

The final furlong; getting research into practice

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Practical barriers in using research evidence

- Access
- Skills
- Confidence
- Organisational support



Summary

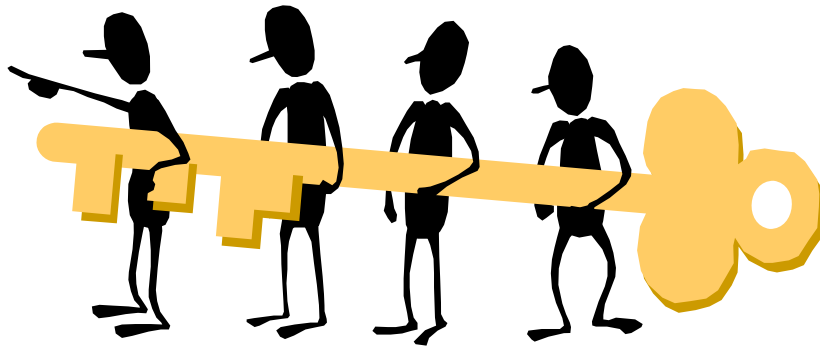
- Description of Behavioural Status index (BEST-Index)
- Introduction to research project
- Key findings of study
- Recommendations for implementation
- Overcoming the barriers

BEST-Index

- **is a classification instrument assessing widespread skills in our social environment**
- **was developed in response to lack of valid and reliable behaviourally-based assessments**
- **is designed to aid assessment in a variety of psychiatric contexts and provide data to inform therapeutic interventions**

BEST-Index comprises six sub-scales

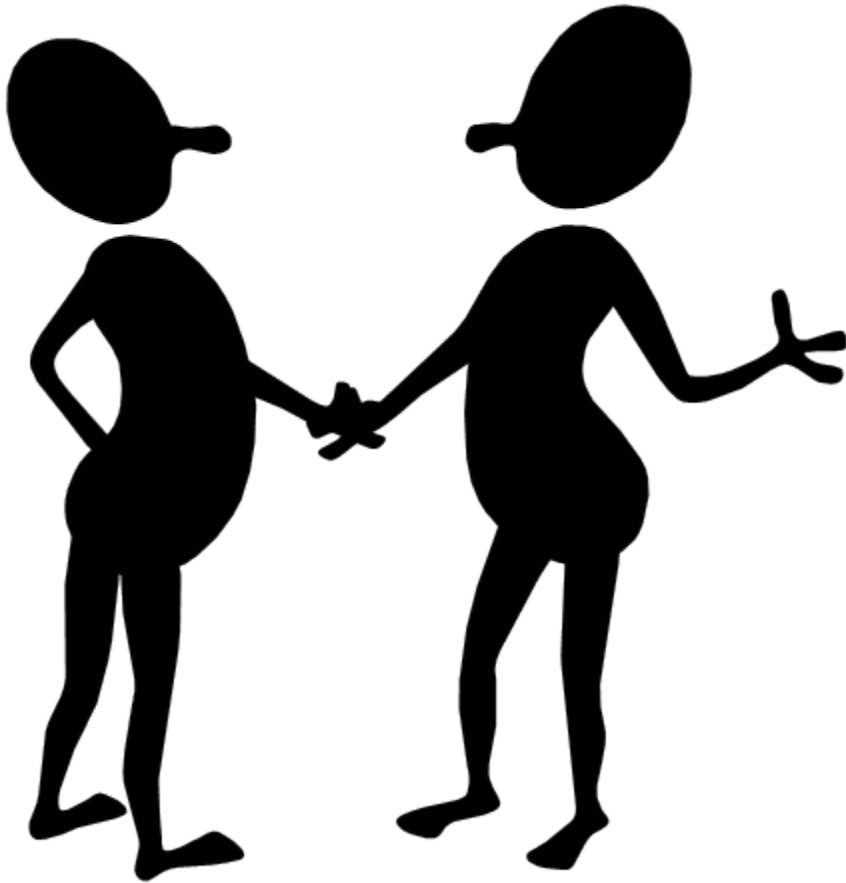
- **Social Risk**
- **Insight**
- **Communication and Social Skills**
- **Work and Recreational Activities**
- **Self and Family Care**
- **Empathy**



- **Patients can be helped to recognise which behaviours are causing problems**
- **Practitioners then in stronger position to do something about it.**

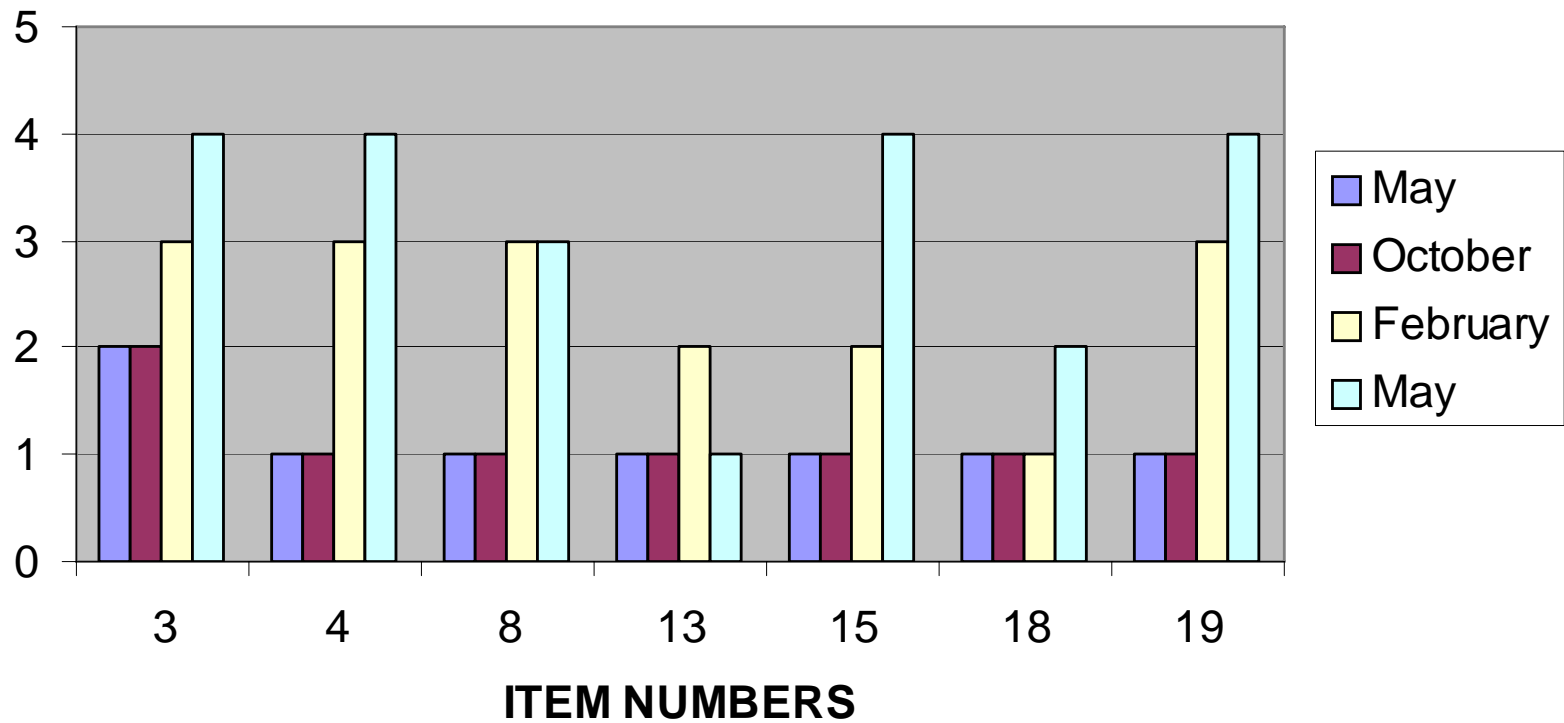


- **full assessment provides**
 - **clear, precise overview of patient's strengths and problems**
 - **improvement in care planning, problem prioritisation and care delivery**



- All behaviour is described on a continuum from 'worst-case' to 'best-case'
- The 'better' the behaviour, the likelier the patient is to be accepted socially
- Each behaviour or skill is shown on a 'scale of improvement' from 1 (worst-case) to 5 (best-case)

Figure 4: Insight Sub-Scale (Lisa)



Developing Community Living Skills in Offender Groups (Comskills)

- International project
- Germany, Norway, Netherlands, 3 UK sites (TSH, Blair Unit, Rampton)
- Cross validate BEST-Index against PCL-R, HCR-20, BDHI-D and SCL-90
- Gather clinicians views



Comskills

- Staff training
- BEST-Index 2 days
- SCL-90 / HCR 20 (3 days - Sheffield)
- PCL-R (3 Day x 2 staff - Lakeside)
- 3 assessments :
baseline, 6 months,
one year
- concurrent
development of
computerised
programme

Comskills

- UK sample (3 sites:TSH (30), Royal Cornhill (16) and Rampton (12), total 58)
- German sample (10 sites, mix of high and medium secure, total 89)
- Norwegian sample (6 sites, 2 high security(13) and 4 medium security (18), total 31)
- Netherlands (5 medium secure sites, total 53)

Comskills results

- (N = 231) Male 198: Female 27 : Unrecorded 6
- Caucasian 196 (90%): Non-caucasian 22
- Unemployed 121, elementary occupation 50, other 45
- Personality disorder 51, Psychotic 111
- History of alcohol abuse yes 109, no 96
- History of drug abuse yes 109, no 89
- Few were educated above lower secondary level

Admission

- no significant difference in duration of admission between ethnic groups or diagnostic groups.
- mean duration of admission female=43months, male =76months
- duration of admission was shorter in the Norwegian sample, although the average number of admissions to a mental health in-patient unit or medium secure unit was higher in the Norwegian sample
- non offenders had significantly shorter duration of admission than offenders

Offence history

- majority had committed serious violent offences
- average of 2/3 previous convictions
- substance abuse was significantly associated with a higher level of offending

Treatments

A wide range of treatments were offered to patients including: medical, social and psychological treatments.

Psychological treatments more frequently used in German and Netherlands samples.

Relatively underused in the UK, in particular with patients diagnosed with schizophrenia.

In UK more reports of behavioural programmes.

Comskills results

- N =171 completed battery of 5 assessments
- reasons for non completion:
- lack of appropriately qualified staff to carry out assessments
- lack of information in clinical records
- self-report scales had a much lower rate of completion due to clinical judgement from staff that the patient was too ill to complete the scale, unwilling to complete it or patients missed numerous items from the scales

Key findings

- BEST-Index **Social Risk sub-scale** showed significant change in ‘psychiatric disturbance’ – most patients showed improvement
- Male and caucasian patients showed a greater improvement here.
- Within countries significant improvement in results included an improvement in ‘serious violence to others’

TSH sample: Social risk

Significant improvement in

- ‘serious violence to others without apparent trigger event’
- ‘attacks on objects following trigger event’
- ‘psychiatric disturbance’

Key findings

- Significant improvement in scores for several items on the **insight sub-scale** (might account for improvement in scores for male and caucasian patients and those with personality disorder).
- Improvements in score for each of the socioeconomic groups
- Improvement on a greater number of items in the Germany sample.

TSH sample: Insight

- ‘tension producing thoughts’
- ‘attributes disliked in others’
- ‘attributes liked in others’
- ‘events producing insecurity’
- ‘compliance with therapy’

Key Findings

- **Communication and social skills** items showed a tendency for improvement in scores, with significant improvement for several items. These were significant for both males and females and for all socioeconomic groups. There were no differences between primary diagnostic groups of schizophrenia and personality disorder. There were significant changes within countries.

TSH sample: Communication and social skills

- ‘conversational topics’
- ‘egocentric conversation’
- ‘frankness’
- ‘emotional control’

Key findings

- Several significant changes in scores for **work and recreational activities**. Again both male and female patients improved as did patients from socioeconomic and diagnostic groups. Within countries there was a pattern of improvement on several items, although scores for gender interaction decreased in the Netherlands sample.

TSH sample: Work and recreation

- ‘adaptability’
- ‘concentration’
- ‘team work’
- ‘quality of work’
- ‘initiative’
- ‘responsiveness’

Key findings

- **Self and family sub-scale:** there were only significant changes in scores for the items 'seeking medical help' and 'health precautions'.
- Within countries, there were a few significant changes.

TSH sample: Self and family

- 'cooking'
- 'eating regularly'

Key findings

- **Empathy sub-scale**, there were numerous significant improvements in scores. Most of the changes occurred in the Germany and UK samples, while there were no significant changes in the Netherlands sample.

TSH sample: Empathy

- ‘sensitivity to others’
- ‘pleased for others’
- ‘physical mirror responses’
- ‘comforting others’
- ‘concern for others’ troubles’
- ‘psychological intrusion’
- ‘sharing ‘terrors’’
- ‘expressing consideration’
- ‘balancing interests’

Comskills: HCR-20

- HCR-20 showed significantly lower scores at T3 for the clinical sub-scale indicating less risk in this area in the total sample, and reflecting the improvement in the BEST-Index item 'psychiatric disturbance'.
- Analysis within results showed the difference was attributable to lower scores in the Netherlands sample.

Conclusions

- A clear pattern of greater change over time, there were more significant changes between T1 to T3 than between T2 to T3.
- Pattern is one of more patients improving than deteriorating.
- Clearest difference between demographic groups is between caucasian and non-caucasian, with the former showing greater improvement (may be a statistical artifact – only 17 non-caucasians in the sample).

Practical difficulties

- Finances unavailable
- Staff unable to gain time to carry out assessments
- Ethical approval
- Lack of contact with other areas
- Lack of supervision



Recommendations for implementation

- July – December 2005 workplan
- Discuss links between BEST-Index, PECC and HCR-20
- Write proposal for implementation and submit to HMT
- Seek external funding from various sources
- Submit development bid to the Hospital Management Team July 2005
- Prepare documentation associated with all tools
- Prepare training workshops and pilot

Overcoming the practical barriers

- We now have **access** to the assessment tool
- Research practitioners **skills** have been developed through the project and will be passed on to others
- **Confidence** has been gained through familiarity of the research process
- The final furlonggaining **organisational support**

