



ISLE LISTEN

Because Minds Matter

Pilot Year Service Evaluation - Sept 19 to Jul 20

islelisten.im

Pilot Year Service Evaluation - September 2019 to July 2020

Executive Summary

This service evaluation focuses upon the pilot year of Isle Listen, which ran from September 2019 to July 2020. Key performance indicators (KPIs), service user data, and other data collected from the service will be presented and used to assess the pilot year.

4 of 6 KPIs were met or exceeded, service user data suggests good clinical outcomes and other data suggests there was appropriate supervision and good engagement with students across the Isle of Man. Overall, the Isle Listen pilot year data demonstrates that the service is an effective early intervention and prevention initiative, and could significantly benefit the Isle of Man with further expansion.

Methods

Results were collated from data recorded on bacpac from September 2019 to July 2020. bacpac is a platform that allows for secure, electronic storage of service user data. Data included gender, school year, school, reason for referral, number of sessions and outcomes. The measures utilised by Isle Listen include the YP-CORE (young person's clinical outcomes in routine evaluation) to measure mental wellbeing, the CYRM-R (child and youth resilience measure – revised) to measure resilience, and a visual analogue scale (VAS). The YP-CORE/VAS were the MDS, and pre- and post- were collected with the CYRM-R. The YP-CORE and CYRM-R have been validated with adolescent populations (Twigg, et al., 2016; Jefferies, McGarrigle, & Ungar, 2018), and the VAS was used as a substitute for the YP-CORE at QEII (due to issues with the risk question in the YP-CORE), as it is a good tool to measure subjective wellbeing (Johnson, et al., 2017).

Results and Discussion

KPIs

The table opposite shows KPIs, targets and actual figures. 1RTI was exceeded. For comparative purposes, in 2018, 89.1% of IAPT referrals in the UK were seen within six weeks, with the average waiting time being 20.7 days (Community and Mental Health Team, NHS Digital, 2018). 3CYRM and 4SNAP were exceeded and 5FIVE was met. This suggests good levels of assessment, formulation and resilience sampling.

2MDS was not met – this is largely due to the changeover of measures at QEII, and the time taken to get a new measure in place. This suggests a more appropriate measure is needed.

6DEES was also not met – schools were relied upon to ask service users to promote disclosure of experiences.

Isle Listen should promote service user feedback as far as possible. However, the feedback obtained was generally very positive (88.5% said support was effective and worthwhile).

KPI	Target	Actual	Summary
1RTI	95%	100%	How many people were seen within 10 days of referral
2MDS	95%	80.6%	How many sessions a minimum data set was collected in
3CYRM	x20 per terms (x60 total)	x55 per term average (165 total)	How many students had resilience sampled
4SNAP	1 cohort	2 cohorts	How many cohort's resilience was sampled
5FIVE	100%	100%	How many people had an assessment and formulation done
6DEES	50%	22.6%	How many people completed a service evaluation questionnaire

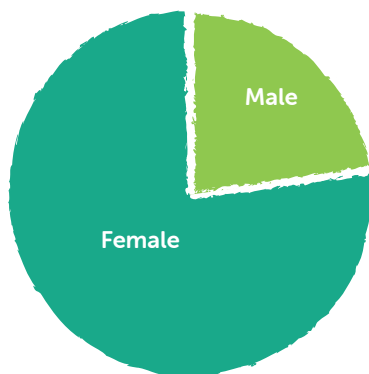


Service User Data

A total of 115 students were seen by the Isle Listen Listening Service over 644 sessions. Raw numbers can be seen in Appendix 1.

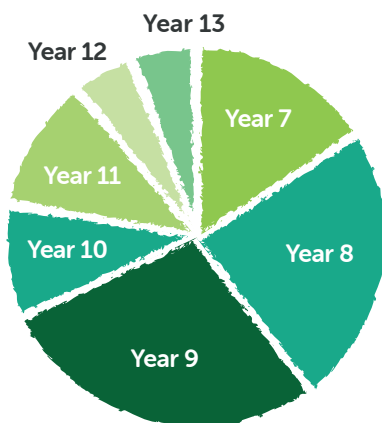
Gender

The gender breakdown is shown below. This may be indicative that more adolescent females seek help for their mental health (or that fewer males seek help), or that adolescent females are more likely to experience issues with mental wellbeing (or males less likely). There may also need to be work done around breaking down the stigma (particularly for males).



School year

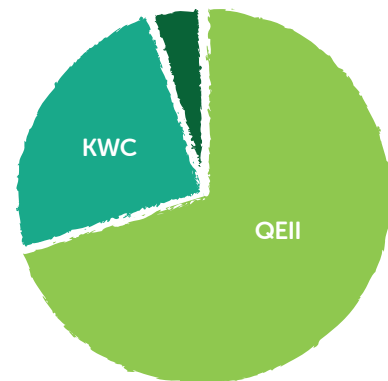
The school year breakdown of service users can be seen below. This suggests there is a need for earlier preventative work and education, as the majority of service users were under 15.



School

School breakdown is shown below. The necessity to see some individuals outside of the pilot schools underlies the need for involvement with other schools; other high schools are likely to have similar levels of need.

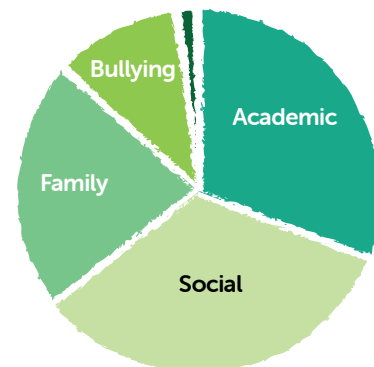
The Centre



Reason for referral

Reason for referral was allocated one of 5 categories (academic, social, family, bullying or social media). The distribution of these can be seen below. These categories were not necessarily accurate, so service users were allocated the category that best fit. Given this discrepancy, the categories need refining for future use.

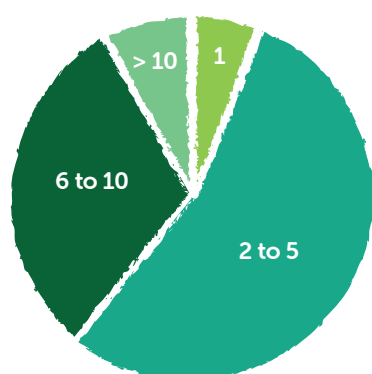
Social Media



Pilot Year Service Evaluation - September 2019 to July 2020

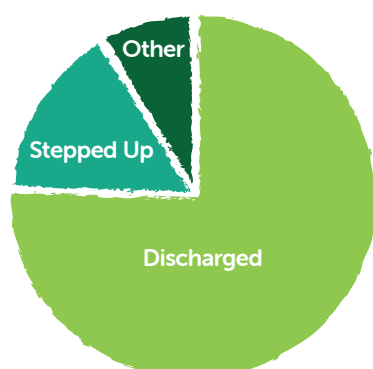
Number of sessions

The number of sessions was categorised as 1, between 2 and 5, between 6 and 10 or more than 10 (mean was 5.6). The distribution of these are presented below. This suggests Isle Listen is a short, targeted service, but some service users presented as more complex and required more sessions. This implies a good working relationship with CAMHS and a step 2 service should be developed, so service users get the appropriate level of intervention.



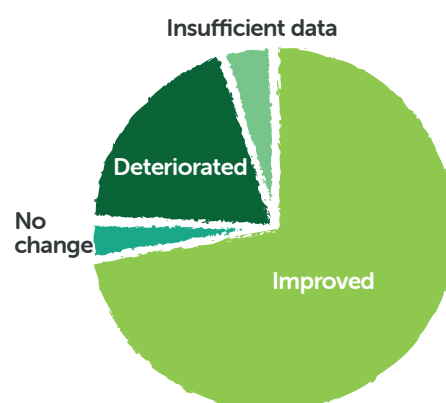
Outcomes

Outcomes were discharge (by Isle Listen or other), step up (step 2, CAMHS or an alternative service) or other (continued involvement). These outcomes are not clear cut, so best judgement was made based on contact with other services. Given the difficulty with stepping up, a relationship with statutory or other third sector services must be developed, alongside the expansion of Isle Listen to include a step 2 service.



Wellbeing

The difference between pre- and post-wellbeing scores was designated as improvement, no change, deterioration, or insufficient data. This is illustrated below. This suggests Isle Listen shows good clinical improvement rates (69.6%). For comparative purposes, the improvement rate in IAPT services in 2018 was 66.4% (Community and Mental Health Team, NHS Digital, 2018). More effort should be made to collect MDS in each session to accurately evaluate efficacy. The need to step up more than 10% of service users without appropriate provision has likely contributed to deterioration.



Resilience

The difference between pre- and post-resilience scores was designated as improvement, no change, deterioration, or insufficient data. This is shown below. This suggests Isle Listen broadly improves resilience, however more effort is needed to collect the resilience measures to form accurate conclusions. Deterioration is likely due to the lack of provision to step up service users.





Other

Supervision exceeded accrediting body recommendations (BACP recommends minimum 1.5 hours/ month). Approximately 2700 students were reached across 5 high schools (16 assemblies, 7 workshops, 11 PSHE lessons). Resources were provided to students during the Covid-19 pandemic and over the summer holidays. Training was undertaken with approximately 50 members of staff at KWC and The Buchan (the associate primary school).

Conclusions and Recommendations

Based upon the data presented in this evaluation, it has been demonstrated that Isle Listen is a successful early intervention and prevention initiative for young people's mental wellbeing. Given the clear need for this provision, and the success of the pilot year, Isle Listen should continue the work it is undertaking in this field and develop its service through the review of this evaluation. Recommendations for the continuation of Isle Listen are detailed below:

1. Maintain a good service standard by reviewing and implementing new KPIs.
2. Increase the collection of a minimum data set, with investigation of alternative measures.
3. Discuss more appropriate referral categories.
4. Continue to assess resilience in school populations, to examine change over time and association with mental wellbeing.
5. Continue evaluation of the service, with particular interest in service user perspectives.
6. Work with statutory services and other organisations to form a comprehensive stepped care model for children and young people.
7. Expand across secondary schools, and into primary schools, especially with relation to the psychoeducation component.

References

- Community and Mental Health Team, NHS Digital. (2018). Psychological Therapies: Annual report on the use of IAPT services, England 2017-18. Leeds: NHS Digital.
- Jefferies, P., McGarrigle, L., & Ungar, M. (2018). The CYRM-R: a Rasch-validated revision of the Child and Youth Resilience Measure. *Journal of Evidence Informed Social Work*, 1-24.
- Johnson, J., Culverwell, A., Hulbert, S., Robertson, M., & Camic, P. M. (2017). Museum activities in dementia care: Using visual analog scales to measure subjective wellbeing. *Dementia (London)*, 16(5), 591-610.
- Twigg, E., Cooper, M., Evans, C., Freire, E., Mellor-Clark, J., McInnes, B., & Barkham, M. (2016). Acceptability, reliability, referential distributions and sensitivity to change in the Young Person's Clinical Outcomes in Routine Evaluation (YP-CORE) outcome measure: replication and refinement. *Child and Adolescent Mental Health*, 21(2), 115-123.

Pilot Year Service Evaluation - September 2019 to July 2020

Appendix 1

Variable	Category	Number	% (to 1 d.p.)
Gender	Male	27	23.5
	Female	88	76.5
School Year	7	18	15.7
	8	29	25.2
	9	32	27.8
	10	11	9.6
	11	13	11.3
	12	6	5.2
	13	6	5.2
School	QEII	83	72.2
	KWC	27	23.5
	Centre	5	4.3
Reason for Referral	Academic	35	30.4
	Social	40	34.8
	Family	25	21.7
	Bullying	13	11.3
	Social Media	2	1.7
Number of Sessions	1	10	8.7
	2 to 5	60	51.2
	6 to 10	29	25.2
	> 10	16	13.9
Outcomes	Discharge	92	80.0
	Step Up	16	13.9
	Other	7	6.1
Wellbeing	Improvement	80	69.6
	No Change	4	3.5
	Deterioration	14	12.2
	Insufficient Data	17	14.8
Resilience	Improvement	47	40.9
	No Change	5	4.3
	Deterioration	11	9.6
	Insufficient Data	52	45.2



This page is intentionally blank

