The Tyranny of Measurement; Attitudes towards outcome monitoring for psychological therapies.

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Background
There is an ever-increasing demand for evidence of the effectiveness of psychological therapies, to justify expenditure in this area in the financially stretched NHS. However there is an on-going debate as to the contribution that Routine Outcome Monitoring (ROM) can make to psychological therapy with some evidence of resistance to the completion of such tools by therapists.¹

Aim
The author’s goal was to explore clinicians’ current practice and views regarding both the value and difficulties of ROM for psychological therapies in order to inform efforts to increase the use of ROM in practice.

Method
An online cross-sectional survey of clinicians was conducted across three mental health trusts in London, including their IAPT services. The survey gathered details of clinician demographics and assessment of clinicians’ current use of ROM. Clinician’s views on ROM for different modalities of psychological therapies were evaluated both quantitatively and qualitatively. The survey included specific questions on any challenges in practical implementation as well as general views on the advantages and disadvantages of ROM.

Results
Of the 136 respondents, 30% were psychologists, 24% psychotherapists and 22% doctors. The remaining 23% of professionals included social workers, nurses, graduate mental health workers and psychological wellbeing practitioners. The majority used Cognitive Behavioural Therapy (CBT) or Psychodynamic Psychotherapy as their primary therapy modality.

91% of respondents used outcome-monitoring tools in their practice. This was more common in those practicing CBT as their primary modality. At least 30 different outcome-monitoring tools were cited, the most frequently used being the Strengths and Difficulties Questionnaire (SDQ), Patient Experience of Service Questionnaire (ESQ), Patient Health Questionnaire (PHQ-9), Generalised Anxiety Disorder Questionnaire (GAD-7) and the Clinical Outcomes in Routine Evaluation (CORE). When asked about the value of ROM for different therapies, CBT received the highest rating. No respondents thought ROM was ‘of no value at all’ for any of the therapy types.

Overall the most frequently reported reason for non-completion of outcome monitoring tools was patient disengagement before the scheduled end of therapy. IAPT clinicians did not report other logistical barriers to completing ROM, whereas Non-IAPT clinicians complained of various practical issues including a lack of time and a lack of clarity about the process of ROM.

Attitudes towards advantages and disadvantages of ROM varied according to the practitioners primary therapeutic modality, with CBT practitioners having a more favourable outlook than psychodynamic psychotherapy. The participants were asked to provide narrative feedback in addition to response specific questions and statements. This was analysed by simple content analysis and a number of themes emerged. There were more negative statements towards ROM than had been reported quantitatively.

Common criticisms reported included the tools being too blunt or simplistic and this lead to many feeling that ROM was merely a ‘paper exercise’. In addition, some clinicians felt the process detracted from the therapy as it could be time consuming, stressful for patients and potentially interrupt the ‘flow’ of therapy.

Some benefits were also reported. These included using ROM as a therapeutic tool in itself; helping patients to raise difficult issues, contributing to risk assessment and demonstrating improvements over time both to patients and commissioners.

Conclusions
This study demonstrates that outcome-monitoring tools are used widely across all therapeutic modalities. All clinicians felt there was some value in the process but there was variability in this, with CBT practitioners having a more supportive position towards ROM. Across the non-IAPT disciplines administrative issues and lack of flexibility within the tools continued to prevent them being consistently incorporated in daily practice.

This information may be of value to Mental Health Trusts in the development of approaches to ROM, which meet the needs of patients, clinical staff and commissioners.