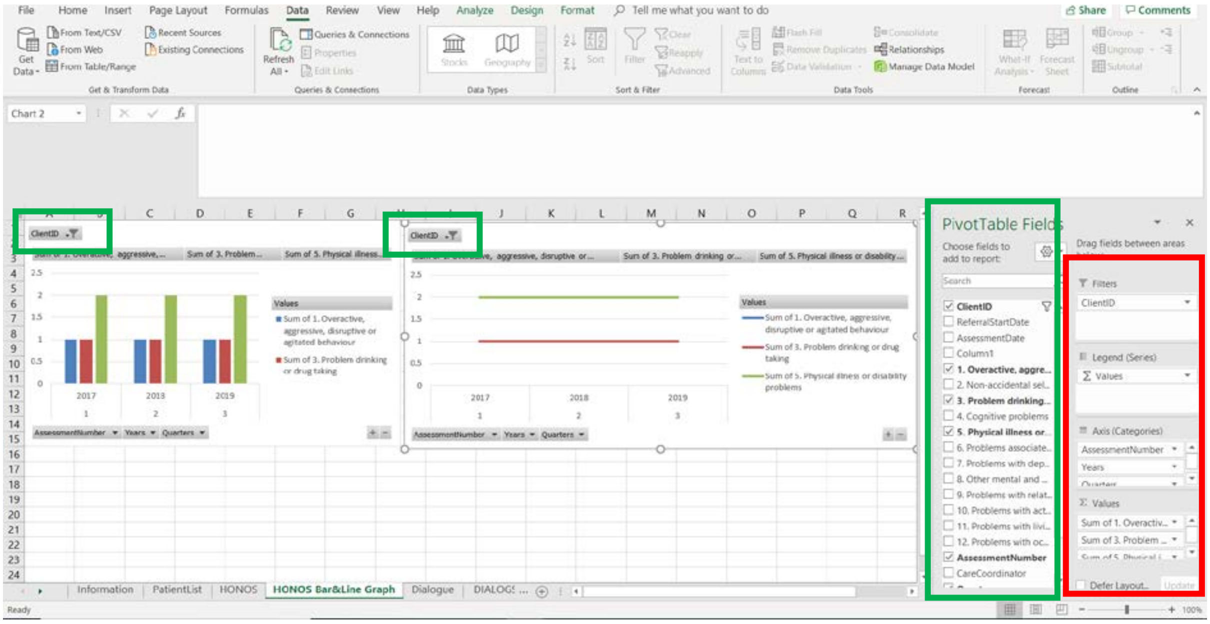
Refresh All (Ctrl+Alt+F5)

Get the latest data by refreshing all sources in the workbook.



AssessmentDate	1. veractive, aggressive, disruptive or agitated behaviour	2. Non-accidental self injury	3. Problem drinking or drug taking	4. Cognitive problems	5. Physical illness or disability problems	6. Problems associated with hallucinations and delusions	7. Problems with c
18/01/2018	1	1	1	2	2	2	
27/07/2017	1	1	1	2	2	2	
06/07/2018	1	1	1	2	2	2	
06/01/2019	1	1	1	2	2	2	
01/01/2019	1	1	1	2	2	2	
03/05/2018	1	1	1	2	2	2	
19/09/2017	1	1	1	2	2	2	
26/07/2017	1	1	1	2	2	2	
17/01/2018	1	1	1	2	2	2	
23/10/2017	1	1	1	2	2	2	
16/09/2016	1	1	1	2	2	2	
09/11/2016	1	1	1	2	2	2	
05/02/2018	1	1	1	2	2	2	
25/11/2016	1	1	1	2	2	2	
31/07/2017	1	1	1	2	2	2	
12/04/2017	1	1	1	2	2	2	
11/09/2017	1	1	1	2	2	2	
23/08/2017	1	1	1	2	2	2	
30/01/2018	1	1	1	2	2	2	
09/03/2018	1	1	1	2	2	2	
11/12/2017	1	1	1	2	2	2	
31/07/2018	1	1	1	2	2	2	

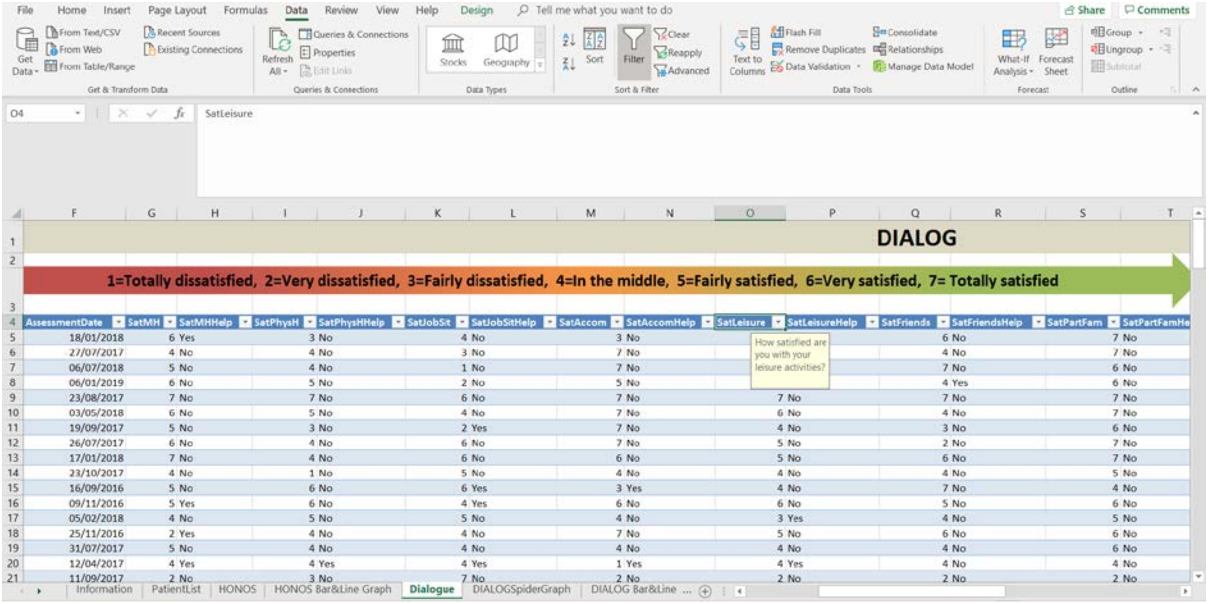
On the HONOS tab is a worksheet to input scores for the HONOS for each service user. Make sure the ClientID is the same here as it is on the Patient List otherwise the graphs won't work. It may help to copy and paste this. Input numbers only. The arrow at the top explain what number relates to which criteria on the HONOS scoring.



☑ ClientID
☐ ReferralStartDate
☐ AssessmentDate
☐ Column1
☑ 1. Overactive, aggre...
☐ 2. Non-accidental sel...
☑ 3. Problem drinking...
☐ 4. Cognitive problems
☑ 5. Physical illness or...
☐ 6. Problems associate...
☐ 7. Problems with dep...
☐ 8. Other mental and ...
☐ 9. Problems with relat...
☐ 10. Problems with act...
☐ 11. Problems with livi...
☐ 12. Problems with oc...
☑ AssessmentNumber
☐ CareCoordinator

Filters: ClientID
Legend (Series): Σ Values
Axis (Categories): AssessmentNumber, Years, Quarters
Values: Sum of 1. Overactiv..., Sum of 3. Problem ...

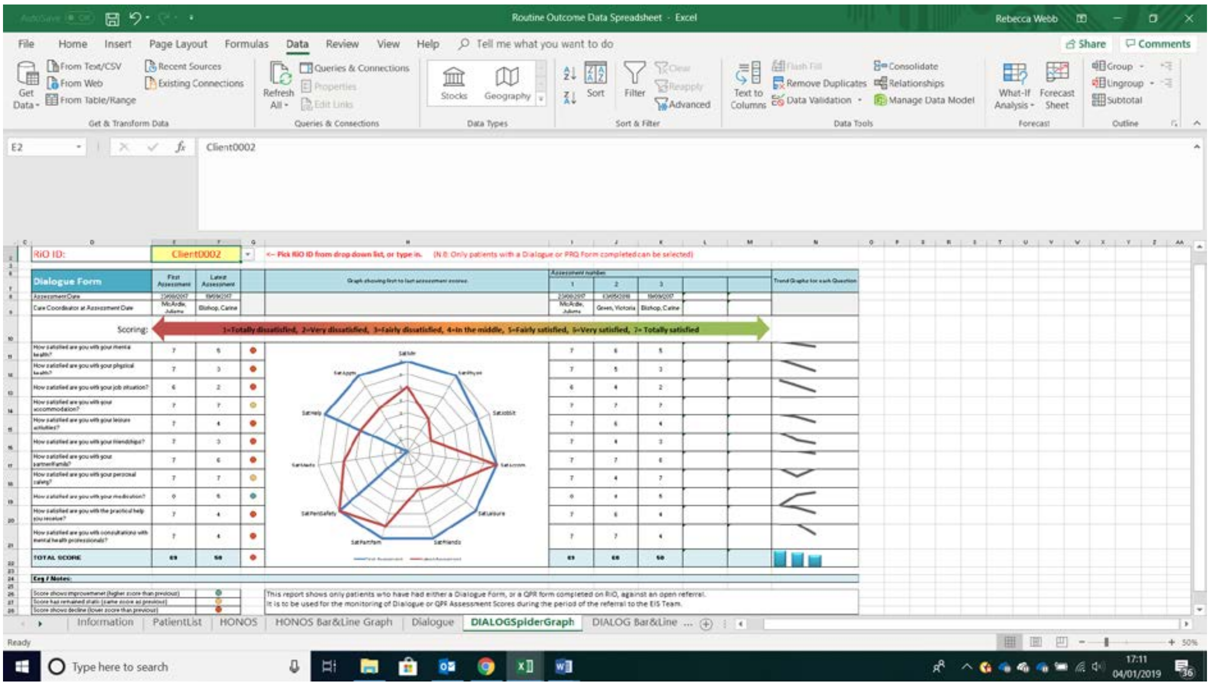
On the HONOS Bar & Line Graph tab you can create your own graph to put into the service user outcome feedback report. Click on graph and "PivotChart Fields" will appear. Select the questions you are interested in. Do not touch the right-hand side of the PivotChart Fields section, this will change the functionality of the graph. You can also change the patient by clicking on the ClientID tab meaning you can tailor each graph to each individual service user. You have the option to do this for the DIALOG and QPR as well. The functionality is exactly the same, just click on the "DIALOG Bar & Line Graph" and "QPR Bar & Line Graph" tabs.



AssessmentDate	SatMH	SatMHHelp	SatPhysH	SatPhysHHelp	SatJobSit	SatJobSitHelp	SatAccom	SatAccomHelp	SatLeisure	SatLeisureHelp	SatFriends	SatFriendsHelp	SatPartFam	SatPartFamHe
18/01/2018	6	Yes	3	No	4	No	3	No			6	No	7	No
27/07/2017	4	No	4	No	3	No	7	No			4	No	7	No
06/07/2018	5	No	4	No	1	No	7	No			7	No	6	No
06/01/2019	6	No	5	No	2	No	5	No			4	Yes	6	No
23/08/2017	7	No	7	No	6	No	7	No	7	No	7	No	7	No
03/05/2018	6	No	5	No	4	No	7	No	6	No	4	No	7	No
19/09/2017	5	No	3	No	2	Yes	7	No	4	No	3	No	6	No
26/07/2017	6	No	4	No	6	No	7	No	5	No	2	No	7	No
17/01/2018	7	No	4	No	6	No	6	No	5	No	6	No	7	No
23/10/2017	4	No	1	No	5	No	4	No	4	No	4	No	5	No
16/09/2016	5	No	6	No	6	Yes	3	Yes	4	No	7	No	4	No
09/11/2016	5	Yes	6	No	4	Yes	6	No	6	No	5	No	6	No
05/02/2018	4	No	5	No	5	No	4	No	3	Yes	4	No	5	No
25/11/2016	2	Yes	4	No	4	No	7	No	5	No	6	No	6	No
31/07/2017	5	No	4	No	4	No	4	No	4	No	4	No	6	No
12/04/2017	4	Yes	4	Yes	4	Yes	1	Yes	4	Yes	4	No	4	No
11/09/2017	2	No	3	No	7	No	2	No	2	No	2	No	2	No

How satisfied are you with your leisure activities?

On the “Dialogue” tab you will find the spreadsheet where you input patient’s answers. There is also a tab to input the QPR labelled “QPR”. These work the same way as the HONOS tab.



For the DIALOG and QPR you have the option to create spider graphs. All you need to do is select the client ID at the top of the spreadsheet. The graph will then automatically populate. You can see how the service user’s scores have changed over time. Go to “DIALOGSpiderGraph” and “QPRSpiderGraph” to create these.This spider graph has been designed and developed by Kent and Medway NHS and Social Care Partnership Trust.

Answers to the Knowledge Quiz on page 4

1. Reasons for three measures being chosen
    a. They provide ratings of the clinician’s assessment alongside service users views of their needs
    b. Well researched
    c. Can be used to assess meaningful change
2. Five reasons it is important to collect outcome measures
    a. They enable organisations to see where development might be needed
    b. They allow organisations to see if they're meeting their targets
    c. They allow for planning treatment with service users
    d. They allow for team planning
    e. They can provide information about the service user you may not have known before

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