

Winner of an East Midlands Innovation Fund award 2010/2011

The four **CORE** principles of OO-CAMHS:

Consultation: Professionals meetings to avoid duplication and address external factors before starting therapy. Involve family in reviewing environmental factors.

Outcome: Monitor outcome session-by-session to alert early to poor response. If no change by session 5, review with patient and with team.

Relationship: Monitor the alliance session-by-session.

Ethics of care: Whole team ethos. Like patients, clinicians need to feel listened to, respected and supported.

If you would like more information or would like to organise training for your service, please contact:

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Outcome Orientated Child & Adolescent Mental Health Services

A UK implementation of the Heart and Soul of Change Project's Partners for Change Outcome Management System (PCOMS) - <http://heartandsoulofchange.com/heart-and-soul-project>

'Nothing about me without me'

There is a worldwide movement to involve consumers in mental health care in order to improve the outcome and value of services. Two factors are strongly predictive of retention, progress, and eventual success of treatment: consumer's rating of the therapeutic alliance and of early progress in the treatment.



Using session by session ratings of outcomes and alliance, OO-CAMHS focuses on the goal of producing positive change for people and decreases chances of 'getting stuck in the system' with an intervention that is of no long term benefit, at the same time as ensuring that the consumer's opinions and choices are always respected.

For more information please go to
www.oocamhs.com

Every Child Matters In Lincolnshire





OO-CAMHS

Outcome Orientated Child & Adolescent Mental Health Services

OO-CAMHS involves using a session by session rating scale for how the patient and/or their carer perceives they are doing (Outcome Rating Scale - ORS) and a session by session rating scale for how the patient and/or their carer rates the therapy and therapeutic alliance (Session Rating Scale – SRS). Each ORS score is entered into an excel-based database system providing information on the outcome session by session and overall.

The database provides outcome information for each clinician and for the service as a whole, such as number of clients seen, average number of sessions, average outcome score at first session and most recent outcome score, effect size of change, comparison with age standardised normative statistics for the ORS in a clinical population – for both currently open and discharged patients.

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life. Marks to the left represent low levels and marks to the right indicate high levels.

Your input is important. There is no such thing as "bad news" on these forms. Your therapist is eager for your feedback, it enables a better fit of the services to your preferences, and therefore improves your chance for success.

_____ Individually
(personal wellbeing)

_____ Interpersonally
(Family, close relationships)

_____ Socially
(Work, school, friendships)

_____ Overall
(General sense of wellbeing)

LPFT-NHS-A

Aggregate Stats

[Click here to remove collateral rater data from the aggregate statistics](#)

| Category | Statistic | Active | Inactive |
|-----------------------------------|---------------------------------------|--------|----------|
| Overall Change | Average Intake ORS | 17.7 | 20.7 |
| | Average Most Recent ORS | 24.7 | 29.5 |
| | Average Raw Change | 7.2 | 9.3 |
| | Uncorrected Effect Size | 0.9 | 1.2 |
| Change vs. Session Targets | Average Change Index | 2.5 | NA |
| | Corrected Effect Size | 0.3 | NA |
| Change vs. Service Targets | Average Change Index | 1.4 | 5.0 |
| | Corrected Effect Size | 0.2 | 0.7 |
| | % of Clients Reaching Service Targets | 59.5 | 75.2 |
| Sessions | Average Sessions | 3.1 | 2.5 |
| Clients | Total Clients | 296 | 191 |

The majority of patients will show improvements within 2-5 sessions. If there is no improvement after 5 sessions then the patient is at high risk of a poor outcome (and getting stuck in long term treatment with little change) and so the case is brought to a team discussion, which can lead to a change of therapeutic approach or change of clinician. If in their rating of therapy on the SRS, the patient indicates a concern, the clinician then discusses what the patient feels would need to change to address this.

