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Hello and welcome to the fourth CORC online training module. I'm Lee Atkins, a Regional Officer for CORC and I'm going to take you through the six steps to using Mental Health Measurement questionnaires effectively.

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Just a quick note about terminology here; I will be using the term mental health measurement questionnaires, or just simply questionnaires in this context, to mean all of those outcome and feedback measures and tools that are available out there, some of which you can see here on the screen.

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The main learning objectives for this module are stated here;

Objective number 1 is about having a good understanding of how to use questionnaires to get the most out of them, to realise the benefits associated with using them; benefits for children and young people themselves, benefits to practice and to practitioners, and the wider benefits to services and teams within which they work.

Objective number 2 is about being able to apply the six steps in your practice, to make maximum use of them in your practice. It is important at this point to say that these six steps have been fully informed by the voice of children and young people, we have heard from them routinely about how they want outcome and feedback tools to be used and we will hear from some of them as we go through this module.

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My role is to support practitioners, services and organisations to improve their mental health and wellbeing support for children and young people, by routinely collecting and using relevant evidence and data. Outcome and feedback measures, or mental health measurement questionnaires, have a crucial role in this and this module focuses on making best use of the questionnaires.

And here are the six steps that I will run through in this module. By following these six steps in your practice or at your service then the benefits attributed to outcome and feedback measures can be gained by all involved; the benefits to the children and young people themselves, very important, the benefits to practice and those benefits to the service as a whole.



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The first step concerns choosing mental health measurement questionnaires that fulfil the aims and purposes of what you are trying to achieve.

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This in itself a process of thinking and to help you through this process CORC have put together the CORC training module number 2 'choosing the right measures for your service or intervention' and I recommend having a look at that at your leisure.

At this point though it is helpful to understand that sadly there is no single measure or questionnaire that fulfils all purposes; just like in a toolbox there are a number of different tools, each with their own function and purposes, there are a range of outcome and feedback tools to explore.

So, the starting point is to be very clear about what it is that you want to measure and exploring tools that measure those things. Ultimately to select the tool that best fit your purpose and client group, so think about the age of the people that you are working with, think about the length of the questionnaire, think about any costs associated with using the questionnaire and also to think about what you want to do with the data - do you want to compare data with other services or partners?

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Step 2: So once you have identified a suitable questionnaire or suitable questionnaires, the next step is to really understand and familiarise yourself with those questionnaires.

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So I have just described outcome and feedback tools a bit like tools in a toolbox, each with their own function and purpose but it may be better to think about them as power tools, so I wouldn't think about using a power tool without reading the manual first, watching a demonstration maybe and certainly without having a practice.

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Here Sam, an ex-service user, describes her experiences of being presented with outcome and feedback tools for the first time.

Sam: I was always asked prior to each session to fill out an online form. This form consisted of questions from the GAD-7 and the PHQ-9. The issue was that these questions were not always easy to answer. One example of this would be the fact that they asked in the past 2 weeks, how often have you felt a certain way: most days, some days or never? What this doesn't take into consideration though is how severe these feelings were. It also doesn't take into consideration any other issues that you are experiencing in the sense that there may be



other issues alongside it, which makes you doubt what you should really answer for that question. I found that with this questionnaire it wasn't always simple to answer the questions and for some of the questions I just felt like not answering them at all, but due to the fact that I had to answer every question, I would just go with whatever I felt was best.

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So Sam there has helpfully highlighted some real challenges that a young person might face when being presented with a mental health questionnaire for the first time. So the first thing to do is to download and explore the questionnaire or questionnaires that you intend to use. I heatedly recommend putting yourself in the mind of the end service user – the person that you will ask to complete the questionnaire, so a child or young person or parent or whoever it might be – and have a go at completing the questionnaire as if you were them. Think about how it feels to be asked those questions, think about how it feels to answer the questions, are there any obvious immediate challenges around the phrasing or wording or meaning of the questions. Young people often tell us that when they are given a questionnaire for the first time they can feel a bit of mistrust or being judged by the questions, they are not sure what will happen with their data, so these are some of the feelings that might be evoked when being faced with a questionnaire for the first time.

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Make notes of those feelings and those challenges that you identified when you completed the questionnaire in the mind of a service user and use them to inform your approach to how you use the questionnaires going forward. Of course, we recommend reading any guidance that is available for a measure so have a look online, and have a look on the CORC website, there is lots of information about measurement tools there and lots of advice and tips about how to use measures effectively.

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Step 3: The next step is crucial in order to get the most out of using mental health questionnaires. This is about being aware of all of those potential feelings and challenges that you highlighted on the previous step and using them as a basis for introducing the questionnaire or questionnaires to young people. Young people tell us that questionnaires are important and helpful to them when they are relevant to their situation, when they are explained fully and when they are actively used in their treatment. Here Anand confirms this whilst sharing his thoughts and experiences.

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Anand: I think what could help though is, firstly if the questionnaires were actually specific to the treatment you've done or to know if they are, because a lot of the times it doesn't feel like they are. They just feel like generic forms that have been given to you and applied to 50 other different treatments. So that would help to feel like it was actually related to what



you've done and secondly it would also be good to know what's done with the responses you give. If they are used to try improve the treatment in the future; to shape it differently, because it often feels like a bit of a black hole. You complete them, you hand them back in and then you don't really know what's done with them, if anything. So, I think that would be good to have a bit more influence on the treatment or at least how the treatment is done for people in the future.

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With all of this in mind, it can be incredibly helpful to prepare and to practice using a script to introduce and explain mental health questionnaires to children and young people. The things to consider in your introduction may include why you think it would be helpful to use the questionnaires, how you intend to use them and when, and who will be able to see the responses. Keep in mind all of those feelings that the child or young person might have when reading the questions, we don't want them to feel judged by the questions or to mistrust them in anyway. Also bear in mind that a child or young person may not fully understand some of the questions or words used so may need a little support to go through them. Allow for the fact that some children and young people may want to go through questionnaires with you on hand so that they can ask questions, whilst others will prefer to complete them alone without pressure. All of this does take a little time so do build this into your session.

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Step 4 concerns the way in which the questionnaires are used. To gain the benefits associated with measures they should be actively used with children and young people, to explore and understand their thoughts and feelings. Too often we hear from young people who tell us they completed a questionnaire but never saw or heard of it again. Anand is here again to tell us about his experiences with mental health questionnaires...

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Anand: I've done so many of them and also the outcome of them never felt that relevant that you kind of just end up doing them on autopilot a bit without thinking about it too much. But I think they could be quite useful actually if you could engage with them a bit more somehow. Maybe the practitioners could go through them in a bit more detail with you and actually think a bit more consciously about what you put down and why certain areas of your life changed if they have. That would be quite good.

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So what does it mean to actively use measurement questionnaire with children and young people?



Firstly the approach or attitude that a practitioner takes to using them is crucial. Too often questionnaires are used because they are mandated or as an admin task necessary to fulfil managerial demands.

If we want to get the most out of measures however, to provide better person-centered support for children and young people, to reach positive outcomes quicker and to provide meaningful evidence about treatment, then they should be used to explore the world of the child or young person; to gain insights into their thoughts and feelings without jumping to assumptions and making judgements. The questionnaires can help us to listen to children and young people to get a real sense of their wants and needs as well as their strengths and difficulties.

Using the results from questionnaires to explore means that we are better able to provide empathy and validation for children and young people. We know from research that these things are central to achieving positive outcomes. We should be curious about children and young people's thoughts and feelings and using questionnaires can help us to be curious, to ask those questions that will give us insights.

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Sam talks about this from her experience of measures in practice.

Sam: I feel the questionnaire would be better used as part of the therapy as opposed to the questionnaire sheet being given out beforehand. What I mean by that is that the therapist would ask you the questions during the session and you would actually be able to speak through what it is you are going through, why it is you feel a certain way, why it is you answered it the way you answered and be able to ask the therapist any questions that you have. For my experience, it was just a case of – "here is the questionnaire, fill it out" and at no point was any of the questions answered or discussed. Had I'd been able to speak through this with someone, I would be able to talk in more detail and justify why it is I'm answering a certain way and to explain any complexity about any of the answers I have given. This would both be helpful for myself to be able to speak more about the issues I'm experiencing, but it would also help the therapist to better understand more what it is that I'm going through.

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If questionnaires are used in a spirit of exploration, investigation and collaboration then information can be captured that might otherwise be missed. If we don't ask the question then we may never know that piece of information. The information from questionnaires can help us to better understand the impact that the support is having during the care or treatment. If things aren't improving or even getting worse then it is important to know this and to respond to it. We therefore recommend that questionnaires are used throughout care and are reacted to. Research tells us that positive outcomes are more achievable when clients feel motivated, they feel involved and listened to. Questionnaires are tools that support us to realise these things.



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So what does this look like in practice?

It means reviewing or checking out the results from questionnaires with children and young people. It means giving time in sessions to 'get it right', to listen to them, to ask important questions. It can be all too easy to fill in the gaps in our understanding of children or young people by making assumptions and this risks missing vital information and ultimately treatment failure.

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Step 5 continues the theme set in the previous step; and involves actively using the findings from questionnaires in collaboration with children and young people. Let's start by hearing from Anand about his thoughts and experiences...

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Anand: It is quite interesting to see how your attitudes and feelings have changed over the course of a treatment, often because the responses are numeric, so it's quite easy to see where things have changed and in what direction. If you feel like things have gotten better or worse. Just if you feel like you have moved in a slightly different direction. That being said, some of the times it can feel a bit like there can just be some random variation depending on when you complete the form, what sort of mood you are in that day and so again, I think some deeper exploration of your responses, being able to look at it in more depth, maybe with a practitioner, could be even better to be able to see how the treatment has helped you and how you have changed over the course of it.

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We often hear from young people such as Anand, who tell us that they want to be involved with the findings from questionnaires and want to develop their own understanding of their situation. Remember that the results from questionnaires are not hard fact – they need reviewing with the child or young person and should lead to developing the next steps collaboratively.

One thing to be aware of here is that for many of the measurement questionnaires there are thresholds or benchmarks available so that you can consider the level of a child or young person against similar children or young people. It is very useful to be aware of and to make use of these.

Sam reinforces all of these messages and explains very clearly her recommendations for working collaboratively with questionnaires...



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Sam: At no point during my 5-sessions of CPT was I given any feedback on the questionnaire. I feel that feedback is essential, because it can help the patient understand, in terms of what things stayed the same, improved or deteriorated in terms of their mental health. This could also then open a discussion in terms of if there has been improvement, possible reasons why there has been improvement and what things the patient could be doing to continue their improvement of their mental health. Similarly, if there has been deterioration, this could then open the discussion in terms of what reasons are there that there could be a deterioration and in what ways can the service help the patient to improve their mental health. By doing so, this would then make the questionnaire part of the service provided as opposed to being a tick box exercise on the side. I feel that a questionnaire can be useful if used in the correct way. Alongside feedback, I feel that the questionnaire needs to be discussed thoroughly with the patient, so that the patient can discuss any issues or any questions that they have regarding what is on the questionnaire, but also so that the therapist can have a dialogue with the patient to get a better understanding of their mental health issues.

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Naturally the final step takes us right back to the starting point well before any face-to-face work with questionnaires takes place, and this is to plan and prepare for all of what has been covered in the previous steps.

Over to Anand for the final time for more of his thoughts....

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Anand: I think something that would be good, would be just more engagement between the practitioner and the patient around forms, you know, why they put the responses they did, just exploring in more detail why they felt the way that they did and how things have changed. And I think it would also be just good to know that the practitioner actually has some engagement with the outcome measures themselves. Like sometimes it just feels like it's a form that's been handed to them and then they just hand it to you and that's it. Sometimes you don't even feel like they actually looked at it themselves, so I think that would be the first step to feeling like outcome measures are more positive for the patient.

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In terms of planning ahead, this means getting prepared, practicing and developing your approach to get the best from questionnaires. Too often we hear challenges or about faults relating to questionnaires that relate more to how they are being used rather than the questionnaire itself. To return to the toolbox analogy, we shouldn't discard the hammer as a tool, because are unsure about how to use it or we use it for the wrong purpose – hammers aren't very good at screwing in screws for example!



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When you are planning your approach to using measures consider all of these points here and ensure that you can both answer them and that you can explain the answers to a child or young person.

Make sure that you are clear on:

- Why you are using measures at all,
- How you plan to use them,
- How you will consider the data from them,
- How you will work collaboratively with service users to understand and interpret findings from questionnaires
- And lastly what happens with the resulting data including who sees it or who doesn't see it.

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I would like to highlight here something which I highly recommend to you to take a look at. Colleagues at CORC worked with some young champions at the Anna Freud Centre to explore their thoughts and experiences of measures and the result is a very watchable video setting out good practice principles from their perspective. So, to finish this module I want to highlight some of these important principles for using mental health measurement questionnaires with children and young people, principles that should shape your approach to doing so.

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As stated previously, to get the benefits from using questionnaires they should be used with a suitable approach and not as a tick-box exercise, such as an admin task. One principle that we always seek to highlight is that the use of questionnaires should benefit the child or young person that is being supported. The child or young person should realise benefits directly through improved care – collaborative, responsive and integrated care.

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An important principle to bear in mind is to have a plan for why and how you intend to use questionnaires and their resulting data. Without having this plan there is a risk of making the process meaningless and detrimental to the intended outcomes.

Lastly, I want to stress that I am not suggesting here that simply using a questionnaire will provide all the information that you need in order to provide the best support for a child or young person. It is by bringing all of the bits of available information together than this can be achieved.

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So, have we covered our learning objectives...? Hopefully you now have an understanding of the six steps to getting the most from using measures and can apply those six steps to your practice. Please do go through this module as often as is helpful and get in touch if you would value any help on a



particular aspect of it. Many thanks for your time and attention, we look forward to engaging with you in the future!

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I want to emphasise here that the Team at CORC are here to help and support you and your organisation or service to adopt and implement this approach to using measures. We offer a range of support and guidance, including all kinds of direct work, training, helpful tools and consultancy. Please do get in touch via any of the means listed here and we will be happy to talk with you.

END TRANSCRIPT