The challenges of measuring quality of mental health social care

How do we assess the quality of mental health social care?
Perspectives from different stakeholders

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Outline of this presentation:

- Introduction:
  - What are the challenges?
  - Why measure quality?
- 3 Research examples:
  - European REFINEMENT project
  - Quality of professional life study
  - Italian multicentre study on quality of mental health care
- Conclusions
INTRODUCTION
What challenges for measuring quality of social care?

• Social services are ‘performance’ oriented, service products are intangible
• Quality is assessed through experience
• Services vary
• Social care is low in ‘change’ outcomes and high in ‘maintenance’ outcomes (difficult to assess)
• Commissioners/providers are separate organizations
• New roles for service users (Personalisation)
• Each social worker is responsible for his/her own quality control
• Evidence-based social work has been slow to develop

(Malley & Fernandez, 2010; Webber, 2011; Megivern et al., 2005; Larsen et al., 2013)
And more challenges when comes to measuring quality of mental health care ...

- Variety of settings (inpatient, outpatient, home, hospital, community)
- Different disciplines and professions
- Several types of treatment (medication, psychotherapy, case management, etc.)
- Many agencies involved (health, social, education, justice, employment)
- Comorbidity with other health conditions
- Addresses different and special/vulnerable populations (low income, older people, children/adolescents, ethnic minorities, etc.)
- Power imbalance between providers and users greater than in other health sectors

(Hermann et al. 2000)
5 good reasons for quality assessment:

1. To distinguish what is thought to be happening from what is really happening
2. To reduce ineffective solutions
3. To monitor changes and ensure that improvements are sustained
4. To support policy analysis and strategic decision-making
5. To prompt research around what works
What to measure? 3 Examples

REFINEMENT project

Professional quality of life study

Italian Multicentre study on quality of mental health care

Services availability and accessibility

Staff wellbeing
Staff morale
Quality of working life

Processes of care
Service use
Continuity of care

Service users quality of life
Satisfaction

Professional quality of life study

Italian Multicentre study on quality of mental health care
REFINEMENT PROJECT

2011-2013
Coordinator Prof. Francesco Amaddeo
University of Verona

• REFINEMENT (Financing systems’ effects on the quality of mental health care in Europe) analyses the effect of financing systems on mental health services

• What funding systems promote high quality mental health care?

http://www.refinementproject.eu/
REFINEMENT Mapping of mental health services across 9 European countries

- Mapping included adult and public services
- 1270 services were identified:
  - 361 residential
  - 704 outpatient care
  - 205 day care
- Key dimensions:
  - Hospital vs. Community
  - Health vs. Non-health (including social care)
  - Acute vs. Non acute
  - Patient goes to service vs. Service goes to patient
REFINEMENT Atlas – Acute hospital accessibility in Hampshire

(Salazzari 2013, unpubl.)
Quality of professional life in community-based mental health services study

2012

Burnout, compassion fatigue, and compassion satisfaction among staff in community-based mental health services

Alberto Rossi a,*, Gaia Cetrano a, Riccardo Pertile a, Laura Rabbi a, Valeria Donisi a, Laura Grigoletti a, Cristina Curtolo b, Michele Tansella a, Graham Thornicroft c, Francesco Amaddeo a
BURNOUT:
“a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situation” (Pines and Aronson, 1988).

COMPASSION FATIGUE:
the formal caregiver’s reduced capacity of being empathic or “bearing the suffering of clients” (Figley, 1995, 2002).

COMPASSION SATISFACTION:
CS refers to the satisfaction derived from being able to help other people (Stamm, 2002).

PSYCHOLOGICAL DISTRESS?
### RESULTS

Levels of Compassion Satisfaction, Burnout and Compassion Fatigue in Verona

<table>
<thead>
<tr>
<th>Occupational status (missing = 1)</th>
<th>Compassion Satisfaction (N = 250)</th>
<th>Burnout (N = 250)</th>
<th>Compassion Fatigue (N = 245)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>% above cut-off</td>
<td>N (%)</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>25 (10.0)</td>
<td>44,0</td>
<td>25 (10.0)</td>
</tr>
<tr>
<td>Psychologist</td>
<td>13 (5.2)</td>
<td>69,2</td>
<td>13 (5.2)</td>
</tr>
<tr>
<td>Psychiatric nurse</td>
<td>99 (39.8)</td>
<td>50,5</td>
<td>99 (39.8)</td>
</tr>
<tr>
<td>Social worker</td>
<td>14 (5.6)</td>
<td>35,7</td>
<td>14 (5.6)</td>
</tr>
<tr>
<td>Rehabilitation therapist</td>
<td>13 (5.2)</td>
<td>30,8</td>
<td>13 (5.2)</td>
</tr>
<tr>
<td>Psychiatrist in training</td>
<td>19 (7.7)</td>
<td>52,6</td>
<td>19 (7.7)</td>
</tr>
<tr>
<td>Healthcare support worker</td>
<td>66 (26.5)</td>
<td>42,4</td>
<td>66 (26.5)</td>
</tr>
</tbody>
</table>
RESULTS
Predictors of Burnout, Compassion Fatigue and Compassion Satisfaction among Staff

**Burnout**
1. Being separated, divorced or widowed (vs. single)
2. Having suffered more than one lifetime traumatic event (vs. not experienced such events)
3. Each extra year spent working in the Mental Health Dept.
4. Psychological distress

**Compassion Fatigue**
1. Female (vs. male)
2. Having a professional qualification or a high school diploma (vs. primary or secondary school diploma)
3. Each extra year spent working in the Mental Health Dept.
4. Having a fixed-term contract (vs. open-ended contract) and a full time job (vs. part-time)
5. Having suffered one negative life event (vs. not experienced such events)
6. Psychological distress

**Compassion Satisfaction**
1. Having a fixed-term contract
2. Psychological distress
Quality of mental health social care
Italian multicentre study

Mixed methods approach:
- Staff survey
- Focus groups
- Individual interviews with service users
- Mental Health Information Systems

Setting and samples:
- 3 centers in Northern Italy
- 520 mental health professionals
- 300 mental health service users

Measures:
- REFINEMENT Mapping Tool
- Professional Quality of Life Scale (Stamm 2002)
- Organizational Culture in Mental Health Services (Gosetti 2014)
- Adult Social Care Outcomes Toolkit (Netten et al. 2012)
- Continu-um (Rose et al. 2009)
- Mental Health and Social Services Receipt
EMERGING FINDINGS

From focus groups and first interviews with users

- 3 highly valued themes about **CONTINUITY OF CARE**:  
  I. Individual Progress: Services aim to help me move forward  
  II. Accessing Services: I can easily access services when I need to  
  III. Range of Services: I can get all the services that I feel I need

- **CRISIS**:  
  I. Highly valued: promptness + effectiveness

- **INDIVIDUAL CARE PLAN**:  
  I. Most focus groups participants didn’t know they had one  
  II. Associated with the image of “path” or “journey”  
  III. Or simply associated with the drug treatment plan  
  IV. Impression that care plans didn’t contain time limits

- **USERS VIEWS OF STAFF**:  
  I. Concerned about psychiatrists’ turnover  
  II. Importance of having somebody to turn to at any time

- **HEALTH & SOCIAL CARE**:  
  I. Distinction meaningless to service users
EMERGING FINDINGS

From focus groups and first interviews with users

- People with most severe problems were hard to involve
- Interviews could be lengthy
- Some questions in ASCOT are complex (“Imagine your situation in the absence of services.”)
- Useful to collect information about services that people received and care plans before ASCOT questions and use them as prompts
- Higher response rate and engagement when members of staff (vs. external researchers) conducted the interviews
**CONCLUSIONS**

1. Measuring the quality of social care remains a problem, however the situation is improving: the evidence base for social care is increasing.

2. In the last few years Italy has taken its first steps in involving service users in evaluating mental health services, following work that is further progressed in England.

3. Qualitative studies of people receiving services may help to capture service users’ experiences, but there is still a need for more methods for engaging service users within this process.

4. **What could help?**
   - The care plan could be a direct target for service quality improvement.
   - Research shows that wellbeing of staff affects the quality of care, therefore employers and managers need to address staff pressures.
Thank you for listening